RECEIVED JAN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81522

PLACE OF DEATH
County of Elmore
City of near Twin Springs
Registration District No. 2
Primary Registration District No. 2
Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Pfoser 92

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Pfoser

6. DATE OF BIRTH (month, day, and year) March 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Florist
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Thomas Pfoser
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) John Pfoser Barber Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 1-7, 1933 Morris Hill

19. UNDERTAKER Schreiber & McCann (Address) Boise, Ida.

20. FILED Jan 7, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932, to Jan 4, 1933.
I last saw h. alive on Oct 23, 1932: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:
General debility

Name of operation — Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. O. French M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 12 1933

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 81527

Local Registrar's No.

(No. 47)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leah M Lee

(a) Residence. No. 2 St. Salmon, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Stuart Lee

6. DATE OF BIRTH (month, day, and year) Sept 14 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	47	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Lincoln Neb.

FATHER

13. NAME Isaac Lee

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Louie King

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Stuart Lee, Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Cem Date 1/14, 1933

19. UNDERTAKER Wm. C. Doebler (Address) Salmon

20. FILED 1/16, 1933 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to December 29, 1932

I last saw her alive on December 29, 1932; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia secondary to	
general metastases from	July 1932
carcinoma of breast.	

Other contributory causes of importance:

Name of operation Amputation of Breast. Date of Nov. 20 1931

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Stratton, M. D.

(Address) Salmon, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
81532
State File No. 81532

Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Ravenel Macbeth

(a) Residence. No. St. Alphonsus' Hospital St. Boise, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 27 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/32

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Columbia South Carolina

FATHER

13. NAME James Ravenel Macbeth

14. BIRTHPLACE (city or town) (State or country) Wantoot Plantation South Carolina

MOTHER

15. MAIDEN NAME Agnes Wallace Pearson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMENT (Address) Family Records By R. F. Smith Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1-9, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida

20. FILED 1-9, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1932, to Jan 6, 1933
I last saw h.m alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	unknown
Other contributory causes of importance:	
Broncho-Pneumonia	Dec 24, 1932

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. L. Swendsen M. D.
(Address) 613 Eastman Bldg Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81533
State File No. 81533

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 19

(No. St. Alphonsus Hospital) 188C
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emory J. Benoit

(a) Residence. No. Hotel Boise Et. Ri Club
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Benoit

6. DATE OF BIRTH (month, day, and year) Oct 21-1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Radio Tube

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crookston Polk County, Minn.

FATHER

13. NAME L. J. Benoit

14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER

15. MAIDEN NAME Rose Anna Page

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Harry Benoit Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Jan 1-16-33

19. UNDERTAKER Schneider & Mc Evers (Address) Twin Falls Idaho

20. FILED 1-14, 1933 W. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/13 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1933 to 1/13, 1933

I last saw h.. alive on 9 PM, 1933; death is said to have occurred on the date stated above, at 11:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Comminuted Depressed fracture of Left Skull	

Other contributory causes of importance: Shock & Hemorrhage

Name of operation Ligation of Arteries Date of 1/13/33

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1/13, 1933

Where did injury occur? 17 M W of Boise Ada (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident Tire blowout

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Fred A. Tellengs, M. D.

(Address) Boise Idaho

RECEIVED JAN 2[illegible] 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

81535

State File No. 81535

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 5

(No. In Car at Corner of Hayes & Buell Sts, 170

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James A. Machold

(a) Residence. No. Elks Club St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gladys Ran

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME Carl Machold

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Clarence Machold Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Jan. 14, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Jan. 13, 1933. D. C. Ray by D. Bonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 12, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound in Head	
Self inflicted	
(Suicidal)	

Other contributory causes of importance:

Shot Self in His Car at Street Intersection

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/12, 1933.

Where did injury occur? Pocatello, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Rifle shot

Nature of injury Top of head blown off

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arthur W. Hall Coroner, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 26 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81536

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 10
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Guester McDonald

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Black
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years 37 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. truck driver
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Denver, Colo. Date Jan. 1933

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello, Idaho

20. FILED Jan 18, 1933 De Ray Registrar.
by D Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 9, 1933
I last saw him alive on Jan 9, 1933: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of chest & upper abdomen & both thighs	Jan 1

Other contributory causes of importance:

Name of operation Ex Floratory Date of Jan 1 1933
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1-1, 1933
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gunshot wounds
Nature of injury Gunshot wounds.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Brothers M.D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 27 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81537
State File No. 81537

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 114

(No.) 185
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M Wiegele

(a) Residence. No. Sunshine Mine St. Sunshine Mine
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 - 1890

7. AGE Years 41 Months 4 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (month and year) Jan 3 - 1933
11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME John Wiegele.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Gertrude.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) E. E. Blair. Sunset Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Jan 7, 1933.

19. UNDERTAKER (Address) J. A. Bever (Ford Wed Co.) Wallace, Ida.

20. FILED Jan 6th, 1933 Cesstone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed whole head & chest	Instant

Other contributory causes of importance:

Fall down shaft of Sunshine Mine

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4 1933

Where did injury occur? Sunshine Mine (Specify city or town, county, and State)

Specify whether injury occurred in industry in home, or in public place. Sunshine Mine

Manner of injury Accidental fall

Nature of injury Crushed head & chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mowery Coroner

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

81538

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81538

Registration District No. 3

Primary Registration District No. 2005, Local Registrar's No. 7

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Margaret Clements

(a) Residence. No. R# 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17 "1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Wm J Herron

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) R. F. Clements Nampa R# 5 Ida.

18. BURIAL, CREMATION, OR REMOVAL. Place Canyon Co. Cem. Date Jan 20, 1933

19. UNDERTAKER C. W. Beckham (Address) Caldwell Idaho

20. FILED 1-20, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933, to Jan 18, 1933

I last saw her alive on Jan 18, 1933: death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Jejunal Appendix	

Other contributory causes of importance:

Peritonitis	

Name of operation Appendectomy Date of 1-14-33

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. M. Daley, M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81539

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 29

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME John Zupan

(a) Residence. No. 409 Broad Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Zupan

6. DATE OF BIRTH (month, day, and year) May 1880.

7. AGE Years 52 Months 7 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Juco Slavia

FATHER

13. NAME Marco Zupan

14. BIRTHPLACE (city or town) (State or country) Juco Slavia

MOTHER

15. MAIDEN NAME Anna Skender

16. BIRTHPLACE (city or town) (State or country) Juco Slavia

17. INFORMENT (Address) Jack Zupan Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 1-5, 1933 St. John's

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED 1-23, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Dec 31, 1932

I last saw him alive on Dec 31, 1932: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A L Heine, M. D.

(Address) Boise Ada

Heine

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81643

PLACE OF DEATH

County of Boise.
City of Garden Valley
Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Rae.

(a) Residence. No. Grimes Pass Idaho. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 16. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Marion Rae.

6. DATE OF BIRTH (month, day, and year) ~~1880~~. 1878

7. AGE: Years 54 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Scotland.

FATHER
13. NAME: Hugh Rae.
14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER
15. MAIDEN NAME: Edgar Galli~~e~~.
16. BIRTHPLACE (city or town) (State or country): Scotland.

17. INFORMENT: Hugh Rae.
(Address) Grimes Pass Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Garden Valley Idaho. Date Jan 13 1933

19. UNDERTAKER: Summers & Krebs.
(Address) Boise, Idaho.

20. FILED Jan 13th, 1933. Jurs E S Robson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1932, to Death, 193...
I last saw him alive on 12-14, 1932, death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1930.

Other contributory causes of importance:

Arteriosclerosis.	1918.

Name of operation None Date of .....
What test confirmed diagnosis? Phys. findings Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W T West, M. D.
(Address) Boise Idaho

RECEIVED JAN 4 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81662

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 1 4 0

Local Registrar's No. 214

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucretia Stevens

(a) Residence. No. Lake St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Negro

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dan Stevens

6. DATE OF BIRTH (month, day, and year) Dec 25 1871

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Steel

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Dan Stevens Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 1/3, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED Jan 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to ....., 193..

I last saw ~~her~~ alive on Dec 31, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:

Cerebro Hemiplegia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Ida

N. B.—Every item o[illegible] A[illegible], PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may [illegible] r y classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JAN 9 1933

DO NOT WRITE IN THIS SPACE
State File No. 81683

PLACE OF DEATH
County of Butte
City of Arco

Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Roy Merrill

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maidy Merrill

6. DATE OF BIRTH (month, day and year) Sept. 2, 1883

7. AGE Years 49 Months 4 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman of U. C.
(b) General nature of industry, business, or establishment in which employed (or employer) Ranch.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Smithfield Utah

PARENTS
10. NAME OF FATHER Samuel J. Merrill
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Smithfield Utah
12. MAIDEN NAME OF MOTHER Kate Brown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Maidy Merrill
(Address)

15. Filed Jan. 4, 1932 T. C. Salt
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1933, to Jan 2, 1933
that I last saw him alive on June. 1, 1932
and that death occurred, on the date stated above, at 6 30 A.m.
The CAUSE OF DEATH* was as follows:
Angina Pectoris
Sird Attack Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? History of case
(Signed) I. C. Egbert, M. D.
Jan. 3, 1933 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Arco Idaho Date of Burial Jan. 4 1933

20. Undertaker Lloyd Turner Address Arco Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81688

County of Canyon
City of Caldwell (Registration District No. 3)
Primary Registration District No. 1005 Local Registrar's No. 152

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Ainsley Potter

(a) Residence. No. 601 Cleveland St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 10 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER
13. NAME L. V. Potter
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Susan L. Clark
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Ida. Potter city

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 1-6, 1933

19. UNDERTAKER (Address) C. V. Gustafson Caldwell Ida

20. FILED 1-9, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1932, to Jan 3, 1933

I last saw h alive on Jan 3, 1933; death is said to have occurred on the date stated above, at 8-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-26-32
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Haley, M.D.

(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 10 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81695

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 150

(No. 711 - 3rd St - South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Casper Harris

(a) Residence. No. 711 - 3rd St So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nancy Ellen Harris

6. DATE OF BIRTH (month, day, and year) Jan 7 1871

7. AGE Years 61 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) St. Clair Co.
(State or country) Mo.

FATHER

13. NAME J. C. Harris

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Ulrich

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT Nancy Ellen Harris
(Address) 711 3rd St. So.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Fairlawn Date Jan 3, 1933

19. UNDERTAKER Wm D. Talley
(Address) 418 12 ave So

20. FILED Jan 4, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1932, to Jan 1, 1933

I last saw him alive on Jan 1, 1933: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular - Renal Disease

Date of onset ?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Laboratory clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) G. E. Norwood, M. D.

(Address) Medical Arts Bldg Nampa Ida

RECEIVED JAN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81700

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 151

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy May Duff

(a) Residence. No. Klama, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-24-1904

7. AGE: Years 28 | Months 3m | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Nurse
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brainerd Minn.

FATHER

13. NAME: M.M. Duff
14. BIRTHPLACE (city or town) (State or country): Staples, Minn.

MOTHER

15. MAIDEN NAME: Sanhorn
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Miss Patterson, Nampa, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Klama, Wash. Date: , 193
19. UNDERTAKER (Address): F.K. Robinson, Nampa, Ida.
20. FILED Jan. 6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to Jan 3, 1933.
I last saw her alive on Jan 3, 1933: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	

Other contributory causes of importance:
Operation for Cholelithiasis
Intestinal obstruction
Followed 12th day

Name of operation Resection for Cholelithiasis Date of 1-6-33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos E Mangum, M.D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 1933

FORM V. S. No. [illegible]

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 81769

Local Registrar's No.

1. PLACE OF DEATH

County of Gooding

City of Wendell

Registration District No. 22

Primary Registration District No.

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edward Harold Barrett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married -

6. DATE OF BIRTH: Nov (Month) 16 (Day) 1902 (Year)

7. AGE: 30 Yrs. 1 Mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF Father: Edward P. Barrett

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Cora May Butts

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Cora Barrett
(Address) Wendell Ida

15. Filed Jan 8 1933 E. L. Dimmitt, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 8 1933 that I last saw him alive on Jan 7 1933 and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Cerebral embolus

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Valvular lesion of heart -

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Dimmitt M. D.

19 20 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wendell Idaho | DATE OF BURIAL: Jan 10 1933

UNDERTAKER: Sanborn | ADDRESS: Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81793

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.) 12

2. FULL NAME Florence Lorene Shaw

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER
13. NAME J. F. Shaw
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER
15. MAIDEN NAME Annie Charleston
16. BIRTHPLACE (city or town) Bradford
(State or country) England

17. INFORMENT J. F. Shaw
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salt Lake City Date ____, 193

19. UNDERTAKER J. A. P. Benson
(Address) Jerome Ida

20. FILED 1/5, 1933 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1933, to Jan 4, 1933
I last saw h[illegible] alive on Jan 4, 1933: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Bilateral	
Other contributory causes of importance:	
Influenza	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
____ If so, specify ____
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida

RECEIVED JAN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 81802

PLACE OF DEATH

County of Kootenai
City of Rathdrum

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mellie Wentland

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Wentland

6. DATE OF BIRTH (month, day and year) Oct. - 1874

7. AGE 58 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10. NAME OF FATHER James Lawson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Melina Jewel
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind.

14. Informant (Address) O H Lawson
1020 W. 3d St ~~Ottumwa~~ Ottumwa Iowa

15. Filed 1-3, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 1 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Dec. 29, 1932
that I last saw her alive on Dec. 19, 1932
and that death occurred, on the date stated above, at 3:45 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis Chronic

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of lung
..... (duration) 1 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Xray & clinical
(Signed) Harold J. Sturges, M. D.
Jan 4, 1933 (Address) CDA Idaho

19. Place of Burial, Cremation, or Removal: Pine Grove Cem Rathdrum
Date of Burial: 1-2 1933

20. Undertaker: Cassedy Mortuary
Address: Rathdrum Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 7 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81806

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

881

2. FULL NAME William Frazier Nelson

(a) Residence. No. 1203 - Sherman Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Maude Nelson

6. DATE OF BIRTH (month, day, and year) 1870 - 12 - 25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1 - 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bodant -
(State or country) Me.

FATHER

13. NAME Nathan Nelson

14. BIRTHPLACE (city or town) Dont - Know.
(State or country)

MOTHER

15. MAIDEN NAME Sarah J. Tolden

16. BIRTHPLACE (city or town) Dont - Know
(State or country)

17. INFORMENT W. Nelson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cem. Dalene Date 1 - 4, 1932

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 1 - 3, 1933 M. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Jan 1, 1933

I last saw him alive on Jan 1, 1933; death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931 -

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) O M Husted, M. D.

(Address) Coeur d' Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81839

PLACE OF DEATH
County of Madison
City of Rexburg
Registration District No. 16
Primary Registration District No. 1615
Local Registrar's No. 6 E

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lindsay Thompson

(a) Residence. No. Teton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. ~~If married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Nellie Denton
6. DATE OF BIRTH (month, day, and year): Jan 15 1860
7. AGE: Years: 32 Months: 11 Days: 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Teton Idaho

FATHER
13. NAME: John R. Thomason
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Mary A Bird
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): John R. Thomason

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Date Jan 7 1933

19. UNDERTAKER: [illegible]
(Address) Rigby Idaho

20. FILED Jan 5, 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 2, 1933.
I last saw h[illegible] alive on Jan 2, 1932; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows: Accidental

	Date of onset
Fractured base of Skull, RT	

Other contributory causes of importance: Automobile hit by Passenger train

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1933
Where did injury occur? Two miles West Chesterton
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public railroad crossing
Manner of injury Skull fractured
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Rexburg

RECEIVED JAN 9 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81840

Registration District No. 100

Primary Registration District No. 2172 Local Registrar's No. 67

(No.) 18 a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lindsay T. Thomason

(a) Residence. No. Teton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Son of Lindsay Thomason

6. DATE OF BIRTH (month, day, and year) Oct 28/1932

7. AGE Years Months 2 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teton

FATHER

13. NAME Lindsay Thomson

14. BIRTHPLACE (city or town) (State or country) Teton Idaho

MOTHER

15. MAIDEN NAME Nellie Fenton

16. BIRTHPLACE (city or town) (State or country) S.L. City Utah

17. INFORMENT (Address) J. R. Thomson Teton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date Jany, 1933

19. UNDERTAKER (Address) A. B. Eckersell Rigby Ida.

20. FILED Jan 5, 1933 J. Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to —, 193

I last saw h— alive on —, 193 : death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows: Accidental Instantaneous from Crushed skull Fractured skull (Vault)

Date of onset

Other contributory causes of importance: Automobile hit by passenger train on road crossing

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? Two Miles West Chester Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury Crushed skull from auto train accident

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Rigby, M. D.

(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81848

PLACE OF DEATH

County of Madison Registration District No. 100

City of Rexburg Primary Registration District No. 278 . Local Registrar's No. 65

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phyllis Mable Nelson

(a) Residence. No. Moody St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 26-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Moody Ida
(State or country)

PARENTS

10. NAME OF FATHER Maynard H. Nelson

11. BIRTHPLACE OF FATHER (city or town) Moody
(State or Country)

12. MAIDEN NAME OF MOTHER Lucinda K. Cluff

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or County)

14. Informant Maynard H. Nelson.
(Address)

15. Filed Jan 3 1933 J R Young Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 1 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to Dec 31, 1932
that I last saw her alive on Dec. 31 1932
and that death occurred, on the date stated above, at 4:00 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Labor Pneumonia
Bilateral

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jan 1st 1933 (Address) Rexburg

19. Place of Burial, Cremation, or Removal: Teton Cemetery — Date of Burial: Jan 2 1933

20. Undertaker: none — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1933

E

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81857

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No.
Primary Registration District No.
Local Registrar's No. 55

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Edna May Thompson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 21 1930

7. AGE Years 2 Months Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

FATHER
13. NAME Fred M. Thompson
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Edna Bell
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Fred M Thompson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Heyburn Cem Date Jan 3, 1933

19. UNDERTAKER W. G. Southman
(Address) Rupert Idaho

20. FILED 1-3, 1933 E W Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932 to Jan 2, 1933.
I last saw her alive on Jan 2, 1933: death is said to have occurred on the date stated above, at 1:20 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Extensive burns on back from hair line to thighs, by accidentally falling into a tub of hot water

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1932
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury by falling into tub hot water
Nature of injury Burns on back

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E W Elmore, M. D.
(Address) Rupert, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81868

PLACE OF DEATH
County of Owyhee
City of Oreana

Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 80

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elzina Loraine Jess

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oreana
(State or country) Idaho

FATHER

13. NAME Geo. Marvin Jess

14. BIRTHPLACE (city or town) Tacoma
(State or country) Wash.

MOTHER

15. MAIDEN NAME Zora Ann Cable

16. BIRTHPLACE (city or town) Vineyard
(State or country) Utah

17. INFORMENT Zora Ann Cable
(Address) Oreana, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Oreana, Idaho Date Jan. 8, 1933

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Jan. 12, 1933 W. J. Eisenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933 to Jan. 8, 1933
I last saw her alive on Jan. 3, 1933: death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopnuemonia (secondary)	1/7/33
Other contributory causes of importance:	
Influemza	1/6/33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. J. Eisenbeck, M. D.
(Address) Grand View

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

81937

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81937

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 38

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188a

2. FULL NAME Benjamin F. Bishop

(a) Residence. No. Glenns Ferry, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) July 4-1893

7. AGE: Years 39 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER
13. NAME Henry Bishop.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Emma Heyman.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Henry Bishop. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/1/33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 1-31, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/29/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933, to Jan 29, 1933 I last saw him alive on Jan 29, 1933: death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	
R.R. Fireman fell from tender of Engine. U.P. System	

Other contributory causes of importance:

Brain trauma with disturbance of heat centers

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 1/23, 1933

Where did injury occur? Orchard Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Fell from Engine tender

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify R.R. Fireman

(Signed) Fred A. Pittinger, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81938

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 43

(No. 171)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leo - a La Frank

(a) Residence. No. 612 - E - Jefferson St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan - 14 - 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitefield New Hampshire

FATHER

13. NAME Chas. D. La Francois

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Emma Roberts La Francois

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Wiley Leavitt 612 - E - Jefferson

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. John's Date 1/29, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2 - 1, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at about 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Self Inflicted Knife Wounds	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Boise Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury Severing Vein & Artery In Neck

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. F. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Patterson

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81939

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 32

(No. St Lukes Hospital.) 170

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Sanford Goul.

(a) Residence. No. Mountain Home Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. Mos. Mountain Home. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lulu. B. Goul.

6. DATE OF BIRTH (month, day, and year) Nov. 17. 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Manager of the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME John Goul.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Jane Hite.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Mrs. Lulu. B. Goul. Mountain Home, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Jan. 24. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 1-23, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 22. 1933.

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1933 to 1/22/33., 193.

I last saw h alive on 1/22/33, 193.; death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Due to Head Injury	1/21/32

Other contributory causes of importance:

Name of operation None - Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident (Date of injury 1/21, 1933)

Where did injury occur? Cascade Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cerebral Hemorrhage

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. G. Lung-Crosby, M. D.

(Address) 405 Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

81941

RECEIVED FEB 6 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
81941
State File No.

County of Blaine
City of Hailey
Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Robert Carman Beamer

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Beamer

6. DATE OF BIRTH (month, day, and year) Aug 30-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1½ years

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Princeton Ontario Canada

FATHER

13. NAME Joseph Harrison Beamer

14. BIRTHPLACE (city or town) (State or country) Princeton Ontario Canada

MOTHER

15. MAIDEN NAME Annie Jacobs

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Annie M. Beamer Hailey, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL Place Boise Ida. Date Feb 2, 1933

19. UNDERTAKER (Address) L. P. Harris Hailey Ida.

20. FILED 2-2, 1933 R. H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1932 to 1-31, 1933

I last saw him alive on 1-31, 1933; death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma-involving prostate gland, Bladder & Kidneys	10-1932

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. H. Wright, M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Ada 81942

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81942

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 51

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1182

2. FULL NAME Ardwin Savage Parker.

(a) Residence. No. 1117. N. 11 th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Eva Parker.

6. DATE OF BIRTH (month, day, and year) Aug. 10.1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Idaho Daily Statesman.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifford Ontario Canada.

FATHER

13. NAME Ardwin Frances Parker.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Martha Firth Savage.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Mrs. Eva Parker. 1117. N. 11 th Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Feb. 15. 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-14, 1933 W. V. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 1925, 193.., to 2/12, 1933

I last saw him alive on 2/12, 193.. ; death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	2/12

Other contributory causes of importance:

Bowel disease

Name of operation Exploratory Date of 2/11

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph Todd, M. D.

(Address) Boise

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81943

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ross Willard Drake.

(a) Residence. No. 1411. Hays Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Rena Drake.

6. DATE OF BIRTH (month, day, and year) July. 1.1889.

7. AGE: Years 43 | Months 6 | Days 12. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Deputy United
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. States Marshall.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wakefield. Nebraska.

FATHER
13. NAME Allen Drake.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Isabelle Humphreys.
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs. Rena Drake. 1411. Hays Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Jan. 15. 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 1-16, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep. 20th 1932, to Jan 13th, 1933
I last saw him alive on Jan. 13th, 1933; death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Heart lesions - accompanied with nephritis + Dropsy

Other contributory causes of importance:
Septicaemia (strepto-acci infection from infected teeth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) John Boeck, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

RECEIVED FEB 6 1933

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2 155

Local Registrar's No. 7

DO NOT WRITE IN THIS SPACE

State File No. 81944

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merle Harrington

(a) Residence. No. 306 S. Third Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): (Married)

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Alice Harrington

6. DATE OF BIRTH (month, day, and year) Feb 22, 1899

7. AGE: Years 32 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Morris Harrington

14. BIRTHPLACE (city or town) (State or country) Michigan.

MOTHER

15. MAIDEN NAME Alice Pleid

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Morris Harrington Sandpoint Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Jan 15, 1933

19. UNDERTAKER (Address) Lawrence C. Mann Sandpoint Idaho

20. FILED Jan 14, 1933 Viola Albers Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1933, to Jan 17, 1933

I last saw him alive on Jan 12, 1933: death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombus	Jan 9 1933

Other contributory causes of importance:

Comminuted fracture of middle third of rt. tibia & fibula	Jan 9 1933

Name of operation no Date of

What test confirmed diagnosis? Clinical & X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 9, 1933

Where did injury occur Sandpoint Bonner Co. Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Deceased was working in public gravel pit

Manner of injury Rock rolled down & struck leg

Nature of injury Comminuted fracture rt tibia & fibula

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify injured while employed in gravel pit

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

RECEIVED FEB 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81945

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Guy Rex Fish

(a) Residence. No. 705 W. Carter St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Etta Fish

6. DATE OF BIRTH (month, day, and year) Sept 13, 1883

7. AGE Years 49 Months 4 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex Co.
(State or country) N. Y.

FATHER
13. NAME Chas. Henry Fish
14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER
15. MAIDEN NAME Nina Hazeltine
16. BIRTHPLACE (city or town) Essex Co
(State or country) N. Y.

17. INFORMENT Chas Fish
(Address) 4136 California St. S. F. Cisco

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Jan. 26, 1933

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello, Idaho

20. FILED Jan 26, 1933 D C Ray by D Bonner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 23, 1933
I last saw him alive on Jan 23, 1933: death is said to have occurred on the date stated above, at 3.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General carcinomatosis of liver	

Other contributory causes of importance:
Gassed during war & kidneys degenerated

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. H. Lynn, M. D.
(Address) Pocatello, Idaho

81946

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81946

PLACE OF DEATH

County of Canyon
City of Parma
Registration District No. 3
Primary Registration District No. 1007
Local Registrar's No. 13
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wesley Price

(a) Residence. No. Parma St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 11 1843

7. AGE: Years 89 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) rancher
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Augusta Maine

PARENTS

10. NAME OF FATHER William Price
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Rachael Bunker
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Ruth P. Andrews
(Address) Parma Idaho

15. Filed Feb 3, 1933 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Jan 6, 1933
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 1-30 P.m.
The CAUSE OF DEATH* was as follows: Influenza Senility

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Mitral heart trouble
(duration) 12 yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Wm Mitchell M. D.
1/7, 1933 (Address) Parma Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Parma Cem	1-9 1933
20. Undertaker	Address
C. V. Peckham	Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81947

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 41

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME Mrs. Emily J. Porter.

(a) Residence. No. 1717 Franklin Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: L. J. Porter.

6. DATE OF BIRTH (month, day, and year) Nov. 29-1857

7. AGE: Years 75 Months 2 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Jacob Meade.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) Mrs. Myrtle Davis. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Idaho Date 2-1-33 193 Shipped

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 1-31, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/31/33 193

22. I HEREBY CERTIFY, That I attended deceased from 1-15-, 1933, to 1-31-, 1933

I last saw her alive on 1/31/, 1933: death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	8 yrs.
Acute Parotitis	1/29/33
Other contributory causes of importance: Arteriosclerosis - Brain & Cord	8 months

Parotitis used as terminal complications, the etiology was determined.

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest E. Lanbaugh M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81948

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 40

(No. 2211 N. 20th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Martha Ann Smith

(a) Residence. No. 2211 N. 20th St.
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin B. Smith

6. DATE OF BIRTH (month, day, and year) Aug. 8-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME Amos H. Neff.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Martha Ann. Dilworth.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Franklin Smith. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City, Utah. Shipped 1/30/33

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-30, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/28/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933 to Jan 28, 1933
I last saw her alive on Jan 19, 1933: death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan. 18, 1933

Other contributory causes of importance:

Senility
Hemiplegia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. O. Anderson M.D.
(Address) Boise, Idaho.

RECEIVED FEB 9

OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81949

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 37

(No. 313 South 4th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Alice A. Bridges.

(a) Residence. No. 313 South 4th street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Harvey W. Bridges.

6. DATE OF BIRTH (month, day, and year) Nov. 10-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Joseph Byng.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Harriett --------

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Harvey W. Bridges. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/29/33, 193

19. UNDERTAKER Wm. McCratney. (Address) Boise, Idaho.

20. FILED 1-27, 193 3 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/24/33 193

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ----------, 193--, to ----------, 193--

~~I last saw him alive on~~ ----------, 193--: death is said to have occurred on the date stated above, at about 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cause unknown but natural. No indication of violence or suicide.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (specify)

(Signed) J. J. McCann - Coroner

(Address) Boise, Idaho.

205/5

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81950

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 36
(No. 21 Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Otis Winn

(a) Residence. No. Oxford Hotel St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payette Idaho

FATHER

13. NAME Clarence P. Winn

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Jennie Lenore Putnam

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Carl B. Winn Everett Wash,

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida Date 1/28, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida,

20. FILED 1-27, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 24, 1933
I last saw him alive on Jan 24, 1933: death is said to have occurred on the date stated above, at 1.20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 10

Other contributory causes of importance:

Tuberculosis of Meninges

Name of operation None Date of
What test confirmed diagnosis Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. M. Brafton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81951

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Pertssky.

(a) Residence. No. 1205 Euclid Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 24. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Joe Pertssky

14. BIRTHPLACE (city or town) Bohemia
(State or country)

MOTHER

15. MAIDEN NAME Rose Bray

16. BIRTHPLACE (city or town) North Dakota
(State or country)

17. INFORMENT Joe Perkssy
(Address) 1205 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Jan. 12 193 3

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 1-11, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 11. 193 3

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Jan 11, 1933
I last saw her alive on Dec 25, 1933: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Dec 25
Other contributory causes of importance:	
Inanition	Jan 1 1933

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Bruntan, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81952

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 25

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Henderson Mc Clenahan.

(a) Residence. No. One Half mile north of Ada County Hospital.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Mc Clenahan.

6. DATE OF BIRTH (month, day, and year) April. 29. 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74.	8	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairview Ohio.

FATHER

13. NAME James Mc Clenahan.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Grizella Stewart.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Mary Mc Clenahan. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Jan. 18. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-18, 1933 W.W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-21-, 1932, to 1-16-, 1933
I last saw h- alive on 1-16-, 1933: death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Metastasis to Stomach, Liver, Pancreas and Spleen.	1931

Other contributory causes of importance:

Name of operation Cystotomy Date of March 1932

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. E. Lamb, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

Dr Pellenses

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81955

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 31

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1004

2. FULL NAME Josephene Geddis.

(a) Residence. No. 1025. East Franklin Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 13.1861

7. AGE 71 Years | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York.
(State or country)

FATHER
13. NAME John Mc Donald.
14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER
15. MAIDEN NAME Mary Marvin.
16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMENT William. O. Bragsted.
(Address) 1025. E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Jan. 23 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 1-23, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21.1933.

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1933 to 1/21, 1932
I last saw her alive on 1/21, 1932: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Moncha)	

Other contributory causes of importance:
Cerebral Thrombosis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) W. B. [illegible], M. D.
(Address) 405 Carlson [illegible] Boise Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81956

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 30
(No. 204 State St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 A

2. FULL NAME Mary Garrecht Haug

(a) Residence. No. 204 State St.
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas Haug
6. DATE OF BIRTH (month, day, and year): June 2-1844
7. AGE: Years 88 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Offenbach Germany

FATHER
13. NAME: Thurbold Garrecht
14. BIRTHPLACE (city or town) (State or country): Offenbach Germany

MOTHER
15. MAIDEN NAME: Katherina Rohde
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): A. Haug Boise Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 1-20, 1933
Morris Hill
19. UNDERTAKER (Address): Schrenker & Miller Boise
20. FILED 1-23, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 18 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Jan. 18, 1933
I last saw her alive on Jan. 17, 1933: death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1-16-33
Cardiac failure	
General senility	

Other contributory causes of importance: left fracture of neck of femur 4 months ago

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury: , 193
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury: Fall.
Nature of injury: fracture of neck of left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:
(Signed) Samuel Stewart, M. D.
(Address) 412 Eastman Bldg Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81957

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 39

(No. Salvation Army Rescue Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Eugene Riley

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Jan. 18-1933

7. AGE Years 0 Months 0 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Kenneth Forsdick.
14. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

MOTHER
15. MAIDEN NAME Genevive Riley.
16. BIRTHPLACE (city or town) (State or country) Chico, Calif.

17. INFORMENT (Address) Myrtle Riley. Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/29/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 1-30, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/27/33 193

22. I HEREBY CERTIFY, That I attended deceased from 17-Jan, 1933, to 27 Jan, 1933
I last saw her alive on Jan 25, 1933: death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure of Closure	
Foramen Ovale	

Other contributory causes of importance:
Heart

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Intamey
(Signed) ....., M. D.
(Address) Boise, Idaho.

RECEIVED FEB 9 1933

Evans-Lomb

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81958

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 13

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1.61

2. FULL NAME Infant Daughter of Mr and Mrs Eldon Hatfield

(a) Residence. No. 106-N S Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER

13. NAME Eldon Hatfield

14. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

MOTHER

15. MAIDEN NAME Maratha M Adams

16. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

17. INFORMENT (Address) William Adams Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date Jan. 2, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED 1-11, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Jan 1, 1933

I last saw her alive on Jan 1, 1933; death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (intracranial)	12/6/32

Other contributory causes of importance:

Prolonged Difficult Labor - High Forceps Assist.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Jan 1, 1933

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Hospital Forceps Delivery

Manner of injury Forceps Delivery

Nature of injury Intracranial Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) V. C. Evans - Lomb M. D.

(Address) 405 Eastman Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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Family V

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81959

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 8
(No. Salvation Army Rescue Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

143

2. FULL NAME Baby McCarthy.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Jan. 1-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 2 min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Charles McCarthy.
14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER
15. MAIDEN NAME Edith May Bennett.
16. BIRTHPLACE (city or town) (State or country) Duluth, Minn.

17. INFORMENT (Address) Charles McCarthy. Boise, Idaho. R#3.

18. BURIAL, CREMATION, OR REMOVAL Pla Morris Hill Cem. Date 1/2/33, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 1-6, 1933 W. N. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/1/33 193

22. I HEREBY CERTIFY, That I attended deceased from 1/1/33, 193, to 1/1, 193 3
I last saw him alive on Jan 1, 193 3; death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus & Breech presentation	

Other contributory causes of importance:
Difficult delivery of hydrocephalic head causing Cerebral Injuries

Name of operation Breech Extraction Date of Jan 1/33
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Bradshaw, M. D.
(Address) Boise, Idaho.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81960

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 14
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Urania Berthelson Millar

(a) Residence. No. 912 McKinley Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Z. Reed Millar

6. DATE OF BIRTH (month, day, and year) Dec. 23-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER

13. NAME J. C. Berthelson

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Matilda Gylling.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Z. Reed Millar.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/12/33 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 1-11, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/9/33 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Jan 9, 1933.
I last saw h[illegible] alive on Jan 9, 1933.: death is said to have occurred on the date stated above, at 9 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (stupte)	Jan 1-1933
Cardiac failure.	Jan 5-1933

Other contributory causes of importance:

Influenza.
Pleurisy.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arnold T. Nokes, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81961

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1016

2. FULL NAME Elvina May Williams

(a) Residence. No. 1615 W. State St. (Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry Williams

6. DATE OF BIRTH (month, day, and year) Oct 2-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Thomas B. Burk

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Ann Bowerman

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) William H. Williams 1615 State Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Jan 10, 1933

19. UNDERTAKER Summers & Kreb (Address) Boise Idaho

20. FILED 1-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1933, to 1-9, 1933

I last saw her alive on 1-9, 1933: death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Left lower lobe	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. P. Hazelbaker, M. D.

(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81962

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 10

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Conrad Wuest.

(a) Residence. No. Boise, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Oct. 2-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland.

FATHER
13. NAME John Wuest.
14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER
15. MAIDEN NAME Mary Olsen.
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Emma Wuest. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/4/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/2/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1932, to Jan. 2nd, 1933
I last saw him alive on Jan 1st, 1933.; death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows: (Date of onset)

Hypostatic pneumonia
following acute bronchitis.

Other contributory causes of importance:
Asthma - Chronic bronchitis - Cataract & anaemia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) John Bonk, M. D.
(Address) Boise, Idaho.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81963

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 7
Primary Registration District No. 1004
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

145

2. FULL NAME Richard C. Adelmann

(a) Residence. No. 221 West Jefferson S. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 61 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Julia Adelmann

6. DATE OF BIRTH (month, day, and year): May 8th 1846.

7. AGE: Years 86 | Months 7 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Merchant. Mining.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Heilbronn Germany

FATHER
13. NAME: John P. Adelmann
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Eliza Yauman
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMENT (Address): John P. Adelmann Jr. Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: 1-4, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise

20. FILED 1-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-1 1933

22. I HEREBY CERTIFY, That I attended deceased from For years, 193..., to ....., 193...
I last saw him alive on Jany 1, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Pellen

DO NOT WRITE IN THIS SPACE

State File No. 81964

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

882

2. FULL NAME Mary Ellen Ashton.

(a) Residence. No. 302. East Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Walter Ashton.

6. DATE OF BIRTH (month, day, and year) July 11. 1871.

7. AGE: Years 61 | Months 5 | Days 24. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Joseph White.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth Dawson.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Walter Ashton. 302. E. Jefferson Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Jan. 7. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 1-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Jan 5, 1932

I last saw her alive on Jan 5, 1932; death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Dilatation &
Decompensation

Date of onset

Other contributory causes of importance:

Articular Rheumatism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Petersen, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

Holmerson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81965

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

984

2. FULL NAME William Owen Tate.

(a) Residence. No. 1615. N. 10 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 9. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79.	8	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Holt County
(State or country) Missouri.

FATHER

13. NAME James Tate.

14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME Miranda Lewis.

16. BIRTHPLACE (city or town) Illinois.
(State or country)

17. INFORMENT (Address) Mrs. Miranda. Bell Robinson. 1615. N. 10 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Jan. 7. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-6, 1933 W. Z. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1932, to Jan 5, 1933

I last saw him alive on Jan 5, 1933: death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis at least	3 years
Other contributory causes of importance: Angina due to coronary obstruction	10 days

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Halverson, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81966

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 4

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Campbell Bradley.

(a) Residence. No. R.D. #. 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva. K. Bradley.

6. DATE OF BIRTH (month, day, and year) March. 23. 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Stockman.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Iowa.

FATHER

13. NAME James. A. Bradley.

14. BIRTHPLACE (city or town) (State or country) Centerville. Iowa.

MOTHER

15. MAIDEN NAME Lelah Fenton.

16. BIRTHPLACE (city or town) (State or country) Centerville Iowa.

17. INFORMENT (Address) Mrs. Eva. K. Bradley. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Centerville Iowa. Date Jan. 7, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-4, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Death, 193.
I last saw him alive on 1-3, 1933.; death is said to have occurred on the date stated above, at 8.0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	12-25-32
Other contributory causes of importance: Arteriosclerosis about	1920
Myocarditis "	1925
Hypertension	1928

Name of operation None Date of

What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. F. Nist, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 193

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81968

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 5

(No. Ash Park, Boise, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Mrs. Emma Trisler.

(a) Residence. No. Ash Park, Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Charles Trisler.

6. DATE OF BIRTH (month, day, and year) Feb. 7-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Byran, Ill.

FATHER

13. NAME Wm. Kruckenberg.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Tombruska.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. Frank Lesslie. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/15/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 1-16, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/12/33 193

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1933, to 1/12, 1933

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	1/12/33

Other contributory causes of importance:

Arthritis,
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Allen, M. D.

(Address) Boise, Idaho.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81969

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 4

(No. Ustick, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John Ingram

(a) Residence. No. Ustick, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anna Ingram

6. DATE OF BIRTH (month, day, and year): Aug. 17-1852

7. AGE: Years 80 Months 4 Days 21 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ky.

FATHER

13. NAME: Stewart Ingram.

14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Ky.

17. INFORMENT (Address): Mrs. Grace Smith. Ustick, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 1/10/33 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 1-10, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1/8/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Jan 7, 1933

I last saw him alive on Jan 7, 1933: death is said to have occurred on the date stated above, at 3:40 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 4th 1933

Other contributory causes of importance:

Influenza	Dec 20 1932

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A B Back, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

Bratton ✓

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81970

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 3

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Andrew Gray

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 71 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place County Cemetery Date 1/6/33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 1-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/3/33 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Jan 3, 1933

I last saw him alive on Jan 2, 1933: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis & Myocarditis — Date of onset: Dent Know

Other contributory causes of importance: Coronary Thrombosis — Jan 2

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Braxton M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81972

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Mrs. Ollie Katherine Deely.

(a) Residence. No. 20 Miles Soith West Of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George. W. Deely.

6. DATE OF BIRTH (month, day, and year) May.10.1879.

7. AGE Years 54 Months 5 Days 21. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois.
(State or country)

FATHER
13. NAME Thomas Stroud.
14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT George. W. Deely.
(Address) Mayfield, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Jan. 3.1932.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-4, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/25/1932, 1932, to 11/26/, 1932
I last saw her alive on 11/26/, 1932: death is said to have occurred on the date stated above, at 7.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	(?)

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis Blood & [illegible] at there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Ernest E. Lanbaugh M.D.
(Address) Boise, Idaho

RECEIVED FEB 9 1933

Stewart

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81973

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 33

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Iver L. Nelson.

(a) Residence. No. 1910 N. 8th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Nelson.

6. DATE OF BIRTH (month, day, and year): May 24-1845

7. AGE: 87 Years, 6 Months, 0 Days. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Mary Catherine ------

16. BIRTHPLACE (city or town) (State or country): Denmark.

17. INFORMENT (Address): T. N. Nelson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 1/26/33, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 1-26, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1/24/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jany 24, 1933, to Jany 24, 1933

I last saw h... alive on Jany 24, 1933: death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardosis
Acute Dilitation - Jany 24-1933
m

Date of onset

Other contributory causes of importance:

General Senately

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) James Stewart, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81974

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 20
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

154

2. FULL NAME Alonzo. Henry Smith.
(a) Residence. No. 1609. Hays Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced. (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Bertha. M. Smith.
6. DATE OF BIRTH (month, day, and year): Nov. 1.1868.
7. AGE: Years 64, Months 2, Days 13. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retail Lumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Dealer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tolono, Ill.

FATHER
13. NAME: Henry Smith.
14. BIRTHPLACE (city or town) (State or country): Dayton Ohio.

MOTHER
15. MAIDEN NAME: Martha Penniston.
16. BIRTHPLACE (city or town) (State or country): Oshkosh, Wis.

17. INFORMENT (Address): Mrs. Bertha. M. Smith. 1609. Hays Street.
18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Date Jan. 17., 1933.
19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.
20. FILED 1-16, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14-1933
22. I HEREBY CERTIFY, That I attended deceased from March 3, 1926, to Jan. 14, 1933
I last saw him alive on Jan 14, 1933: death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Leukopenia, Chronic.	1926
Other contributory causes of importance: Acute Cellulitis of neck	1/12/33

Name of operation none Date of
What test confirmed diagnosis? Blood Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Ernest E. Lanbaugh, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81975

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 35
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William Schultz.
(a) Residence. No. Hammett, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept. 14. 1848.
7. AGE Years 84. Months 4 Days 10. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee, Wis.
(State or country)

FATHER
13. NAME William Schultz.
14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT Mrs. J.E. Johnson.
(Address) Hammett, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Mountain Home, Idaho. Date Jan. 26. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-26, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1933, to 1/24, 1933
I last saw him alive on 1/23, 1933: death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Exhaustion	
Chronic nephritis	

Other contributory causes of importance:
Chr fibrinous tuberculosis yrs
Hypert ophied prostate ago
Supra pubic cystotomy

Name of operation ... Date of 1/10-33
What test confirmed diagnosis? Clinical Was there an autopsy? NJ

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph Fall, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81976

PLACE OF DEATH

County of ADA

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 34

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Thomas LaVerne Jessup

(a) Residence. No. Winona, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21-1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leland, Idaho.

FATHER

13. NAME Ernest Jessup.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Ida Bond.

16. BIRTHPLACE (city or town) (State or country) Troy, Idaho.

17. INFORMENT (Address) Ernest Jessup. Winona, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville. Ida Date 1/26/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-26 193 3 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/25/33 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3-1932, 193..., to Jan. 25-1933, 193...

I last saw him alive on Jan. 25-1933, 193...: death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis Pulmonary
Chronic Active

Other contributory causes of importance:
Myocarditis Acute
Toxic

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meryle Ward, M. D.

(Address) Boise, Idaho.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81977

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 28

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Stewart.

(a) Residence. No. Cascade, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie Stewart.

6. DATE OF BIRTH (month, day, and year) May 28-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME James Stewart.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME -------McLain.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. Effie Stewart. Cascade, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/21/33, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 1-16, 1933 W. H. Rhodes
Registrar.

21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to 1/19, 1933
I last saw him alive on 1/19, 1933: death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ✓ Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A. Tillman, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81978

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 27

(No. 1405 N. 14th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Rebecca Jane McFarland.

(a) Residence. No. 1405 N. 14th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. McFarland.

6. DATE OF BIRTH (month, day, and year) Septe. 15-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Mattie Malvin. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 1/18/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Jan. 16, 1933

I last saw her alive on Jan 16, 1933: death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and left Hemiplegia	Dec 4
Other contributory causes of importance: Cerebral Oedema and Respiratory Paralysis	Jan 12

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Drayton, M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

John Davis

DO NOT WRITE IN THIS SPACE
State File No. 81979

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1004

2. FULL NAME Cora Anne Reed

(a) Residence. No. 1018. Pueblo Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Richard. S. Reed.

6. DATE OF BIRTH (month, day, and year) Dec. 7. 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER
13. NAME Conrad Bauer.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Frances. E. Cunningham
16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) Richard. S. Reed. 1018. Pueblo Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Jan. 17. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-18, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1932, to Jan. 15th 1933
I last saw her alive on Jan 15th, 1933; death is said to have occurred on the date stated above, at 10P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance:
Anaemia - was an invalid since March 1932.
C. A. of breast - not removed

3-16-32 removal of breast Date of 3-16-32
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Davis, M. D.
(Address) 315-11th St. Boise Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Notes 8-1080

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 24

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Willis Criswell.

(a) Residence. No. 1214. Manitou. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Criswell.

6. DATE OF BIRTH (month, day, and year) Oct. 11. 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME John Criswell.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Amanda Johnston.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Albert Criswell. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Jan. 18. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-18, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Jan 16, 1933.
I last saw h[illegible] alive on Jan 16, 1933: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	
Senility	
Other contributory causes of importance:	
Strangulated Hernia	Jan 13.

Name of operation Repair of Strangulated Hernia
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold T. Nokes, M. D.
(Address) Eastman Bldg, Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81982

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 22
(No. 2720 Idaho Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

884

2. FULL NAME Samuel M. Arnold.

(a) Residence. No. 2720 Idaho Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Arnold.

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rutland, Vt.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Pauline Woods. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/17/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 1-17, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 15, 1933.
Last saw him alive on Jan 15, 1933: death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	Jan 15-1933
Other contributory causes of importance: Acute Dilatation of Heart	Jan 10-1933

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Arnold T. Nokes, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Nampa

DO NOT WRITE IN THIS SPACE
State File No. 81983

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 18
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Gerald V. Grigg

(a) Residence. No. Shaw Bldg. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Iris Grigg.

6. DATE OF BIRTH (month, day, and year) June 2-1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milford, Ore.
(State or country)

FATHER
13. NAME John Grigg.
14. BIRTHPLACE (city or town)
(State or country) Canada.

MOTHER
15. MAIDEN NAME Evelyn M. Wells.
16. BIRTHPLACE (city or town)
(State or country) Canada.

17. INFORMENT W. V. Grigg.
(Address) Casper, Wyo.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 1/13/33

19. UNDERTAKER Wm. McGratney.
(Address) Boise, Idaho.

20. FILED 1-12, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/10/33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933, to Jan. 10, 1933

I last saw him alive on Jan. 10, 1933; death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis diffuse	Jan 5

Other contributory causes of importance:
Intestinal Obstruction —
Probably Appendiceal —

Name of operation Laparotomy & Drainage Date of Jan. 7-33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓

(Signed) Ismeth Stewart, M. D.
(Address) Boise, Idaho.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81984

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 17

(No. 518 State Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Mrs. Abbie L. French.

(a) Residence. No. 518 State Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Colman S. French.

6. DATE OF BIRTH (month, day, and year) May 31-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock, Vermont.

FATHER

13. NAME P. B. Southgate.

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Martha M. Alden.

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMENT Fred P. French.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth, Ida. Date 1/13/33, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 1-12, 193 3 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/12/33, 193

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Jan 12, 1933.

I last saw h alive on Jan 11, 1933.: death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Myocarditis	
Arterio-sclerosis	

Other contributory causes of importance:

Senility	
Cardiac failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reno Numbers, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 15

DO NOT WRITE IN THIS SPACE

State File No. 81985

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mabel C. Robinson

(a) Residence. No. 1519 Hays Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. D. Robinson

6. DATE OF BIRTH (month, day, and year) July 25-1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Aaron Thayer.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Ella Bigarel.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Benj. D. Robinson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 1/11/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 1-11, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/9/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to 1/9, 1933

I last saw her alive on 1/9, 1933; death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden Death	
Other contributory causes of importance: Uremia	
Hysterectomy	

Name of operation Hysterectomy Date of 1/3/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Tibbals, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81986

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 9

(No. General Hospitol)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel E. Blanchard.

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Eli D. Blanchard.

6. DATE OF BIRTH (month, day, and year) Mar. 6. 1890.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifton, Idaho.

FATHER

13. NAME J. S. Wheeler

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Jenette H. Henderson.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Ell D. Blanchard. Robin, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date Jan. 19, 1933.

19. UNDERTAKER A. W. Hall. (Address) Pocatello, Idaho.

20. FILED Jan 17, 1933 D. C. Ray Registrar.
by P. D. Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 16. 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	Jan 13 1933

Other contributory causes of importance:

Operation for fibroid uterus.

Name of operation Hysterectomy Date of Jan 13 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W. W. Brothers, M. D.

(Address) Pocatello, Idaho.

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 81987

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 6

(No. Lynn Bros Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Merle S. Horton

(a) Residence. No. Tyhee St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 10, 1920

7. AGE: Years 12 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amercian Falls Idaho

FATHER

13. NAME Jewell Horton Sr

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Elvira Smith

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Jewell Horton Sr Tyhee Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Cemetery Date Jan 16, 1933

19. UNDERTAKER (Address) Arthur W. Hall Pocatello Idaho

20. FILED Jan 16, 1933 D C Kuy Registrar.
by D Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 14, 1933

I last saw her alive on Jan 14, 1933 death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Broncho pneumonia	

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) J. H. Lynn, M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB -- 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81989

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvester Wesley Dick

(a) Residence. No. Richland Ave. St. Pocatello.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs S.W. Dick

6. DATE OF BIRTH (month, day, and year): Apr. 1, 1861

7. AGE: Years 71 | Months 9 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER
13. NAME: Jesse Dick
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Adeline Phelps
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Mrs Tynes Dick

18. BURIAL, CREMATION, OR REMOVAL
Place: Mtn. View Cem. Date: Feb. 2, 1933

19. UNDERTAKER (Address): McHan Und Co. Pocatello, Idaho

20. FILED Feb 1, 1933 D C Ray by D Bonner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1932, to 1-31, 1933
I last saw h. alive on 1-29, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	

Other contributory causes of importance:

Bronchial asthma	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81992

Registration District No. 28
Primary Registration District No. 216/
Local Registrar's No. 4

(No. Idaho Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

171

2. FULL NAME R. W. Poole

(a) Residence. No. Unknown St. Unknown
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Irene Poole Hamen

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 60	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gambler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Irene Poole Hamen, Ringling, Montana.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date Jan. 13, 193 3

19. UNDERTAKER (Address) Arthur N. Hall, Pocatello, Idaho.

20. FILED Jan. 13, 193 3. R. C. Ray Registrar.
by D. Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at about 1-P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severed both right & left Radial Arteries, with knife. self inflicted wounds (Suicidal)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/4 193 3.

Where did injury occur? Pocatello, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place, Hotel

Manner of injury Slashed wrists

Nature of injury Severed Radial Arteries

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur N. Hall Coroner M. D.

(Address) Pocatello, Idaho.

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81993

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 3

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

109 f

2. FULL NAME Jane Ponzico

(a) Residence. No. 748 North Fifth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Tom Ponzico

6. DATE OF BIRTH (month, day, and year): Feb. 19, 1875.

7. AGE: Years 57 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England.

FATHER
13. NAME: William Smithers
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Woodhouse
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Tom Ponzico, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: Jan. 4, 1932

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Jan. 4, 1933. D. C. Ray Registrar.
by D. Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 1, 1933

I last saw her alive on Dec 31, 1932; death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngeal abscess	12-20-32

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81994

PLACE OF DEATH

County of Bannack
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 7

(No. St. Anthony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Esther Hottel

(a) Residence. No. 216 Wayne Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Hottel

6. DATE OF BIRTH (month, day, and year) 2/5/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	II	IO	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Logan, Utah

FATHER

13. NAME Edward W. Nelson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anne Edwards

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) (husb.) Benjamin F. Hottel 216 Wayne Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Vie. Cem. Date 1/17, 1933

19. UNDERTAKER McHan Undertaking Co.
(Address) Pocatello, Idaho.

20. FILED Jan 16, 1933 D. C. Reay Registrar.
by D. Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to Jan 15, 1933.
I last saw h[illegible] alive on Jan 14, 1933: death is said to have occurred on the date stated above, at 2[illegible] a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Peritonitis	
Toxaemia	

Other contributory causes of importance:
Intestinal Obstruction
Toxaemia

Name of operation H. C. Downs Date of [illegible]
What test confirmed diagnosis? Usual Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury /
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Downs M. D.
(Address) Pocatello, Idaho

RECEIVED FEB 11 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81995

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 1

(No. 308 West Center Street, Pocatello)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julius Gotberg

(a) Residence. No. 260 South 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth 71 yrs. mos. ds.

1/0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/9/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Store

10. Date deceased last worked at this occupation (month and year) Dec. 31, 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Gotberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Myron Por_es 206 South 4th.

18. BURIAL, CREMATION, OR REMOVAL Place Denver Date Jan 4, 1933

19. UNDERTAKER (Address) Mc Han Und. Co. Pocatello

20. FILED Jan 3, 1933 D. C. Ray Registrar.
by D Barnett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in heart.	
(Suicide?)	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wilbur M Hall Coroner M.D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81996

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 216/

Local Registrar's No. 11

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Osa J. Bell.

(a) Residence. No. Portneuf Bldg. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret E. Watson.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Probate-Judge

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) M. W. Williams. Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Idaho Date Jan. 19, 1933

19. UNDERTAKER A. W. Hall. (Address) Pocatello, Idaho.

20. FILED Jan 16, 1933 [illegible] Registrar.

A Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 15, 1933

I last saw h— alive on ——, 193—; death is said to have occurred on the date stated above, at 6.30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound in Head	Jan 15 1933

Other contributory causes of importance:

Name of operation —— Date of ——

What test confirmed diagnosis? —— Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/15/33

Where did injury occur? Pocatello, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Residence Portneuf Bldg.

Manner of injury Revolver shot

Nature of injury Gunshot wound Head

24. Was disease or injury in any way related to occupation of deceased?

—— If so, specify

(Signed) A. W. Bartlett M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81997

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 8

(No. 553 West Benton.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosetta Ross.

(a) Residence. No. 553. West Benton. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of J.C.Ross.

6. DATE OF BIRTH (month, day, and year): Feb.7. 1863

7. AGE: Years 69, Months 11, Days 8; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bountifull Utah.

FATHER
13. NAME: Anson Hatch.
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Bidwell
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): J.C.Ross. (husband) 553. West Benton.

18. (BURIAL,) CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Jan.17. 1933.

19. UNDERTAKER (Address): A.W.Hall. Pocatello, Idaho.

20. FILED Jan 16, 1933 D.C.Ray Registrar.
by D. Bonner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan.15. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 14, 1933
I last saw her alive on Jan 14, 1933: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Septic Cholecystitis	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J. J. Raaf, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 81999

PLACE OF DEATH
County of Bannock
City of Bancroft

Registration District No. 84
Primary Registration District No. 2161
(No. 161 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 2

2. FULL NAME

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 17 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Bancroft Ida

PARENTS

10. NAME OF FATHER: Kenneth Lee Hatch
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Idaho
12. MAIDEN NAME OF MOTHER: Miriam Delbridge
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14. Informant: Copy from Birth report.
(Address)

15. Filed Jan 31, 1933 — Mrs. G. J. Fitch, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to Jan 17, 1933
that I last saw her alive on Jan 17, 1933
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Premature Birth
Cause unknown

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): none

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) G. J. Fitch M. D.
Jan 17, 1933 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Bancroft Ida	Jan 18 1933
20. Undertaker: Had none.	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82000

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Ringel

101 b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs 4 mos 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fredrick Ludwig Ringel

6. DATE OF BIRTH (month, day, and year) August 17, 1884

7. AGE Years 48 Months 4 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year) Jan, 1933
11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) (State or country) Paris Idaho.

FATHER
13. NAME Robert Price
14. BIRTHPLACE (city or town) (State or country) London England

MOTHER
15. MAIDEN NAME Susanna Gushan
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Ludwig Ringel Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Jan 7, 1933

19. UNDERTAKER (Address) Dan Price Paris Idaho

20. FILED Jan 30, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932, to Jan. 5, 1933

I last saw her alive on Jan 5, 1933: death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Either Pneumonia	Jan 2, 1933
following Cholecystectomy	
& appendectomy	Dec 31, 1932

Other contributory causes of importance:

Name of operation appendectomy & cholecystectomy Date of Dec 31, 1932
Hyperpyrexia Dyspnea Cyanosis hemoptysis Pain Thorax
What test confirmed diagnosis? Dyspnea Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Spencer H Rich, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82001

PLACE OF DEATH –

County of Bear Lake

City of Bloomington

Registration District No. 5-3

Primary Registration District No.

Local Registrar's No. 2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Nelse Nelson

11A

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 8 - 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

FATHER

13. NAME Lauren Nelse Nelson

14. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

MOTHER

15. MAIDEN NAME Eudora Christenson

16. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

17. INFORMENT Lauren Nelse Nelson
(Address) Bloomington Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Bloomington Date Jan 11, 1933

19. UNDERTAKER John R Hulme
(Address) Bloomington Idaho

20. FILED Jan 30, 1933 Mrs. Beulah Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 8, 1933.
I last saw him alive on Jan 7, 1933: death is said to have occurred on the date stated above, at 11.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Pneumonia	
Other contributory causes of importance:	

Name of operation Clinical Date of
What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C O Moore, M. D.
(Address) Paris Idaho

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82002

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 3
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

997

2. FULL NAME Christiania Mattsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~If married~~, widowed, or ~~divorced~~
HUSBAND of (or) WIFE of John Mattsen

6. DATE OF BIRTH (month, day, and year) June 27, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Ola Trugstrum
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Haugh Nelson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Leo Mattsen

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Soda Springs, Idaho Date Jan 8 1933

19. UNDERTAKER Ernest Allred
(Address) Soda Springs Idaho

20. FILED Jan 30, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 5, 1933
I last saw her alive on Jan 4, 1933: death is said to have occurred on the date stated above, at 4A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) C O Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82006

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lenard Kenneth Parker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 24-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris Idaho

FATHER

13. NAME Kenneth Ashley Parker

14. BIRTHPLACE (city or town) (State or country) Paris Idaho

MOTHER

15. MAIDEN NAME Alvenda Merlin Pope

16. BIRTHPLACE (city or town) (State or country) Bedford Wyoming

17. INFORMENT (Address) Kenneth A. Parker Paris Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lamanda Date Jan 17 1933

19. UNDERTAKER Edwin A Shepherd (Address) Paris Idaho

20. FILED Jan 30, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 14, 1933
I last saw him alive on Jan 14, 1933: death is said to have occurred on the date stated above, at 10.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia Type IV	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C O Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82008

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Dr Franklin Budge

(a) Residence. No. Paris Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) July 3, 1874

7. AGE Years 58 Months 6 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 30 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris Idaho

FATHER
13. NAME Wm Budge
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Eliza Pritchard
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) X A H Merrill Paris Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Paris Ida. Date Jan 18 1933

19. UNDERTAKER (Address) D. S. Price Paris Idaho

20. FILED Jan 30, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 16, 1933
I last saw him alive on Jan 15, 1933: death is said to have occurred on the date stated above, at 7.15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:
Diabetes Mellitus

Name of operation Clinical findings Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C O Moore M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82014

PLACE OF DEATH
County of Benewah
City of Sanders

Registration District No. 31
Primary Registration District No.
Local Registrar's No. 3

(No. Sanders, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David M. Joslyn

(a) Residence. No. St. Farmington, Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ##############

6. DATE OF BIRTH (month, day, and year) No Record

7. AGE: About Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work
10. Date deceased last worked at this occupation (month and year) 1/7/33
11. Total time (years) spent in this occupation 34 Yrs.

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT Harold Weatherford
(Address) Farmington, Wn.

18. ~~[illegible]~~ REMOVAL
Place Tekoa, Wn. Date Jan. 8, 1933

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, Washington.

20. FILED Jan 10, 1933 John Post
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 8:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No Doctor in attendance	
Death natural cause.	
Probably Coronary	
Embolism.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Geo. L. Mills, M.D.
(Address) Justice of Peace

RECEIVED FEB 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH
County of Benewah
City of Sanders

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 1

(No. Sanders, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME David M. Joslyn

(a) Residence. No. St. Farmington, Wn. R. F. D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ##########

6. DATE OF BIRTH (month, day, and year) No Record

7. AGE: About Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work
10. Date deceased last worked at this occupation (month and year) 1/7/33
11. Total time (years) spent in this occupation 34 Yrs.

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME No Record
14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT (Address) Harold Weatherford Farmington, Wn.

18. ############# REMOVAL Place Tekoa, Wn. Date Jan. 8, 1933

19. UNDERTAKER (Address) Kimball Funeral Home Tekoa, Washington.

20. FILED Feb. 1, 1933 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193..., death is said to have occurred on the date stated above, at 8:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No Doctor in attendance	
Death natural cause.	
Probably Coronary	
Embolism.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Geo. B. Mills M.D.
(Address) Justice of Peace

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REGISTRAR'S COPY

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 2279

DO NOT WRITE IN THIS SPACE
State File No. 82015

Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Asa Everett Stickney

(a) Residence. No. 227 second St. St. St. Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Grace M. Stickney

6. DATE OF BIRTH (month, day, and year) Feb. 8th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Shop

10. Date deceased last worked at this occupation (month and year) Jan. 24th 1933

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) Eagleton
(State or country) Wisconsin

FATHER

13. NAME Joseph Stickney

14. BIRTHPLACE (city or town) Carroll
(State or country) Maine

MOTHER

15. MAIDEN NAME Augusta Philbrook

16. BIRTHPLACE (city or town) Carrol
(State or country) Maine

17. INFORMENT Edgar L. Stickney
(Address) St. Maries Idaho

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Spokane Wash Date Jan 30, 1933

19. UNDERTAKER Hyde Mortuary
(Address) St Maries Ida

20. FILED Jan. 28, 1933 Walter Boleing
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1933, to 1-24, 1933

I last saw h. alive on 1-24, 1933; death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1931

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Adams, M. D.

(Address) St. Maries, Idaho

RECEIVED FEB 6 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Benewah State Idaho Registered No. 1
Township Desmet or Village 82016 or
City ____ No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isobelle Yuman

(a) Residence. No. ____ St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Indian	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Yuman

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
110	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Round Lake
(State or country) Kootenai

PARENTS
10 NAME OF FATHER Not Known
11 BIRTHPLACE OF FATHER (city or town) Round Lake
(State or country) Kootenai
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (city or town) Round Lake
(State or country) Kootenai

14 Informant Louis Pelle
(Address) De Smet, Idaho

15 Filed Jan 7 4, 1933 John Post REGISTRAR
11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1933

17 I HEREBY CERTIFY, that I attended deceased from Dec 31, 1932, to Jan 2, 1933, that I last saw h alive on Dec 31, 1932, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) —
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? Clinical

(Signed) J. A. Nelson, M. D.
1/4, 1933 (Address) De Smet Idaho

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
De Smet, Ida	Jan 4 1933
20 UNDERTAKER Joseph T. Falcon	ADDRESS De Smet, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 98

RECEIVED FEB 6 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Benewah State Idaho Registered No. 2
Township De Smet, Ida or Village 82018 or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baptiste Lara 11 P
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: dead

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 80 | Months — | Days — | If LESS than 1 day, ---- hrs. or ---- min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wood
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Colville
(State or country) Reservation

PARENTS
10 NAME OF FATHER Not Known
11 BIRTHPLACE OF FATHER (city or town) Colville
(State or country) Reservation
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (city or town) Colville
(State or country) Reservation

14 Informant J. Ga. Seltzer
(Address) Tensed, Idaho

15 Filed Jan 4, 1933 John Post
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to Jan 3, 1933, that I last saw him alive on Dec 27, 1932, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:
Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
1/4, 1933 (Address) Tensed Idaho

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: De Smet
DATE OF BURIAL: Jan 5, 1933

20 UNDERTAKER: Anasta Gustagen
ADDRESS: De Smet, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—200 d
V. S. No. 98

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82020

PLACE OF DEATH

County of Benewah Ida. Registration District No. 31

City of ..... Primary Registration District No. .....

(No. .....)

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Margaret Jean Easley

(a) Residence. No. Tekoa Wash, Street in Idaho

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 29 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Benewah Ida

PARENTS

10 NAME OF FATHER Fred Easley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Okla Oklahoma

12 MAIDEN NAME OF MOTHER Hazel Vivian Brannegee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) B.C.

14 Informant Fred Easley

(Address) Tekoa

15 Filed Jan. 23, 1933 John Post Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. (Month) 21 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Jan 21, 1933, that I last saw her alive on Dec 27, 1932, and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Premature birth (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) W. A. Abegglen M.D.

Jan 24, 1933 (Address) Tekoa Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Tekoa, Washington	1/23/33 19
20. Undertaker	Address
Kimball Funeral Home	Tekoa Wn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82021

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 3
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME LUCY A. TOWNER

(a) Residence. No. St. Grandview-Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): 1861

7. AGE: 72 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: do not know
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Plymouth New York

FATHER
13. NAME: do not know
14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER
15. MAIDEN NAME: do not know
16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMENT (Address): Record of State Hosp. So. Blackfoot, Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place: Grove City Cem. Date: 1-8, 1933

19. UNDERTAKER (Address): E. T. Peck Blackfoot

20. FILED: Jan. 7, 1933 Mrs. Walter E. Petrie. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, 193..., to Jan. 6th, 1933
I last saw her alive on Jan. 5th, 1933: death is said to have occurred on the date stated above, at 3:50 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	

Other contributory causes of importance:

Blood serum gives positive Wassermann

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82022

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 2

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HELEN SLOAN

(a) Residence. No. ..... St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): Aug 20 1851

7. AGE: Years 81 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: do not know
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lincoln Illinois

FATHER
13. NAME: Wesley Drain
14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER
15. MAIDEN NAME: Hanna Gibbs
16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Minonk Ill. Date 1-7, 1933

19. UNDERTAKER (Address): E. T. Peck Blackfoot Idaho

20. FILED Jan 6, 1933 Mrs. Walter E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to Jan 5th, 1933, 193..
I last saw her alive on Jan 5th 1933, 193..: death is said to have occurred on the date stated above, at 3:50 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	May 1931

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --
If so, specify .....
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82023

PLACE OF DEATH
County of Bingham
City of Blackfoot, idaho.
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 1
(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy C. Mason
(a) Residence. No. Boise St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of R.R.Mason
6. DATE OF BIRTH (month, day, and year) Feb. 14, 1858
7. AGE Years 74 Months 10 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Not known
11. Total time (years) spent in this occupation ------
12. BIRTHPLACE (city or town) (State or country) Sullivan Co. Ind.

FATHER
13. NAME Wm. F. Dodds
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Nancy Springer
16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMENT (Address) Records of St. Hosp. So. Blackfoot, Idaho.
18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Boise Idaho Date 1-3, 1932
19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho
20. FILED Jan 2, 1932 Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-1-1933 193
22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1931, 193..., to Jan. 1, 1933, 193...
I last saw her alive on Dec. 31, 1932, 193...: death is said to have occurred on the date stated above, at 2-30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	1930

Other contributory causes of importance: None known

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No
(Signed) Chas. R. Lowry M.D.
(Address) St. Hosp. So. Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82024

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WATKIN HENRY JONES

(a) Residence. No. Aberdeen, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Arcelia P. Jones

6. DATE OF BIRTH (month, day, and year): Nov. 30, 1843

7. AGE: Years 89 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Agriculture
10. Date deceased last worked at this occupation (month and year): 1916
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Lowville New York

FATHER
13. NAME: Thomas W. Jones
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Mary (Unknown)
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Nora J. Lowe Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Windom, Minn Date: Jan 12, 1933

19. UNDERTAKER (Address): A W Davis American Falls, Idaho

20. FILED Jan 9, 1933 McMarkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Jan 6, 1933
I last saw him alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
Epidemic InfluenZa	Dec	11, 1932
Uremia	Jan	4, 1933

Other contributory causes of importance:
Chronic Prostatitis with Urinary Cystitis — 1925

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) McMarkinson, M.D.
(Address) Aberdeen Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82025

PLACE OF DEATH
County of Bingham
City of Aberdeen
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME JANET ELAINE ISAAK

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	Ø 30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ameridan Falls
(State or country) Idaho

FATHER
13. NAME Abraham B Isaak
14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER
15. MAIDEN NAME Helen Huhsinger
16. BIRTHPLACE (city or town) Estrella
(State or country) Calif

17. INFORMENT A. B. Isaak
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen, Idaho Date 1-25, 193 3

19. UNDERTAKER Friends
(Address)

20. FILED 1-26, 193 3 M Canet Kunn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 193 3

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 3, to Jan 24, 193 3
I last saw her alive on Jan 23, 193 3: death is said to have occurred on the date stated above, at 3:45A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 27, 1932
BronchoPneumonia	Jan 1, 1933
Lung Abscess	Jan 12, 1933

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Mcanet Kunn, M. D.
(Address) Aberdeen Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82026

County of Bingham
City of Blackfoot
Registration District No. 121.
Primary Registration District No. 1007
Local Registrar's No. 11.

(No. Beck Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don Russell Lindsay

(a) Residence. No. Moreland, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. None yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 28, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moreland Ida

FATHER

13. NAME James Russell Lindsay

14. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

MOTHER

15. MAIDEN NAME ~~Beck~~ Hazel Belnap

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) James Russell Lindsay Moreland Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Cem. Date Jan. 19, 1933

19. UNDERTAKER (Address)

20. FILED Jan. 19, 1933 Mrs. Nattie E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 17, 1933
I last saw him alive on Jan 17, 1933: death is said to have occurred on the date stated above, at 1:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Superior Mesenteric artery	Jan 17 1933

Other contributory causes of importance:
Could determine no cause of Thrombosis

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

17

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82027

PLACE OF DEATH

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Terry Art Blackburn

(a) Residence. No. 608 South Shelbury St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, and year) May 4th 1924

7. AGE: Years 8 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. In school.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springfield Idaho

FATHER

13. NAME J. C. Blackburn

14. BIRTHPLACE (city or town) (State or country) Loa, Utah

MOTHER

15. MAIDEN NAME Mina Elizabeth Stephens

16. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

17. INFORMENT (Address) J. C. Blackburn Blackfoot, Id

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Grove City Cem Date Jan 25th 1933

19. UNDERTAKER (Address) E. F. Peck Blackfoot Idaho

20. FILED Jan 2[illegible], 1933 Mrs Walter E. Palace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/22 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1924, to Jan 22, 1933

I last saw him alive on Jan 22, 1933: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale Congenital	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Beck, M. D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82028

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. ....)
Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Lelmar Hampton

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley Ida

PARENTS

10. NAME OF FATHER Ralph Hampton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Shelley Ida
12. MAIDEN NAME OF MOTHER Dorthy Cox
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Shelley Ida

14. Informant Eli a. Cox
(Address) Shelley, Idaho, Route #1

15. Filed Jan. 11, 1933 Mrs Valeen E Patience
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to Jan 10, 1933
that I last saw alive on Jan 10, 1933
and that death occurred, on the date stated above, at 12-10 am

The CAUSE OF DEATH* was as follows: Don't know- Symptoms, were: Dark Bridged respiration Dark very blue and died in a short time (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ....
(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) F. D. Odegard, M. D.
Jan 10, 1933 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Taylor, Idaho — Date of Burial Jan 11 - 1933
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82029

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Cobbley Hamilton

(a) Residence. No. West Pacific St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Glen Hamilton

6. DATE OF BIRTH (month, day, and year) May 25 1913

7. AGE: Years 19 | Months 7 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rimmel Idaho

FATHER
13. NAME Elmer W. Cobbley
14. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

MOTHER
15. MAIDEN NAME Charlotte Chrystle
16. BIRTHPLACE (city or town) (State or country) American Fork Utah

17. INFORMENT (Address) Bertha Hamilton Blackfoot Idaho

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~
Place Grove City Cem. Date Jan 26 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Jan 25, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932, to Jan 22, 1933
I last saw her alive on Jan 22, 1933: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephrites	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82030

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 17

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME INEZ WATSON

(a) Residence. No. ..... St. TWIN FALLS, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMAIE	WHITE	WIDOWED

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of do not know

6. DATE OF BIRTH (month, day, and year) Aug. 4th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Maxwell
(State or country) Wisconsin

FATHER

13. NAME John Aikins

14. BIRTHPLACE (city or town) do not know
(State or country)

MOTHER

15. MAIDEN NAME Rosetta Newell

16. BIRTHPLACE (city or town) do not know
(State or country)

17. INFORMENT Records of State Hosp South
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Blackfoot Cem Date Jan 27, 1933

19. UNDERTAKER Marion Clark
(Address) Blackfoot Idaho

20. FILED Jan 27, 1933 Thos Fallen E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from October 19th, 1932, to January 26th, 1933

I last saw her alive on January 26, 1933: death is said to have occurred on the date stated above, at 9:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	October 1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193..

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury .....

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas R Lawn, M. D.

(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82031

PLACE OF DEATH
County of Bingham
City of Blackfoot Rt. 2 Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 18.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Enos Proctor Fackrell

(a) Residence. No. Blackfoot, Idaho Thomas Precinct.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Louise Fackrell

6. DATE OF BIRTH (month, day, and year) April 19, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) None 1929

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Bountiful, Utah

FATHER

13. NAME David Fackrell

14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER

15. MAIDEN NAME Hannah Proctor

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Theron Fackrell Blackfoot, Rt. 2

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Riverside Thomas Date Jan. 29, 1933

19. UNDERTAKER E. Peck.
(Address) Blackfoot, Idaho

20. FILED Jan 28, 1933 Mrs Valeria E. Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 15th May, 1932, to January 26, 1933

I last saw him alive on January 7, 1933: death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myrocarditis and cirrhosis of Liver	About 2 years.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Humphreys M. D.

(Address) Blackfoot Ida

RECEIVED FEB 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82032

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George William Humphreys

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Ann Humphreys

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1866

7. AGE Years 66 Months 10 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris, Idaho.

FATHER
13. NAME George Humphreys
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Ann Smedley
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Nellie A. Humphreys Shelley, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Shelley, Ida. Date Jan 20, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED Jan. 20, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 14, 1933. I last saw him alive on Jan 14, 1933: death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Guyett, M. D.
(Address) Shelley Idaho

16.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82033

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Dunn

(a) Residence. No. 139 North Shilling ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henery Dunn

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Utah

FATHER

13. NAME Ralph T. Merrill

14. BIRTHPLACE (city or town) (State or country) Hincok, County Me.

MOTHER

15. MAIDEN NAME Matilda Collet

16. BIRTHPLACE (city or town) (State or country) Omaha, Neb.

17. INFORMENT (Address) Morgan & Thompson Blackfoot Idaho Rout 4

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Grove City Cem. Date Jan. 24, 1933

19. UNDERTAKER E. J. Peck (Address) Blackfoot, Id.

20. FILED Jan. 24, 1933 Mrs. Walter E. Pattie, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932, to Jan 21, 1933

I last saw h[illegible] alive on Jan 21, 1933; death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) H. Merrill M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82034

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 10

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILLIAM HARVEY MENDENHALL

(a) Residence. No. ..... St. WEISER, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOWER

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): 1876

7. AGE: 57 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do not know
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Clinchfort Virginia

FATHER
13. NAME: M.G. MENDENHALL
14. BIRTHPLACE (city or town) (State or country): do not know Virginia

MOTHER
15. MAIDEN NAME: do not know
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cayton Cem. Date: Jan 16, 1933.

19. UNDERTAKER (Address): Marion Clark

20. FILED: Jan 16, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24th, 1931, to Jan 16th, 1933
I last saw him alive on Jan 15th, 1933: death is said to have occurred on the date stated above, at 12:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	1931

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Wassermann test and Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas R. Lowe, M.D.
(Address) Blackfoot, Idaho.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82035

PLACE OF DEATH

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Hobbs Wicker

(a) Residence. No. Blackfoot, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Geo. J. K. Wicker

6. DATE OF BIRTH (month, day, and year) July 27, 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trained Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Kempson, Bedfordshire
(State or country) England

FATHER

13. NAME William Brooks

14. BIRTHPLACE (city or town) Bedfordshile
(State or country) Biggeles Wade, Endland

MOTHER

15. MAIDEN NAME Emma Hobbs-

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Mr. M. W. Kevern
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Blackfoot Idaho Date Jan 16 1933

19. UNDERTAKER E T Perkins
(Address) Blackfoot Idaho

20. FILED Jan 14, 1933 Mrs. Walter E. Pabst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 — 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1932, to Jan 13, 1933

I last saw her alive on Jan 12, 1933; death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured arm & dislocated hip from a fall	1 mo
Other contributory causes of importance: Chronic nephritis & Myocarditis	

Name of operation ~ Date of ~

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~No~~ Yes Date of injury 12-15-1932

Where did injury occur? at her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall from bed

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ~

(Signed) C. O. Hunsaker M. D.

(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82036

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 8
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ELZA PROUGH

(a) Residence. No. ..... St. Twin Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) LaGrange (State or country) Indiana

FATHER

13. NAME George Prough

14. BIRTHPLACE (city or town) LaGrange (State or country) Indiana

MOTHER

15. MAIDEN NAME Eliza Dunifer

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Record of State Hosp. South, Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Burke Idaho Date Augmin 9, 193[illegible]

19. UNDERTAKER (Address) E. J. Peck, Blackfoot Idaho

20. FILED Jan 14, 1933. Mr. Walter E. Pettit, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th 1[illegible], to Jan 13th 1933
I last saw him alive on Jan 12th, 1933: death is said to have occurred on the date stated above, at 4 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	1929
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify
(Signed) Chas. A. Lown, M. D.
(Address) Blackfoot, Idaho

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82037

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 7

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME EARNEST JAYNES

(a) Residence. No. ..... St. Idaho Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of do not know

6. DATE OF BIRTH (month, day, and year) 1887

7. AGE Years 46 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do not know
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Platt Kansas

FATHER
13. NAME Lum Jayne
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Vie Merrill
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Record of State Hosp South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Ida Date Jan 14, 1933

19. UNDERTAKER (Address) V. F. McHan By Clarence Han Idaho Falls, Idaho

20. FILED Jan 14, 1933, Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to Jan. 12, 1933
I last saw him alive on Jan. 12th, 1933: death is said to have occurred on the date stated above, at 5:05 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the insane	Aug 4 1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Wassermann Test Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify --
(Signed) Chas. R. Lowry, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82038

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 6.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C.S.McLIN

(a) Residence. No. ... St. CALDWELL, CANYON COUNTY
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER

15. MAIDEN NAME J. A. McLin

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Record of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Cully Kansas Date Jan 14, 1933

19. UNDERTAKER E.J. Peck
(Address) Blackfoot Idaho

20. FILED Jan 12, 1933 J. McMartin Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1933, to Jan. 11th, 1933
I last saw him alive on Jan 11, 1933: death is said to have occurred on the date stated above, at 11:30 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	Jan 10th 1933
Other contributory causes of importance:	
SENILITY	

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify --

(Signed) Chas R. Lowe, M. D.
(Address) Blackfoot, Idaho.

TION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82039
State File No.

PLACE OF DEATH

County of Bingham

City of Fort Hall

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 5

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Truman L. Draper

(a) Residence. No. Fort Hall, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Esther Draper

6. DATE OF BIRTH (month, day, and year) 12/18/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebo, Illinois

FATHER

13. NAME David Draper

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mollie Butterscheld

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Esther Draper Fort Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date 1-15, 1933

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED Jan 14, 1933 Miss Walter E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1932, to Jan 8, 1933

I last saw him alive on January 8, 1933: death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Six month

Other contributory causes of importance:

History of ulcer of stomach about 7 years.

Name of operation X Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) J. O. Humphreys, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82040

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 4

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MANDIUS A HILL

(a) Residence. No. ____ St. Hansen, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME George Hill

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Annie M. Morrison

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Record of State Hosp So. Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Ida Date Jan 10, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED Jan. 7, 1933 Mrs. Nellie E. Tarrie. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to Jan. 7th, 1933

I last saw him alive on Jan. 7th, 1933: death is said to have occurred on the date stated above, at 1:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	1-5-'33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ..., 193..

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82042

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Parke

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 2-1848

7. AGE: Years 84 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edwards Island Richmonds - Alla - England

FATHER
13. NAME Hugh Clarke
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Clarke
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Hail Parke Hailey - Ida

18. BURIAL, CREMATION, OR REMOVAL
Place City Family Plot Date Jan 11, 1933

19. UNDERTAKER (Address) L J Harris Hailey, Ida

20. FILED 2-2, 1933 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Jan 9, 1933
I last saw her alive on Jan 9, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/24/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Hailey, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Blaine

City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82043

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Fox

2. FULL NAME Brannack O. Duffy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ora May Calhoun

6. DATE OF BIRTH (month, day, and year): May 31-1861

7. AGE: Years 72 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Hammond Indiana

FATHER

13. NAME: Samuel Duffy

14. BIRTHPLACE (city or town) (State or country): X

MOTHER

15. MAIDEN NAME: Wilson

16. BIRTHPLACE (city or town) (State or country): X

17. INFORMENT (Address): W. P. Duffy Irvine Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Bellevue Cemetery Date: Jan 19, 1933

19. UNDERTAKER (Address): L. J. Harris Hailey Ida.

20. FILED 2-2, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 17, 1933

I last saw him alive on 1-17-, 1933: death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs

Other contributory causes of importance:

Anasarca 6 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. [illegible], M. D.

(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82044

PLACE OF DEATH
County of Blaine
City of Ketchum

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Morris Price

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Oct 27-1847

7. AGE: Years 85 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired -
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brookville (State or country) Indiana

FATHER
13. NAME Wm Price
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Clemings
16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMENT (Address) Alonzo Price Ketchum Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Ketchum Ida. Date Jan 20 1933

19. UNDERTAKER L. Hanna (Address) Hailey Ida.

20. FILED 2-2, 1933 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1933, to 1-18, 1933
I last saw him alive on 1-16, 1933; death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Chronic	
Pulmonary odema	1931

Other contributory causes of importance:
Senility

Name of operation: None Date of: -
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82045

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Byrne

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Nov 3 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kilmanigham Wood (State or country) Ireland

FATHER

13. NAME John Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Mary Bourdy Hailey Ida.

18. BURIAL, CREMATION, OR REMOVAL Place City Plot Date Jan 28 1933

19. UNDERTAKER L. F. Hemmis (Address) Hailey Ida.

20. FILED 2-2, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1933, to 1-26, 1933

I last saw him alive on 1-26, 1933; death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Congestion	8-1932

Other contributory causes of importance: Bedfast for 6 mo.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82046

PLACE OF DEATH
County of Blaine
City of Picabo

Registration District No. 57
Primary Registration District No. 2022
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 1

161 a

2. FULL NAME Viola Mae Vlahos
(a) Residence. No. ~~16 years~~ St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) January 4, 1932
7. AGE Years Months Days If LESS than 1 day, 5 hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Picabo (State or country) Idaho

PARENTS
10. NAME OF FATHER Chris Vlahos
11. BIRTHPLACE OF FATHER (city or town) Zurtsa Olembias (State or Country) Greece
12. MAIDEN NAME OF MOTHER Annie White Vlahos
13. BIRTHPLACE OF MOTHER (city or town) Picabo (State or Country) Idaho

14. Informant Chris Vlahos
(Address) Picabo Idaho

15. Filed 2-2, 1933 R. H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1-4 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/4/33, 19..., to 1/4, 1933
that I last saw her alive on 1-4, 1933
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows: Premature birth 7 mo
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. W. F., M. D.
1/5, 1933 (Address) Hailey, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Picabo, Ida
Date of Burial: 1/5 1933
20. Undertaker: Family
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82047

PLACE OF DEATH

County of Blaine

City of Picabo

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Iola Mae Vlahos

(a) Residence. No. ~~[illegible]~~ St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) January 4, 1933

7. AGE Years Months Days If LESS than 1 day, five hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Picabo
(State or country) Idaho

PARENTS

10. NAME OF FATHER Chris Vlahos

11. BIRTHPLACE OF FATHER (city or town) Zurtsa Olembias
(State or Country) Greece

12. MAIDEN NAME OF MOTHER Annie White Vlahos

13. BIRTHPLACE OF MOTHER (city or town) Picabo
(State or Country) Idaho

14. Informant Chris Vlahos
(Address) Picabo Idaho

15. Filed 2-2, 1933 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/4, 1933, to 1/4, 1933

that I last saw her alive on 1/4, 1933

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Premature birth 7 mo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? E. W. F.

(Signed) M. D.

1/5, 1933 (Address) Hailey, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Picabo, Ida

Date of Burial: 1/5 1933

20. Undertaker: Family

Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 25 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82049

County of Boise
City of Placerville
Registration District No. 12
Primary Registration District No.
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Margaret Ann Thurston

(a) Residence. No. Placerville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest A. Thurston

6. DATE OF BIRTH (month, day, and year) June 26-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Henry Ashcroft

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Edna A. Gallupe Placerville Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Date Jan, 193

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida

20. FILED Jan 28, 1933 Mrs E S Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Past many years, 193, to , 193

I last saw her alive on did not see 193; death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Influenza	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Attorney , M. D.

(Address) Boise Ida

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82050

PLACE OF DEATH
County of Bonner
City of Hope

Registration District No. 88
Primary Registration District No. 2457
Local Registrar's No. 1, 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy E. Moter

(a) Residence. No. ..... Hope St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of R. C. Moter

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
88	88	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lorain Co. Ohio

FATHER
13. NAME Lorenzo Doty
14. BIRTHPLACE (city or town) (State or country) Iowa Ohio

MOTHER
15. MAIDEN NAME Emmanuel Lomo
16. BIRTHPLACE (city or town) (State or country) Lorain Co. Ohio Iowa

17. INFORMENT (Address) Hope Idaho R. C. Moter

18. BURIAL, CREMATION, OR REMOVAL Place Hope, Idaho Date Jan 3, 1933

19. UNDERTAKER (Address) F. S. Hayes Hope

20. FILED Jan 3, 1932 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Artero Sclerosis	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) L. E. Moon Coroner, M.D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82051

PLACE OF DEATH

County of Bonner

City of Clarksfork

Registration District No. 80

Primary Registration District No. 2157

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME John Dobbins

(a) Residence. No. Clarksfork Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harriet Dobbins

6. DATE OF BIRTH (month, day, and year) Dec 5 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Byran Dobbins

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Lavina Loy

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) H. A. Dobbins Clarksforks

18. BURIAL, CREMATION, OR REMOVAL Place Clarksfork Date 1/19, 1933

19. UNDERTAKER (Address) Turnbull Co Sandpoint Idaho

20. FILED Jan 17, 1933 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart	
Disease	
Bronchitis	

Other contributory causes of importance

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M.D.

(Address) Sand Point Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82052

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 1
(No. Farnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter B. Foster

(a) Residence. No. ..... St. Blanchard, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Farnell Hospital Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Cem. Sandpoint, Ida. Date Jan. 9, 1933.

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 5, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1932, to Jan. 1, 1933.
I last saw him alive on Dec. 31, 1932: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
influenza	10 days

Other contributory causes of importance:

Chronic Colitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82053

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 2
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry La Trace

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years 67 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poor Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Parnell Hospital Sandpoint Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida Date Jan. 1, 1933 Pinecrest Cemetery

19. UNDERTAKER (Address) L. G. Moon Sandpoint Ida

20. FILED Jan 6, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Jan 1, 1933.
I last saw him alive on Dec 31, 1933: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 1, 1932

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Floyd G. Verde, M. D.
(Address) Sandpoint, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 193

PLACE OF DEATH

County of Bonner

City of Colburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 82054

Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Emanuel Fredrickson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Selma Fredrickson

6. DATE OF BIRTH (month, day, and year) May 4 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Hilda Shaner Colburn, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Id. Lakeview Cemetery Date Jan. 5, 1933

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Ida ho.

20. FILED Jan 5, 1933 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) About Jan. 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ——— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Fire Arms	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/1, 193 3

Where did injury occur? Colburn, Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot wound in head.

Nature of injury ——— ——— ———

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.

(Signed) L. G. Moon Coroner M.D.

(Address) Sandpoint, Idaho

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82055

PLACE OF DEATH

County of Bonner
City of Sandpoint
Registration District No. 76
Primary Registration District No. 2-155
Local Registrar's No. 4

(No. 417 N Fourth)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88A

2. FULL NAME Mrs. Isabelle Frances Page

(a) Residence. No. 417 N Fourth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of John Hardy Page

6. DATE OF BIRTH (month, day, and year) June 6 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph Bardett
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Sarah Adams
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Dr. Westwood Sandpoint Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Lakeview cemetery Date 1/4/, 1933
19. UNDERTAKER Turnbull & Co (Address) Sandpoint Idaho
20. FILED Jan. 4, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1933
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Jan 2, 1933
I last saw h..e alive on Jan 1, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1928

Other contributory causes of importance:

Rheumatism	

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter.l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82056

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Carl Johnson

(a) Residence. No. N Forest Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Marie Johnson

6. DATE OF BIRTH (month, day, and year) Feb 2 1850

7. AGE Years 82 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Neva Johnson N Forest ave

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview cemetery Date 1/11, 1933

19. UNDERTAKER (Address) Turnbull Co Sandpoint Idaho

20. FILED Jan. 10, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/6 1933

22. I HEREBY CERTIFY, That I attended deceased from Several years, 193..., to Jan 6, 1933

I last saw him alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Cardio Vascular	Several yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NW If so, specify .....

(Signed) C. P. Stackhouse, M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82057

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 6
(No. 615 N. Ella Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sidney Ann McCormack

(a) Residence. No. 615 N. Ella Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94th

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME William Rice
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Oscar McCormack Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida. Cemetery Date Jan. 11, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 11, 1933 Viola Allen Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Jan. 6, 1933.

22. I HEREBY CERTIFY, That I attended deceased from August, 1932, to January 6, 1933
I last saw her alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

	Date of onset

Other contributory causes of importance: Old age

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. B. Allen, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 3 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 6

615 N. Ella Ave.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sidney Ann Mc Cormack

(a) Residence. No. 615 N. Ella Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John Mc Cormack

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME William Rice

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Oscar Mc Cormack Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Lakeview Cemetery
Place Sandpoint, Idaho. Date Jan. 11 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan. 11, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1930, to Jan. 6, 1933

I last saw her alive on Jan. 6, 1933: death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Old Age	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. G. Moon, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82058

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 8

(No. 527 N. Boyer Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Harper

(a) Residence. No. 527 N. Boyer St.
(Usual place of abode)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Harry Harper

6. DATE OF BIRTH (month, day, and year): Nov. 13, 1878

7. AGE: Years 54 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Truro, Iowa

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): Harry Harper, Sandpoint, Idaho.
18. BURIAL, CREMATION, OR REMOVAL: Pinecrest Cemetery
Place Sandpoint, Ida. Date Jan. 17, 1933
19. UNDERTAKER: L. G. Moon
(Address): Sandpoint, Idaho.
20. FILED Jan 16, 1933 Viola Alley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 15, 1933
I last saw h[illegible] alive on Jan. 14, 1933: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	Jan 14 1933

Other contributory causes of importance:
Hypertension

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82059

PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 76
Primary Registration District No. 2155 Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Marie Vergote

(a) Residence. No. Sandpoint Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

3a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Adolphus A. Vergote

6. DATE OF BIRTH (month, day, and year) Mar 23 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER

13. NAME Peter Vandenbussche

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Melanie Vandenbussche

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMENT (Address) Moris Vergote RFD #1

18. BURIAL, CREMATION, OR REMOVAL Place Pinecrest Date 1/26, 1933

19. UNDERTAKER Funeral Co (Address) Sandpoint Idaho

20. FILED Jan 25, 1933 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932, to Jan. 24, 1933

I last saw her alive on Jan. 23, 1933: death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-carditis	Nov 1, 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82060

PLACE OF DEATH
County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
(No. .....)
Local Registrar's No. 2
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Mary Elizabeth French

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugene French

6 DATE OF BIRTH (month, day and year) Apr. 15, 1851

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	9	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Vienna
(State or country) Canada

PARENTS

10 NAME OF FATHER Jadock Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Jane Balcomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Mrs. Frank Nelson
(Address) Priest River, Ida

15 Filed Jan. 21, 1933 R. E. Weesa
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. (Month) 18 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Jan 18, 1933
that I last saw h.er alive on Jan 18, 1933,
and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:
bronchio pneumonia
..... (duration) ..... yrs. ..... mos. 14 ds.
CONTRIBUTORY (Secondary) influenza
..... (duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) L. J. Stauffer, M. D.
Jan. 21, 1933 (Address) Priest River Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: M. W. A. Cemetery — Date of Burial: Jan 22 1933
20. Undertaker: R. E. Weesa — Address: Priest River

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82061

PLACE OF DEATH
County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
(No.)
Local Registrar's No. 1
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Andrew Linnerud Ericksen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joyce Ericksen

6 DATE OF BIRTH (month, day and year) Jan. 1, 1903

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
30	0	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Railway
(c) Name of employer Great Northern R. R.

9 BIRTHPLACE (city or town) Osker
(State or country) Norway

PARENTS
10 NAME OF FATHER Andreas Ericksen
11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway
12 MAIDEN NAME OF MOTHER Annie Larson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Mrs. Joyce Ericksen
(Address) Priest River, Idaho

15 Filed Jan. 16, 1933 R. E. Wessa Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
January (Month) 15 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933, to Jan. 15, 1933, that I last saw him alive on Jan. 15, 1933, and that death occurred, on the date stated above, at 9:30A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Findings
(Signed) Harold L. Soucy, M. D.
Jan. 15, 1933 (Address) Priest River.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Spokane, Wash. Date of Burial: Jan. 19 1933

20. Undertaker: R. E WeSSa Address: Priest River Ida

N. B.—Every item of information should be carefully supplied, AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82062

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2314
Local Registrar's No. 21

(No. L. D. S. Hospital) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William P. Matthews

(a) Residence. No. ..... St. Arco, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Alice Matthews

6. DATE OF BIRTH (month, day, and year) June 17, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. County Assessor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Tintic, Utah

FATHER

13. NAME William Matthews

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Partington

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Mrs. Alice Matthews Arco, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Arco Idaho Date Jan. 30, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED 1/2 d, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933, to Jan 28, 1933

I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative appendicitis	Jan 23

Other contributory causes of importance:

Name of operation Appendectomy Date of Jan 26

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82063

PLACE OF DEATH
County of Bonneville
City of Idaho Falls,
Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 22

(No.) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant - Holm

(a) Residence. No. 549 N. Water St. - Idaho Falls, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 25/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida

FATHER

13. NAME Gustav Holm

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Connor

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Gustav Holm Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL. Place Idaho Falls Ida Date Jan. 31, 193 3

19. UNDERTAKER None (Address) Jack A Wood Idaho Falls, Ida

20. FILED 1/30, 193 3 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause medical attendance	
Premature - 7 mo.	

Other contributory causes of importance:

OVER

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82064

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 2150 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Baby Stoddart

(a) Residence. No. LDS Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 1- 1933.

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or 10 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho.

PARENTS

10. NAME OF FATHER Alton B. Stoddart
11. BIRTHPLACE OF FATHER (city or town) Idaho Falls (State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Vella Lewis
13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls (State or County) Idaho

14. Informant (Address) Mrs. Alton B. Stoddart Idaho Falls Idaho R 3 Route

15. Filed Jan 4 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 1 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to Jan 1 1933
that I last saw her alive on Jan 1 1933
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Infant (5 mo.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. L. McClean M. D.
1/1 1933 (Address) Idaho Falls, Ida.

19. Place of Burial, Cremation, or Removal: Idaho Falls Ida — Date of Burial: Jan 2 1933
20. Undertaker: none — Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED [redacted]

PLACE OF [redacted]

County of Bonneville

City of Idaho Falls

[redacted]

CERTIFICATE OF DEATH

[redacted]

State File No. [redacted]

Registration District No. 73

Primary Registration District No. 21-10 Local Registrar's No. 19

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Zarda Frost Yearian

(a) Residence. No. St. St. Anthony, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jesse M. Yearian

6. DATE OF BIRTH (month, day, and year) March 21, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His Own Tin Shop

10. Date deceased last worked at this occupation (month and year) Dec. 15, 1932

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Duquoin, Illinois

FATHER

13. NAME Unknown Yearian

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Julia Frost

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Jesse M. Yearian St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Ida. Date Jan. 29 1933

19. UNDERTAKER (Address) [signature] Idaho Falls, Idaho.

20. FILED 1/28, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 26, 1933.

I last saw him alive on Jan 26, 1933: death is said to have occurred on the date stated above, at 12:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	
Chronic obstructive nephritis	
Uremia	4 weeks.

Other contributory causes of importance:

Name of operation Cystotomy Date of Jan 4-33

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. R. Abbott, M. D.

(Address) Ririe Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82066

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 23

Primary Registration District No. 21 & 50

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Grant Hemsley (Hemsley)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ~~yrs.~~ 2 mos. 15 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): April 27-32

7. AGE: Years | Months: 9 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho, Plano

FATHER

13. NAME: Joseph Hemsley

14. BIRTHPLACE (city or town) (State or country): Alberta Canada

MOTHER

15. MAIDEN NAME: Lottie Davies

16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMENT (Address): Father Joseph Hemsley Ida Falls

18. BURIAL, CREMATION, OR REMOVAL: Removal
Place: Plano, Ida. Date: Jan 27, 1933

19. UNDERTAKER (Address): O. L. Berry Idaho Falls, Ida.

20. FILED 1/28, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th to Jan 26, 1933, to ..... 193...

I last saw him alive on Jan 26th, 1933: death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 5

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. D. Haywark, M.D.

(Address) Idaho Falls Ida.

R.F.D. # 3

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82067

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2107
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James B. Leavitt

(a) Residence, No. Moreland, Idaho (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. Visiting yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Permina J. Leavitt

6. DATE OF BIRTH (month, day, and year): Oct 31 1858

7. AGE: Years 74 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bountiful Utah

FATHER
13. NAME: George Leavitt
14. BIRTHPLACE (city or town) (State or country): not known U.S.A.

MOTHER
15. MAIDEN NAME: Jenette Brinkerhoff
16. BIRTHPLACE (city or town) (State or country): not known U.S.A.

17. INFORMENT (Address): Vinal Leavitt Blackfoot Rd #3

18. BURIAL, CREMATION, OR REMOVAL Place: Moreland Idaho Date: Jan 10 1933

19. UNDERTAKER (Address): E. T. Peck Blackfoot Idaho

20. FILED 1/9, 1933 Guy Thiriot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 8, 1933.
I last saw him alive on Dec 25, 1932 death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Jan 1, 1931
Arteriosclerosis	Many years
Hypertension	years

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. A. Beck, M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82068

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 4
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Jean Rust Shay. 70

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Carroll H. Shay.

6. DATE OF BIRTH (month, day, and year): Jan 29 1905

7. AGE: Years 27 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: /
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Grand Rapids Michigan

FATHER
13. NAME (Not Known) Rust
14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER
15. MAIDEN NAME: Not Known (over)
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMENT (Address): Carroll H. Shay Idaho Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Idaho Falls Date: Jan 10, 1933
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.
20. FILED: Jan 11, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 6 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 3, 1933
I last saw h alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 12:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute (non epidemic) encephalitis ?	3 days ago

Other contributory causes of importance:
?

Name of operation: Spinal puncture Date of: Jan 6 1933
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82069

PLACE OF DEATH
County of Bonn
City of Ida. Falls

Registration District No. 73
Primary Registration District No. 21 V-0
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 A

2. FULL NAME Mila May Fullenwider

(a) Residence. No. L. D. S. Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ralph Fullenwider

6. DATE OF BIRTH (month, day, and year) May 12-1888

7. AGE: Years 44 | Months 8 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Octone, Nebr.

FATHER
13. NAME David Stairs
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Eliza Southard
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Ralph Fullenwider Ida. Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Ida. Falls Date Jan 15, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls

20. FILED 1/14, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1933, to Jan 12, 1933
I last saw her alive on Jan 12, 1933: death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Bronchial	
Pneumonia.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. No
(Signed) A. P. Sodenquist, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82070

PLACE OF DEATH

County of Bonneville Co
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21 & 0 Local Registrar's No. 10
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

110

2. **FULL NAME** Marlyn Miskin

(a) Residence. No. L.D.S. Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Dec 11 1932

7. AGE Years | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Roberts

PARENTS

10. NAME OF FATHER no father (?)
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ?
12. MAIDEN NAME OF MOTHER Irene Lake
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ?

14. Informant (Address) Frank E. Miskin Idaho Falls RR #7 foster or adopted father

15. Filed 1/14, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 14, 1933
that I last saw him alive on Jan 14, 1933
and that death occurred, on the date stated above, at 7:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenzal pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Premature 8 mo baby
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Ucon
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.
1/14/1933, 19 (Address) Idaho Falls Ida

19. Place of Burial, Cremation, or Removal: Robinson Idaho
Date of Burial: 1/16 1933

20. Undertaker: None
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82072

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 13

44

2. **FULL NAME** Joe Teague.

(a) Residence. No. ..... St. Terryton, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 21 ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Unknown.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown.

7. AGE: About 67 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Unknown.

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER: Unknown.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown.

14. Informant (Address) Dr. W. R. West County Physician Rigby Ida

15. Filed 1/20, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 17 (Day) 1933, 19.. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1932, to Jan. 17, 1933
that I last saw him alive on Jan. 16, 1933
and that death occurred, on the date stated above, at 8:30A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas with metastisis to Liver.

..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Terryton, Ida.
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Autotopsy.
(Signed) W. R. West, M. D.
1/18, 1933 (Address) Rigby, Idaho.

19. Place of Burial, Cremation, or Removal: Rigby, Ida. Date of Burial: 1-19 1933

20. Undertaker: A. B. Eckersell Address: Rigby

RECEIVED FEB 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82073

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 7301
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Jenkins

(a) Residence. No. Route No. #6 St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1889

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month, day, year) Jan. 17, 1933

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME Forrest Jenkins

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Annetta Reardon

16. BIRTHPLACE (city or town) (State or country) Balco Missouri

17. INFORMENT (Address) Mrs. Annetta Jenkins Idaho Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Idaho Falls, Idah Date Jan. 21 1933

19. UNDERTAKER .....
(Address) Idaho Falls, Idaho

20. FILED 1/20, 1933 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Jan. 17 1933

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Playing at Mahoney Tourna

Manner of injury Struck by truck Head

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Foster, M.D.

(Address) Conner

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82074

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1 2 0
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Nillie Anderson

(a) Residence. No. Thornton Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 22-1886

7. AGE Years: 46 Months: 1 Days: 29. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thornton Idaho

FATHER
13. NAME N. H. Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Emma Smith
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Emma Jenkins Thornton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Annis Ida. Date Jan. 24, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED Jan 28, 1933 (Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21st 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Jan 21, 1933
I last saw her alive on Jan 21, 1933: death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82079

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Jackie Orval Murphy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX White
4. COLOR OR RACE Male
5. Single, Married, Widowed, or Divorced (write the word) -

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 31 / 33

7. AGE Years Months Days 7 hours If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Ida
(State or country)

FATHER
13. NAME Orval P. Murphy
14. BIRTHPLACE (city or town) Nebraska. Idaho Falls, Ida.
(State or country)

MOTHER
15. MAIDEN NAME Hattie L. Hill
16. BIRTHPLACE (city or town) Idaho Falls, Ida.
(State or country)

17. INFORMENT Mrs Jane Holverson
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Ida Date Feb 2, 1933

19. UNDERTAKER
(Address)

20. FILED Feb 1, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
No medical attendance -	
Premature	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V-S No. 5-A-25M-1-19 RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Bonneville

City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 73

Primary Registration District No. 2108

(No. L D S Hospital St.)

State File No. 82080

Local Registrar's No. 11

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Carol Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: baby (Write the word)

6. DATE OF BIRTH: January 12 (Month) — (Day) 1933 (Year)

7. AGE: ~~1½ months~~ Premature ... Yrs. ... Mos. ... ds.

IF LESS than 1 day how many 7 hrs. or ~~min.~~?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): L D S Hospital Bonneville Co.

10. NAME OF Father: H I Williams

11. BIRTHPLACE OF FATHER (State or Country): Bonneville Co.

12. MAIDEN NAME OF MOTHER: Lois A Stanger

13. BIRTHPLACE OF MOTHER (State or Country): Bonneville Co.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. I. Williams
(Address) 200½ 1st St. City

15. Filed Jan 17 1933 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH 161a

16. DATE OF DEATH: Jan (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1933 to Jan 12 1933, that I last saw her alive on Jan 12 1933, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Puerperal Influenza

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Prematurity 7½ mo

(Duration) ... yrs. ... mos. ... ds.

(Signed) [signature] M. D.

1/12 1933 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. 1 days. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Jan 13/32 Idaho Falls Ida

DATE OF BURIAL: 1/13 1933

20. UNDERTAKER: Jack A Wood

ADDRESS: Idaho Falls Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82081

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-2
Local Registrar's No. 17

(No. Idaho Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada Bell Robbins

(a) Residence. No. ..... St. Humphrey, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of F. O. Robbins

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan. 4, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Byron Wakefield

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Mary Fuel

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) F. O. Robbins, Humphrey, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Humphrey, Idaho Removal Date Jan. 24, 1933

19. UNDERTAKER A. K. Beck (Address) Idaho Falls, Idaho

20. FILED 1/23, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Jan. 21, 1933
I last saw h[illegible] alive on Jan. 21, 1933: death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance:	
Chronic Nephritis	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) [illegible]

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82082

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Andrew Browning 52

(a) Residence. No. 346-5th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Browning

6. DATE OF BIRTH (month, day, and year) June 27, 1865

7. AGE Years 67 Months 6 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah

FATHER
13. NAME James Green Browning
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Ann Wood
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Emma C. Browning Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Annis Idaho Date Jan 23 1933

19. UNDERTAKER (Address) Jack A Wood Idaho Falls, Ida.

20. FILED Jan 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932 to Jan 21, 1933

I last saw h..... alive on Jan. 21, 1933: death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic inflammatory rheumatism.	Indep

Other contributory causes of importance:

Chronic myocarditis	Indep

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No so, specify
(Signed) John O. Mellor, M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82083

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 16
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Helen Beneta Lyons

(a) Residence. No. ..... St. Osgood, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1924

7. AGE Years 8 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milo, Idaho (Regy. R.F.D.)

FATHER
13. NAME Howard M. Lyons
14. BIRTHPLACE (city or town) (State or country) Springfield Illinois

MOTHER
15. MAIDEN NAME Irene Simmons
16. BIRTHPLACE (city or town) (State or country) Rexburg Idaho.

17. INFORMENT (Address) Howard M. Lyons R.F.D. Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Jan 22, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED Jan 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Jan 17, 1933
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 12:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subphrenic abscess following acute purulent appendicitis and diffuse peritonitis and bronchopneumonia	Dec 23, 1933
Other contributory causes of importance: Influenza.	
Appendectomy & drainage	Dec 25 '32

Name of operation Aspiration & drainage Date of Operation Jan 19, 33
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82095

PLACE OF DEATH

County of Canyon
City of Wilder
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

12 2

2. FULL NAME Theodore Roeder

(a) Residence. No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis,
(State or country) Missouri

FATHER

13. NAME John Roeder

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Mrs Theo Roeder
(Address) Wilder, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date Jan 15th 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 1-20, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1932 to 1-11, 1933

I last saw him alive on Jan. 4, 1933: death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Paresis (atrophic) Cirrhosis ascites — Cardiac decompensation	Apr 1931

Other contributory causes of importance:

Name of operation Tapping for ascites Date of Jan 4 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Hewett, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82096

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Louis Du Bois Ranney

(a) Residence. No. Caldwell, Idaho #3 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs.

6. DATE OF BIRTH (month, day, and year) July 2 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
57	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clyde Kansas

FATHER
13. NAME John Ranney
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary J. Manning
16. BIRTHPLACE (city or town) (State or country) Catskill New York

17. INFORMENT (Address) Mrs. L. M. Ranney Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 1-15, 1933

19. UNDERTAKER (Address) A. J. Eckham Caldwell Idaho.

20. FILED 1-20, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 0, 193.., to 0, 193..
I last saw him alive on 0, 193..: death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris or myocardial degeneration and dilatation of heart	

Other contributory causes of importance: Had had a precordial pain and he intended to consult a doctor. Got an intense precordial pain and died at once

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.
(Signed) C. W. Hettenberger D.C. M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82097

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Brook Watson Sower

(a) Residence. No. Cleve Blvd Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 14-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
74	3	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME Geo. Fox Sower
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Katherine Graham
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Forest L. Sower Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 1-16, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 1-20, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Jan 14, 1933. I last saw him alive on Jan 13, 1933: death is said to have occurred on the date stated above, at 3 a. m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach & Intestinal tract.

Date of onset

Other contributory causes of importance:

General Toxemia

Name of operation ..... Date of .....
What test confirmed diagnosis Blood test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Dr. W. D. Broadhurst Chiro
(Address) Caldwell, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82098

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Vick

(a) Residence. No. ..... Wilder Idaho R#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-12-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
76	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Livingston Co
(State or country) Kentucky

FATHER

13. NAME Abraham Vick

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMENT (Address) Mrs. Gertrude Rutter Wilder

18. BURIAL, CREMATION, OR REMOVAL. Place Canyon Hill Date 1-17, 1933

19. UNDERTAKER C. T. Peckham
(Address) Caldwell Idaho.

20. FILED 1-20, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Jan 15, 1933.

I last saw her alive on Jan 10, 1933.: death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan 13-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Talbot M. D.

(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82100

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rasmus Christiansen

(a) Residence. No. Marsing, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 25 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Rasmus

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Maren Rasmussen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Anna C. Gibson city

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 1-24, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 2-3, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 22 1933

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1933, to Jan 22, 1933
I last saw him alive on Jan 21, 1933; death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis, acute	Jan 16.

Other contributory causes of importance:

Paren-chymatous nephritis	
Influenza	Jan 14, 33

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) R. W. Littenberger M.D. M. D.
(Address) Caldwell, Idaho

47

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82101

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William John Greer

(a) Residence. No. Caldwell Idaho Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Elgan Bruce Co. Ontario Canada

FATHER

13. NAME Thomas David Greer

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Mc Donald

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Arthur W. Greer Pendleton Ore.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Jan 27, 1933

19. UNDERTAKER C. W. Peckham (Address) Caldwell Idaho

20. FILED 2-3, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24" 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933, to Jan 24, 1933

I last saw him alive on some time Jan 1933: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1-24-33

Other contributory causes of importance:

Myocarditis with enlargement	10-1-31
Heart Aorta arteriosclerosis	11-6-32

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Haley, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82102

PLACE OF DEATH

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Sherwood Tucker

(a) Residence. No. Caldwell Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-2-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Leadmine Missouri

FATHER

13. NAME Charles Tucker

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Armacy Barbarick

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. Lee D. Tucker Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Canyon Co. Ida. Date 2-4, 1933

19. UNDERTAKER Jo Y. Peckham
(Address) Caldwell Ida.

20. FILED 2-4, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Feb. 2, 1933
I last saw him alive on Jan 10, 1933: death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	May 30
Other contributory causes of importance:	

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Whittenberger D.D. M.D.
(Address) Caldwell, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82103

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willis Rush

(a) Residence. No. 610 Fillmore St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME James P Rush

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Alice Davis

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Mrs J A Lemmon Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Ida Date , 193

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 2-14-, 193 3 J. L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-12-33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 193 3, to Febr. 12, 193 3.
I last saw h alive on Feb. 11, 193 3; death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. A. Newberry, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82104

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Emma Edwards-Titus

(a) Residence. No. 1110 Albany St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~: Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of F. J. Titus

6. DATE OF BIRTH (month, day, and year) Dec 6-1848

7. AGE: Years 84 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Nov. 1931
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft. Madison Iowa

FATHER
13. NAME Garret Wm Powers
14. BIRTHPLACE (city or town) ~~don't know~~ (State or country) Kent Co. Ky

MOTHER
15. MAIDEN NAME Eliza Kynett
16. BIRTHPLACE (city or town) (State or country) Adams Co Penn

17. INFORMENT (Address) Rose Edwards Caldwell Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kohlerlawn-Nampa Date 1/15, 1933

19. UNDERTAKER (Address) Fred K Robinson Nampa Idaho

20. FILED Feb. 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH 1933

21. DATE OF DEATH (month, day, and year) Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Jan 13, 1933

I last saw her alive on Jan 13, 1933: death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis about	1930

Other contributory causes of importance:
hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) M Montgomery, M. D.
(Address) Caldwell Ida

FORM V-S No. 5-A-25M-1-19 RECEIVED FEB 9 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 82105

Local Registrar's No. 1

1. PLACE OF DEATH

County of Canyon

City of Nampa Idaho

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2006

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Orlando Kerr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: Dec (Month) 23 (Day) 1878 (Year)

7. AGE: 55 Yrs. ..... Mos. ..... ds. ..... IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF Father: Edwin T Kerr

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Ellen Bromley

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [signature]
(Address) Nampa Idaho

15. Filed Jan 23 1933 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jany (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1932, to Jany 14 1933, that I last saw him alive on Jany 14 1933, and that death occurred on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary): Influenza

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) [signature] M. D.

19..... (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. 52 ds.
Where was disease contracted if not at place of death? .....
Former or usual residence Copland Idaho

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry, Ida

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: F. K. Robinson

ADDRESS: Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82106

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 12

(No. 5 miles West Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Laura Johnson

(a) Residence. No. 5 miles west St. Nampa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 3-1932

7. AGE — Years | Months: 2 | Days: 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa, Idaho
(State or country)

FATHER

13. NAME Arvid Johnson

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Myrtle Upham

16. BIRTHPLACE (city or town) Arkansas
(State or country)

17. INFORMENT Mrs. Arvid Johnson Nampa, Idaho
(Address)

18. BURIAL, CREMATION, OR REMOVAL Nampa
Place Kohlerlawn Date 1-2-3, 1933

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Feb. 2, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1933, to Jan 29, 1933
I last saw her alive on Jan 28, 1933; death is said to have occurred on the date stated above, at 1:30 m. 1/29/33
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Horace P. Belknap M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82107

PLACE OF DEATH

County of Canyon
City of Parma
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fleta May Davison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19- 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Middleton Idaho.

FATHER

13. NAME Ora A Cox

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Savannah M Canter

16. BIRTHPLACE (city or town) (State or country) Gordon Valley Oregon

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Middleton Date Jan 5 1933

19. UNDERTAKER C. T. Peckham
(Address) Caldwell Idaho

20. FILED 1-20, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Jan 2, 1933
I last saw her alive on Jan 2, 1933: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	Dec 18-32
Other contributory causes of importance:	
Miscarriage at 6 months	Dec 29-32
Influenza	Dec 26-32

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Robert E Talbot, M. D.
(Address) Wilder Idaho

RECEIVED FEB 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82108

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles L. Willits

(a) Residence. No. Notus, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma M. Willits

6. DATE OF BIRTH (month, day, and year) July 30-1870

7. AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Service Sta.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Counta Costa County California

FATHER
13. NAME Ira L. Willits
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Emma M Willits Notus Ida

18. BURIAL, CREMATION, OR REMOVAL Place Tucker Cemetery Date 1-31, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 2-3, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 28, 1933
I last saw him alive on Jan 28, 193 : death is said to have occurred on the date stated above, at 5-20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basilar Meningitis	1/25-33

Other contributory causes of importance: Otitis media

Name of operation Date of
What test confirmed diagnosis? H. Emc. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) S. B. Dudley, M.D.
(Address) Caldwell Ida

TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82110

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 14

(No. 1604 Railroad St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Sarah Ellen Howard

(a) Residence. No. 1604 Railroad St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Howard

6. DATE OF BIRTH (month, day, and year) Sept 4th 1852

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
80	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Stephen Fields

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME O'Hara

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Bert Howard Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Nampa
Place Rohlerlawn Date 2-7, 1933

19. UNDERTAKER Mrs Nina M. Falley
(Address) Nampa, Idaho

20. FILED Feb. 7, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on Feb 3, 1933: death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation heart	

Other contributory causes of importance: Influenza

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Horace P. Bethmark M. D.

(Address) Nampa Ida

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82111

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 10
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Nelson Jerome Sheffield

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12, -65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Matthews

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ruth Sheffield Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 1-18-33 193

19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.

20. FILED Feb. 2, 1933 Lyden Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932, to Jan 16, 1933

I last saw him alive on Jan 16, 1933: death is said to have occurred on the date stated above, at 1215 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis,	
Other contributory causes of importance: Mitral Insufficiency	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W C Wolfe, M. D.

(Address) Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82112

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74b

2. FULL NAME Elisha Russell Brace

(a) Residence. No. 1113-5th S. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mary Brace

6. DATE OF BIRTH (month, day, and year) April 22-61

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Insurance + Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poolsville Maryland

FATHER

13. NAME Russell Brace

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Helen Darling

16. BIRTHPLACE (city or town) (State or country) New Haven Conn.

17. INFORMENT (Address) Mary Brace Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 1-28-, 1933

19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.

20. FILED Feb. 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932, to Jan 26, 1933

I last saw h~~im~~alive on Jan 26, 1933: death is said to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	
Endocarditis	
Myocarditis	
Other contributory causes of importance:	

Name of operation — Date of 1-31-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel A Swayne, M. D.

(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82113
State File No.

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 13

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Elmore Jennine Perrigo

(a) Residence. No. 223 Elder St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-18-73

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lowell
(State or country) Wis.

FATHER

13. NAME Warlow V. Perrigo

14. BIRTHPLACE (city or town) Vermont
(State or country)

MOTHER

15. MAIDEN NAME Ida C. Daniels

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT Mrs E.J. Perrigo
(Address) Nampa Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Walla Walla, Wash. 2-5, 1933

19. UNDERTAKER E.K. Robinson
(Address) Nampa Ida.

20. FILED Feb. 6, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1932, to Feb. 3, 1933

I last saw him alive on Feb 3, 1933: death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Sclerosis	

Other contributory causes of importance:
Gall Stone with Intestinal obstruction
Mitral Congress & Fatty Liver
Removal Stones Nov 26-1932

Name of operation Appendectomy Date of 1933
Lower Right Quad Appendix
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1933

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. E. Mangum, M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M-1-19.

RECEIVED FEB 9 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 82114

Local Registrar's No. 9

1. **PLACE OF DEATH**

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2006

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Inez Jane Richardson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6. DATE OF BIRTH Aug (Month) 12 (Day) 1932 (Year)

7. AGE Yrs. 6 Mos. ..... ds. .....

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mackay Ida.

10. NAME OF Father John Richardson

11. BIRTHPLACE OF FATHER (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Linda Smith

13. BIRTHPLACE OF MOTHER (State or Country) Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyda Rodgers

(Address) Nampa

15. Filed Feb. 2 1933 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 1932, to 1-22-1933, that I last saw her alive on 1-22-1933, and that death occurred on the date stated above, at 9 20 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

..... (Duration) ..... yrs. ..... mos. 12 ds.

Contributory (Secondary) Influenza

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lyda Rodgers M. D.

19 ..... (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. 5 mos. 22 days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence Mackay Ida Co.

19. PLACE OF BURIAL OR REMOVAL Nampa, Ida

DATE OF BURIAL 1-24 1933

20. UNDERTAKER F. K. Robinson

ADDRESS Nampa Ida

IMPORTANT.—The entire information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 11 1933

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 82115

Registered No. 15

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 3

Primary Registration District No. 2007

County of Canyon

City of Parma Idaho (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Henry Plager

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 23 (Day) 1851 (Year)

7. AGE: 81 yrs. 7 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Holland Hanover Germany

10. NAME OF FATHER: Henry Plager

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Minna Neubauer

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Plager

(Address) Parma Ida R7D No 2

15.

Filed Feb 3 1933 Ethel Jurries Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 18 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 18 1933 that I last saw him alive on Jan 16 1933, and that death occurred on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Chronic interstitial nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Jan 24 1933 (Address) Nyssa Ore

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Parma Idaho — DATE OF BURIAL: Jan 21 1933

20. UNDERTAKER: C. N. Peckham — ADDRESS: Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82116

PLACE OF DEATH

County of Canyon Registration District No. 3

City of Caldwell Primary Registration District No. 2007 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Alexander Wade

(a) Residence. No. ..... Parma #1 St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Emma Robertson

6. DATE OF BIRTH (month, day and year) March 22 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Milford New Jersey

PARENTS

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) .....

14. Informant ~~Son~~ Dale Robertson
(Address) Parma Idaho

15. Filed Feb 3, 1933 Ethel Jarvis Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Jan 2, 1933
that I last saw ~~him~~ alive on Jan 2, 1933
and that death occurred, on the date stated above, at 5-18 a. m.

The ~~CAUSE~~ OF DEATH* was as follows:
Pneumonia Lobar.
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Influenza and Mitral Valvular heart trouble
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? None

(Signed) C W Mitchell, M. D.
1/7, 1933 (Address) Parma Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Parma Cem.	Jan 4 1933

20. Undertaker S. V. Peckham Address Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

PLACE OF DEATH
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82117

Registration District No. 3 3
Primary Registration District No. ~~2005~~ 2007
Local Registrar's No. 11 ~~15~~ 164
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Irvin Smyser
(a) Residence. No. Parma Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30 - 1852

7. AGE Years 80 Months 5 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME Joel Smyser
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Fannie Fretwell
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Orvil Smyser Parma Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Middleton Date Jan 8, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho.

20. FILED 1-9, 1933 John L. Meyer Registrar.
1-17-1933 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1932, to 12/27, 1932
I last saw him alive on 12/27, 1932; death is [redacted] to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Undetermined - Probably senility; I have not seen patient since he left hospital 12/27-32

Date of onset

Other contributory causes of importance:
Senility.
Hypertrophied Prostate.

Name of operation Prostatectomy Date of 10/31-32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph Falk, M. D.
(Address) Boise

RECEIVED FEB 1 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82118

PLACE OF DEATH

County of Payette
City of Payette
Registration District No. 3
Primary Registration District No. 2007
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Joseph Leon Watkins

(a) Residence No. Payette #2 St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nellie G. Watkins

6. DATE OF BIRTH (month, day and year) Dec 18 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Davenport Ia. Illinois

PARENTS

10. NAME OF FATHER Isaac H. Watkins
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Margaret Martin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Illinois

14. Informant Dallas Watkins
(Address) Payette Ida

15. Filed 2-3, 1933 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 6 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1932, to Jan 6, 1933
that I last saw h~~im~~ alive on Jan 6, 1933
and that death occurred, on the date stated above, at 5-30 P m.
The CAUSE OF DEATH* was as follows:

Tumor (glioma) of right Cerebral Hemisphere (duration) ? yrs. ? mos. ~~?~~ ds.
CONTRIBUTORY (Secondary) Surgical operation (duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? unknown.
Did an operation precede death? Yes Date of Jan 6, 1933
Was there an autopsy? no
What test confirmed diagnosis? Trephining of skull
(Signed) Eugene F. Johnson, M. D.
Jan 7, 1933 (Address) Payette Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Payette Cem	1-8 1933
20. Undertaker E. V. Peckham	Address Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82120

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 8

(No. 6)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin B. Pippin

(a) Residence. No. Carnation Hieghts St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Pippin

6. DATE OF BIRTH (month, day, and year) 9-13-86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Employed at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carnation Milk Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Mary Pippin Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 1-9, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Feb. 2, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 7, 1933

I last saw him alive on Jan 6, 1933; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Small Bowel (Hemorrhage)	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace E. Billingsley M. D.

(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82122

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 5

(No. 715-19th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME Benjamin P. Ulsen

(a) Residence. No. 715-19th Ave. So. St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Ulsen

6. DATE OF BIRTH (month, day, and year) April 19-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Ulsen

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Arthur Ulsen Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Kohlerlawn Date 1-19, 1933 (39)

19. UNDERTAKER Wm. D. Talley (Address) Nampa, Idaho

20. FILED Feb. 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1932 to 1-17, 1933

I last saw h alive on 1-6, 1933: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Rt foot	
Aff.	

Other contributory causes of importance:

Myocarditis.	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Horton, M.D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82123

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 4

(No. 1103 - 6th St. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

11a.

2. FULL NAME Robert Mellor Hamilton

(a) Residence. No. 1103 - 6th St. So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 19th 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

FATHER

13. NAME Lester G. Hamilton

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Samantha Mellor

16. BIRTHPLACE (city or town) Fairview (State or country) Illinois

17. INFORMENT (Address) Mrs. L. G. Hamilton Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date 1-8, 1933 Kohlerian

19. UNDERTAKER Wm. D. Talley (Address) Nampa, Ida

20. FILED Jan 23, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 31, 1932, to Jan 6, 1933

I last saw him alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 9:50 m. The principal cause of death and related causes of importance were as follows:

Pneumonia (Flu)

Date of onset

Other contributory causes of importance:

Started influenza.

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace B. Belknap, M. D.

(Address) Nampa, Ida

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82124

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 3

(No. 603 - 4th St. So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Harry Criss

(a) Residence. No. 603 - 4th St. So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Criss

6. DATE OF BIRTH (month, day, and year): May 20 - 1878

7. AGE: Years 54 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Isadore Criss

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Sarah Novlotsky

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMENT (Address): Mrs. Jennie Criss, Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Portland Ore. Date ....., 193..

19. UNDERTAKER (Address): Wm. D. Talley, Nampa, Idaho

20. FILED Jan 7, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932, to Jan 7, 1933

I last saw him alive on Jan 7, 1933; death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	?

Other contributory causes of importance:

Influenzal Pneumonia	1/2/33

Name of operation: Laboratory Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) B. E. Norwood, M. D.

(Address) Medical Arts Bldg. Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82125

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 2

(No. 1803 - 1st St. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Emily S. Groesbeck

(a) Residence. No. 1803 - 1st St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Pete Groesbeck

6. DATE OF BIRTH (month, day, and year) March 10th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville Utah

FATHER

13. NAME Ellis Salisbury

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Stoddard

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Pete Groesbeck Nampa, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kohlerlawn Date Jan 19, 1933 Nampa

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa, Idaho

20. FILED Jan 23, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to Jan 16, 1933
I last saw her alive on Oct 9, 1932; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Edema Lungs	
Died when I entered house	
Attack 2 minutes	
Other contributory causes of importance:	
Asthma - one year	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace P. Bethurum, M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82126

PLACE OF DEATH
County of Caribou
City of Conda
Registration District No. 8 X
Primary Registration District No. 7159
Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1092

2. FULL NAME Clarence Harold Skinner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Died

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Conda Ida

FATHER

13. NAME Wm. Clarence Skinner

14. BIRTHPLACE (city or town) (State or country) Soda Springs Ida

MOTHER

15. MAIDEN NAME Effie Perry

16. BIRTHPLACE (city or town) (State or country) Dingle Ida

17. INFORMENT (Address) Wm. Clarence Skinner Conda Ida

18. ~~BURIAL,~~ CREMATION, OR REMOVAL Place Soda Springs Date Jan 19, 1933

19. UNDERTAKER (Address) E. D. Whittington Soda Springs Ida

20. FILED 1/31, 1933 Dr. R. Tygart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1933, to Jan 18, 1933
I last saw h[illegible] alive on Jan 15, 1933; death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 12, 1933
Other contributory causes of importance:	
Premature birth	1/6/33

Name of operation None Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Russell Tygart, M. D.
(Address) Soda Springs Ida

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED FEB 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bariton

City of Soda Springs Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. Cariban Hospital St.)

State File No. 82128

Local Registrar's No. 2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elias R. Stoddard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Nov. (Month) - 6 (Day) - 1899 (Year)

7. AGE: 33 Yrs. 2 Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Grace, Idaho.

10. NAME OF Father: Elias I. Stoddard

11. BIRTHPLACE OF FATHER (State or Country): Kaysville Utah

12. MAIDEN NAME OF MOTHER: Clara May Burton

13. BIRTHPLACE OF MOTHER (State or Country): Kaysville Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. Andrew Adams
(Address) Grace Idaho.

15. Filed Jany-14- 1933 Dr. R Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH

126

16. DATE OF DEATH: Jany. (Month) - 14 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-9-33 19.., to 1-14-33 19.., that I last saw him alive on Jany-14- 1933, and that death occurred on the date stated above, at 1:35 A.M.

The CAUSE OF DEATH* was as follows:

~~Diffuse-Peritonitis-~~
Acute Appendicitis - Appendix
Ruptured(time of rupture unknown)

(Duration) ..... yrs. ..... mos. # 14 ds.

Contributory (Secondary) Diffuse Peritonitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) B.K. Zaring M. D.

1-17 1933 (Address) Grace, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 5 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Grace, Idaho
Former or usual residence Grace, Idaho

19. PLACE OF BURIAL OR REMOVAL: Grace Idaho

DATE OF BURIAL: 1-18-33

20. UNDERTAKER: C. D. Whiteman

ADDRESS: Soda Springs Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-2M-1-11 RECEIVED FEB 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 82129
Local Registrar's No. 4

1. PLACE OF DEATH
County of Caribou
City of Soda Springs
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82
Primary Registration District No. 2159
(No. Caribou Hospital)

2. FULL NAME Isabelle Ruth

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Sept (Month) 9th (Day) 1892 (Year)

7. AGE: 40 Yrs. 4 Mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Norman Idaho

10. NAME OF Father: Hyrum Skinner

11. BIRTHPLACE OF FATHER (State or Country): Bristol England

12. MAIDEN NAME OF MOTHER: Elizabeth Ann Hunter

13. BIRTHPLACE OF MOTHER (State or Country): Salt Lake City Ut.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mitchel Ruth
(Address) Soda Springs Ida

15. Filed Jany 26 1933 Dr. R. Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

144

16. DATE OF DEATH: Jany (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 19 1933, to Jany 25 1933, that I last saw her alive on Jany 25 1933, and that death occurred on the date stated above, at 3:40 M.

The CAUSE OF DEATH* was as follows:

Placenta Praevia

(Duration) ..... yrs. 9 mos. ..... ds.

Contributory (Secondary) Apoplexy

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Russell Tigert M. D.

1/26 1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. 7 ds.
Where was disease contracted if not at place of death?
Former or usual residence Soda Springs Idaho

19. PLACE OF BURIAL OR REMOVAL: Soda Springs Ida
DATE OF BURIAL: Jany 27 1933

20. UNDERTAKER: C L Whiteman
ADDRESS: Soda Springs Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED FEB 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. Caribou Hospital St.)

State File No. 82130

Local Registrar's No. 1

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lewis R. Cooley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: Nov (Month) 10 (Day) 1868 (Year)

7. AGE: 64 Yrs. 1 Mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Racine Wisconsin

10. NAME OF Father: Henry D. Cooley

11. BIRTHPLACE OF FATHER (State or Country): New York State

12. MAIDEN NAME OF MOTHER: Josephine LaDow

13. BIRTHPLACE OF MOTHER (State or Country): Oshkosh Wis.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Cooley

(Address) Soda Springs Ida

15. Filed 1-7-1933 Dr. R. Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH 151

16. DATE OF DEATH: Jany (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 1 - 1931, to Jany 7 - 1933, that I last saw him alive on Jany 7 1933, and that death occurred on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Berger's Disease

(Duration) 3 yrs. mos. ds.

Contributory (Secondary) Gangrene Bilateral

(Duration) yrs. mos. 14 ds.

(Signed) Chris Kuckly M. D.

1-7 1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~ DATE OF BURIAL: Soda Springs Ida. Jany-8-1933

20. UNDERTAKER: C. D. Whitman ADDRESS: Soda Springs Ida

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82132

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 16
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian Edgar Anderson
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eda R. Nelson
6. DATE OF BIRTH (month, day and year) Sept. 10 – 1899
7. AGE Years 33 Months 4 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Mantis Utah

PARENTS
10. NAME OF FATHER William Richard Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake City Utah
12. MAIDEN NAME OF MOTHER Mary Jane Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) W. B. Anderson Burley Idaho
15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 24 (Day), 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Jan 24, 1933
that I last saw him alive on Jan 24, 1933
and that death occurred, on the date stated above, at 8 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chest crushed in Train. Auto accident. Injury to Heart.
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 1-29 1933
20. Undertaker W. S. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82133

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 14
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Mark Lewis
(a) Residence. No. Burley Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Thompson Lewis

6. DATE OF BIRTH (month, day and year) July 8 1908

7. AGE Years 25 Months 5 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Working For Potato
(c) Name of employer Men.

9. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

PARENTS
10. NAME OF FATHER Edwin Enoch Lewis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spanish Fork Utah
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs. Mildred Lewis Burley Idaho.

15. Filed, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Crushed Chest accidental
Internal injuries
In Auto and train collision
South West of Burley (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G G Espe, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal Burley City Cemetery
Date of Burial 1/24 1933
20. Undertaker H. E. Johnson
Address Burley

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82134
State File No. .....

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188a

2. **FULL NAME** William Wilden Waite

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucie Emma Waite

6. DATE OF BIRTH (month, day and year) May 18-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	8	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) ~~Box~~ Davis Co Utah.

PARENTS

10. NAME OF FATHER William L. Waite
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Davis Co Utah
12. MAIDEN NAME OF MOTHER Edith C Waddoups
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Davis Co Utah

14. Informant (Address) W. L. Waite Burley Idaho.

15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 21, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at 2:20a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
crushed chest accidental
Internal injuries
In auto & train accident
at RR crossing South West of Burley
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) G. E. Pope, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Idaho.	1-24 1933
20. Undertaker D. E. Johnson	Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82136

PLACE OF DEATH
County of Cassia
City of Malta

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Colleen Barbara Welch

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 18-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15-	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bridge Ida.

PARENTS

10. NAME OF FATHER Arthur Francis Welch.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Washington
12. MAIDEN NAME OF MOTHER Lucile Virgil Lloyd.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho.

14. Informant A. F. Welch
(Address) Bridge Idaho.

15. Filed Feb. 1, 1933 C. I. Sater M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 19, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Jan 19, 1933, that I last saw her alive on Jan 18, 1933, and that death occurred, on the date stated above, at 9 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at place of death
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C. I. Sater M. D.
Jan 3, 1933 (Address) Malta Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Malta Idaho.	1-21 1933
20. Undertaker	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82137

PLACE OF DEATH
County of Cassia
City of Burley.

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William Stephen Bailey

(a) Residence. No. 711 North Schadolie St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day and year) April-12-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing About.
(c) Name of employer

9. BIRTHPLACE (city or town) Afton
(State or country) Utah

PARENTS

10. NAME OF FATHER Stephen Douglas

11. BIRTHPLACE OF FATHER (city or town) —
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Rina Lee

13. BIRTHPLACE OF MOTHER (city or town) —
(State or County) Utah

14. Informant Leon Bailey
(Address) Artesian - Idaho

15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 11, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1933, to Jan. 16, 1933
that I last saw him alive on Jan. 16, 1933
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Embolus
(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) —
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Brymer M. D.
1-14, 1933 (Address) Burley, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley - Idaho	1-16-1933
20. Undertaker	Address
H. E. Johnson	Burley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82138

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don J. Holden

(a) Residence. No. 209 N. Elba ave St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Ida

FATHER
13. NAME Harold D. Holden
14. BIRTHPLACE (city or town) (State or country) Hoxter Kansas

MOTHER
15. MAIDEN NAME Clara Kinsey
16. BIRTHPLACE (city or town) (State or country) Emmett Idaho

17. INFORMENT (Address) Harold D. Holden Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 1-12 1933

19. UNDERTAKER (Address) Don P. Payne Burley Ida

20. FILED Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1933, to Jan 10, 1933

I last saw him alive on Jan 10, 1933; death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-9-33

Other contributory causes of importance:

Pneumonia Bron. Bilateral	1-10-33

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roland Fagan, M. D.

(Address) Burley Idaho

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82139

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Owyhee
City of Declo

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard O Higley

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Aug. 27 - 1932

7. AGE — Years | Months: 4 | Days: 9 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Declo Idaho

PARENTS

10. NAME OF FATHER: Ross B Higley
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Oakley Idaho
12. MAIDEN NAME OF MOTHER: Alice Okerson
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Afton Wyo

14. Informant (Address): Mrs. Ross B. Higley

15. Filed Feb 6, 1933 — Lawrence Greco, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 6 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 6, 1933, that I last saw h... alive on Jan 6, 1933, and that death occurred on the date stated above, at 4:15 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia, (duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [illegible], M. D.
19 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Declo Ida. — Date of Burial: 1-9 1933

20. Undertaker: D. E. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82141

PLACE OF DEATH

County of Cassia
City of Burley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 17
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Boyd Holm
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Jan. 13-1933
7. AGE Years Months Days 15 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS
10. NAME OF FATHER Charles Warren Holm
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spanish Fork Utah
12. MAIDEN NAME OF MOTHER Mary Jane Richards
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Winter Quarters Utah

14. Informant (Address) C. W. Holm Burley Idaho
15. Filed Feb 6, 1933. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 26, 1933 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from 1-24-33, 19, to 1-26, 1933
that I last saw him alive on 1-25, 1933
and that death occurred, on the date stated above, at 12:20 P.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenza
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature] M. D.
, 19 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Burley Idaho. Date of Burial 1-27 1933
20. Undertaker D. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82142

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George A. Ploeger
(a) Residence. No. North Almo St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 19 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year) Dec. 28-1932
7. AGE: Years | Months | Days: 19 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS
10. NAME OF FATHER John W. Ploeger
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Gutnefa Utah
12. MAIDEN NAME OF MOTHER Ethel Royce
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Paris Idaho

14. Informant John W. Ploeger
(Address) Burley Idaho
15. Filed Feb 6, 1933 Laura [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 16 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1933 to Jan 16, 1933
that I last saw h~~im~~ alive on Jan 15, 1933
and that death occurred, on the date stated above, at 6 20 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchs Pneumonia
Following Influenza
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) Ben Schuler, M. D.
Jan 17, 1933 (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal: Burley Cemetery — Date of Burial: 1/16 1933
20. Undertaker: H. E. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82143

RECEIVED FEB 11 1933

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Oakley.
Registration District No. 1
Primary Registration District No. 246 Local Registrar's No. 9
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Goldie Ambler.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. W. Ambler.

6. DATE OF BIRTH (month, day and year) Jan. 24-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29.	11	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeping
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Gem Idaho

PARENTS
10. NAME OF FATHER James Taylor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Payson Co. Utah
12. MAIDEN NAME OF MOTHER Mary F. Yost
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant Mr. J. W. Ambler.
(Address)

15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 15, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 10, 1930, to Dec. 15, 1932
that I last saw her alive on Dec. 15, 1932
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation
Mitral & Aortic Regurgitation

(duration) 6 yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonic Myocarditis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical
(Signed) Charles B. Baynes, M. D.
Jan. 17, 1933 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Idaho.	1/18/ 1933
20. Undertaker H. E. Johnson	Address Burley.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82144

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 10

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Carmel Sancha

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 11 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Burley Ida.
(State or country)

PARENTS

10. NAME OF FATHER Louis Sancha

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mexico.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant (Address) X Burley Ida

15. Filed Feb 6, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 18, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 18, 1933
that I last saw her alive on Jan 18, 1933
and that death occurred, on the date stated above, at 11.45 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Flu

(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) L. P. Hunter, M. D.

Jan 24, 1933 (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley Ida.	1-21 1933
20. Undertaker D. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82145

PLACE OF DEATH
County of Cassia
City of Oakley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Emmaline Martin

(a) Residence. No. Oakley Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph H. Martin

6. DATE OF BIRTH (month, day and year) Oct. 10-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	3		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oakley Idaho.

PARENTS

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Mary Height
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Joseph H. Martin Oakley Idaho

15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 19 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1930, 1930, to January 20, 1933 that I last saw her alive on January 19, 1933 and that death occurred, on the date stated above, at 6:35 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza Pneumonia
Lower Lobe

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chr. Hypocarditis - Mitral Regurgitation (duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Charles B. Beymer, M. D.
1-20, 1933 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Idaho.	1-23 1933
20. Undertaker	Address
D. E. Johnson	Burley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82146

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Glenn Thurman Kidd

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 20th of July 32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Thurman Kidd

14. BIRTHPLACE (city or town) Burley Ida (State or country)

MOTHER

15. MAIDEN NAME Mildred Wilson

16. BIRTHPLACE (city or town) Bellevue (State or country)

17. INFORMENT (Address) Thurman Kidd Burley

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 1-22, 1933

19. UNDERTAKER (Address) Burley Ida

20. FILED Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Jan 20, 1933

I last saw him alive on Jan 20, 1933: death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 8 -

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? C Dennis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh E Wm , M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82147

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Joan Smith

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 17-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Burley (State or country) Idaho

PARENTS

10. NAME OF FATHER William J Smith
11. BIRTHPLACE OF FATHER (city or town) Arthur (State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Dorothy Walstrom
13. BIRTHPLACE OF MOTHER (city or town) Oakley (State or County) Idaho

14. Informant W. J. Smith
(Address) Burley Idaho.

15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 23 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 23, 1933
that I last saw her alive on Jan 23, 1933
and that death occurred, on the date stated above, at 8 A.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Floyd E Deem, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Idaho.	1-20- 1933
20. Undertaker D. C. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82148

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME O. B. Brandfit

(a) Residence. No. (Usual place of abode) Pinydale St. Burley St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E Brandfit

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Agriculturist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edinboro Penn

FATHER

13. NAME T. T. Brandfit

14. BIRTHPLACE (city or town) (State or country) Edinboro Penn

MOTHER

15. MAIDEN NAME Mary Elizabeth Lehman

16. BIRTHPLACE (city or town) (State or country) Edinboro Penn

17. INFORMENT (Address) Mrs Mamie E Brandfit Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 1-6, 1933

19. UNDERTAKER Jos. T. Payne (Address) Burley Ida

20. FILED Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1931, to Jan 4, 1933

I last saw him alive on Jan 4, 1933: death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1914

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. E. Dean, M. D.

(Address) Burley Ida

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82149

PLACE OF DEATH
County of Cassia
City of Burley

CERTIFICATE OF DEATH
Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 7
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Mary Ida Grigsby
(a) Residence. No. Willow Creek Branch St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. L. Grigsby
6. DATE OF BIRTH (month, day and year) May 28-1880
7. AGE Years 52 Months 7 Days 13 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) Keeping House
(c) Name of employer none
9. BIRTHPLACE (city or town) (State or country) Milton Co. Ill.

PARENTS
10. NAME OF FATHER Henry Collins
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Abgill
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant (Address) J. L. Grigsby Willow Creek - Burley
15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 13 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 13, 1933
that I last saw her alive on Jan 13, 1933
and that death occurred, on the date stated above, at 10:30 m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Cardiac
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Secondary Anemia
(duration) 2 yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Dean, M. D.
, 19 (Address) Burley Id

19. Place of Burial, Cremation, or Removal Burley Idaho Date of Burial 7/16/1933
20. Undertaker Johns Funeral Home Address Vern. B. McCullach Burley.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82150

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia

City of Oakley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 3

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Peter G. Martin

(a) Residence. No. Oakley St. Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — Mrs. Peter G. Martin

6. DATE OF BIRTH (month, day and year) March 16, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82.	9.	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Glasgo Scatland

PARENTS

10. NAME OF FATHER Moses B. Martin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Glassco Scatland
12. MAIDEN NAME OF MOTHER Esable Glispie
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scatland

14. Informant Mrs. P. G. Martin
(Address) Oakley Idaho

15. Filed Feb 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Jan. 5, 1933
that I last saw him alive on Jan. 5, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
R.F. Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) S.F.C. Myocarditis

(duration) 6 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Charles B. Reymer, M. D.
Jan 7, 1933 (Address) Burley, Ida.

19. Place of Burial, Cremation, or Removal: Marion Cemetery — Date of Burial: Jan 7 1933

20. Undertaker: H. E. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82152

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 96
Primary Registration District No. 2107 Local Registrar's No. Orofino

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Frank Pelton,

(a) Residence. No. ..... St. Bonners Ferry, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single ?

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino — Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. H. North Date Jan. 4, 1933

19. UNDERTAKER F. A. Billberg, Hosp. Mgr. (Address) Orofino - Idaho.

20. FILED 1/5, 193... W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 2 1933

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1932, to January 2, 1933

I last saw him alive on January 1, 1933: death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	Jan. 1 - 1933
Other contributory causes of importance: Psychosis with Cerebral arterio-sclerosis	1929

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John Bruno McElway, M. D.

(Address) Orofino — Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82154

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 4

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Eugene S. Wilson

(a) Residence. No. St. Moscow, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. X yrs. X mos. 21 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) May 25, 1862

7. AGE: Years 70 | Months 8 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Platfield, Wisconsin

FATHER
13. NAME Chauncey Wilson,
14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER
15. MAIDEN NAME Lucretia Winters
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Records, State Hospital North Orofino, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Moscow, Ida Date ....., 193

19. UNDERTAKER (Address) H. R. Short Moscow, Idaho

20. FILED 1/24, 1933 W. A. Shaw Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 24 1933

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1933, to January 24, 1933
I last saw him alive on January 24, 1933: death is said to have occurred on the date stated above, at 1.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	Jan. 19, 1933
Other contributory causes of importance:	
Psychosis with arteriosclerosis, cerebral	1 year

Name of operation None Date of
What test confirmed diagnosis? Phys. signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino, Idaho

1933

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82155

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Clearwater Co.

City of Orofino Idaho

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Dick L. Lakey

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 25 yrs. about mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Armenda Lakey

6. DATE OF BIRTH (month, day and year) Sept 7th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Glascow Missouri

PARENTS

10. NAME OF FATHER Johua Lakey

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Francis Cowell

13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant (Address) Mrs Lakey wife Orofino

15. Filed 1/25, 19.. H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 25th, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1930, to 1-25-, 1933
that I last saw him alive on Dec 29, 1932
and that death occurred, on the date stated above, at 1.20 about A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza Dec 1932

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) W. R. Robertson, M. D.

1-25, 1933 (Address) Orofino

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser	1/27 19
20. Undertaker H. A. Shaw	Address Orofino

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

1933
MD 3

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82156

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles Sidney Jennings
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Jennings

6. DATE OF BIRTH (month, day and year) Feb. 16-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10. NAME OF FATHER Charles Jennings
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unascertained
12. MAIDEN NAME OF MOTHER Julia Lent
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unascertained

14. Informant Frank Jennings
(Address) Orofino Ida

15. Filed 1/30, 19 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9th, 1929, to Jan 28th, 1933
that I last saw him alive on Jan 15th, 1933
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Mitral regurgitation
(Valvular heart lesion) -
High Blood pressure & Bright's
dis- (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Influenza. Dec 1932
apoplexy March 1929 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W. H. Johnson, M. D.
1/30, 1933 (Address) Orofino

19. Place of Burial, Cremation, or Removal: Orofino Ida — Date of Burial: 1-30 1933
20. Undertaker: Orofino Mortuary — Address: Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82157

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 7

(No. Orofino Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John B. Spratt. 110

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8th 1846

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

FATHER

13. NAME John Spratt.

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

17. INFORMENT (Address) Roy B. Spratt Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 1/31, 1933

19. UNDERTAKER (Address) Wayne Stevens Orofino Idaho

20. FILED 1/30, 1933 W. A. Adkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 193

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1932, to Jan 29, 1933

I last saw h/m alive on Jan 28, 1933: death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Pappenhagen, M. D.

(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82158

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 8

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Shirk

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: About 81 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Orofino Hospital Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 2/4, 193

19. UNDERTAKER (Address) N. A. Shaw Orofino Ida

20. FILED 1/31, 1933 N. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1933, to 1/31, 1933
I last saw him alive on 1/31, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/20/33

Other contributory causes of importance:

Arterial sclerosis	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. T. Hopkins, M. D.
(Address) Orofino, Idaho.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82159
State File No.

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 3

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McAdams

(a) Residence. No. (Usual place of abode) St. Wallace, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City, New York.

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North - Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. Hosp. No. Date January 17 1933

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Attd. Orofino — Idaho.

20. FILED 1/18, 193.. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 16 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to January 16, 1933

I last saw him alive on January 15, 1933: death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance: Dementia praecox, paranoid type.	

Name of operation None Date of

What test confirmed diagnosis? Symp. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino — Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82161

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dolores Enid Beach

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 11 1928

7. AGE	Years	Months	Days	If LESS than 1 day,
	4		28	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

PARENTS

10. NAME OF FATHER Floyd M. Beach
11. BIRTHPLACE OF FATHER (city or town) Leigh
(State or Country) Nebraska
12. MAIDEN NAME OF MOTHER Ruby L. Rosengreen
13. BIRTHPLACE OF MOTHER (city or town) Logan Utah
(State or Country)

14. Informant Floyd M. Beach
(Address) Preston Idaho

15. Filed Feb 8, 1933 G. W. States Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 9 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Jan 9, 1933
that I last saw her alive on Jan 9, 1933
and that death occurred, on the date stated above, at 8 55 P m.

The CAUSE OF DEATH* was as follows:
Endocarditis -
(Rheumatic)
(duration) — yrs. — mos. 30 ds.
CONTRIBUTORY Rheumatism
(Secondary)
(duration) — yrs. — mos. 30 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) G. W. States, M. D.
Jan 10, 1933 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Logan Utah	Jan 13 1933
20. Undertaker	**Address**
M. W. Hendricks	Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82162

PLACE OF DEATH

County of Franklin
City of Riverdale
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Janice Packer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 14 1931

7. AGE	Years	Months	Days	If LESS than 1 day,
	1	3	22	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Riverdale Idaho

PARENTS

10. NAME OF FATHER Estus M. Packer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Riverdale Idaho
12. MAIDEN NAME OF MOTHER Ora Workman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kamas Utah

14. Informant Estus M. Packer
(Address) Riverdale Idaho

15. Filed Feb 8, 1933 G. W. Stutz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 6 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Jan 6, 1933
that I last saw her alive on Jan 6, 1933
and that death occurred, on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) O. R. Cutler, M. D.
Jan 8, 1933 (Address) Preston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Riverdale Idaho	Jan 8 1933
20. Undertaker M. W. Hendricks	Address Preston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82163

PLACE OF DEATH

County of Franklin

City of Franklin

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carol L. Handy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred I yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 25 1931

7. AGE	Years	Months	Days	If LESS than 1 day,
	I		25	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Franklin Idaho

PARENTS

10. NAME OF FATHER Samuel Handy Sr

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Franklin Idaho

12. MAIDEN NAME OF MOTHER Aletha Lowe

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Franklin Idaho

14. Informant Samuel R. Handy

(Address) Franklin Idaho

15. Filed Feb 8, 1933 G. W. Straley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 20 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to Jan 20, 1933.

that I last saw him alive on Jan 20, 1933

and that death occurred, on the date stated above, at 1245 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Rickets

..... (duration) ..... yrs. 4 mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of .....

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Orson L. Winner, M. D.

Jan 21, 1933 (Address) Preston, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Franklin Idaho	Jan 23 1933

20. Undertaker M. W. Hendricks Address Preston Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82164

PLACE OF DEATH
County of Franklin
City of Preston Idaho
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Parley Howell

(a) Residence. No. ..... Clifton ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie A. Howell

6. DATE OF BIRTH (month, day and year) June 8 1884

7. AGE	Years	Months	Days	If LESS than 1 day,
	48	7	19	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Clifton Idaho

PARENTS

10. NAME OF FATHER Thomas A. Howell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Payson Utahu

12. MAIDEN NAME OF MOTHER Harriet A. Henderson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kaysville Ut

14. Informant Lillie A. Howell
(Address) Preston Idaho

15. Filed Feb 4, 1933 G. M. Stalker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-25, 1933, to 1-27, 1933, that I last saw h[illegible] alive on 1-24, 1933 and that death occurred, on the date stated above, at 11/15 A.M.

The CAUSE OF DEATH* was as follows: Surgical Shock, Gall Stone Operation

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis,

(duration) 12 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 1-27-33

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. R. Call, M. D.

....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Clifton Idaho — Date of Burial: Jan 30 1933

20. Undertaker: M. W. Hendricks — Address: Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82165

PLACE OF DEATH
County of Franklin
City of Preston

CERTIFICATE OF DEATH
Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 9
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Bertron Uriah Wilkinson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day and year) Jan 12 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

PARENTS

10. NAME OF FATHER John Bertron Wilkinson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Franklin Idaho

12. MAIDEN NAME OF MOTHER Fern May McWhorter

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lewiston Utah

14. Informant John Bertron Wilkinson
(Address) Preston Idaho

15. Filed Feb 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to Jan 17, 1933, that I last saw him alive on Jan 16, 1933, and that death occurred, on the date stated above, at 12:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature Birth 7½ Mo.
with general weakness and
dehydration.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Sight & Clinical

(Signed) Orson A. Barnes, M. D.
Jan 17, 1933 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Franklin Idaho	Jan 18 1933
20. Undertaker	Address

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82166

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma C. Pratt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of S. Ray Pratt

6. DATE OF BIRTH (month, day and year) Dec I9 I905

7. AGE	Years	Months	Days	If LESS than 1 day,
	27	18	I8	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Prestonn
(State or country) Idaho

PARENTS

10. NAME OF FATHER Wm Chadwick
11. BIRTHPLACE OF FATHER (city or town) Franklin Idaho
(State or Country)
12. MAIDEN NAME OF MOTHER Ruth Crockett
13. BIRTHPLACE OF MOTHER (city or town) Logan Utah
(State or Country)

14. Informant Ruth Larsen Mother
(Address) Preston Idaho

15. Filed Feb 8, 1933 G. W. States
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 7 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 — 1932 to Jan 7 1933
that I last saw her alive on Jan 7 1933
and that death occurred, on the date stated above, at 8/30 P.M.

The CAUSE OF DEATH* was as follows:
Mitral Heart disease
(duration) 5 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Hyperemesis Gravidarum
(duration) — yrs. 4 mos. — ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? Yes Date of Dec 29-1932
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) G. W. Sates, M. D.
Jan 8, 1933 (Address) Preston Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	Jan 10 1933

20. Undertaker M. W. Hendricks Address Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Franklin

City of Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No 2119

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 82167

Local Registrar's No. 7

161a

2. FULL NAME R.J.Seamons

(a) Residence. No. Preston Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 30,1933

7. AGE Years Months Days If LESS than 1 day, 1:45 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

PARENTS

10. NAME OF FATHER
Royce James Seamons

11. BIRTHPLACE OF FATHER (city or town) Preston Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER
Mary Afton Gittins

13. BIRTHPLACE OF MOTHER (city or town) Smithfield Ut.
(State or Country)

14. Informant Royce James Seamons
(Address) Preston Idaho

15. Filed Feb 8, 1933 G.W. Slater
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. 30, 1933 19.....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Jan 30, 1933
that I last saw him alive on Jan 30, 1933
and that death occurred, on the date stated above, at 3:46 P m.
The CAUSE OF DEATH* was as follows:
Prematurely

..... (duration) ..... yrs. ..... mos. 1 hr

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Pr. History

(Signed) O. R. Cutler, M. D.

Jan 31, 1933 (Address) Preston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	Jan. 31 1933
20. Undertaker	Address

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED FEB 11 1933

DO NOT WRITE IN THIS SPACE

82168

State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin

City of Fairview

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 6

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Agusta Bowles

(a) Residence. No. Fairview St. .....

(Usual place of abode.)

Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	wh	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie L. Porter

6. DATE OF BIRTH (month, day and year) July 7 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) Tazewell
(State or country) Virginia

PARENTS

10. NAME OF FATHER Edward A. Bowles

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Virginia

12. MAIDEN NAME OF MOTHER Margaret Litz

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Virginia

14. Informant Katie L. Bowles
(Address) Fairview, Idaho

15. Filed Feb 8, 1933 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to January 26, 1933
that I last saw him alive on January 26, 1933
and that death occurred, on the date stated above, at 8:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardio-Renal Vascular Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) O. Randell Bowles M. D.

Jan 27, 1933 (Address) Lewiston, Utah

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewiston, Utah	Jan. 29 1933

20. Undertaker G. F. Lundquist Address Logan, Utah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1933

PLACE OF DEATH

County of FREMONT

City of MARYSVILLE IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102

Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE

State File No. 82171

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME BERLIN RAMSDEN LOOSLI.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JUNE 16th 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYSVILLE IDAHO

FATHER

13. NAME DIAMOND LOOSLI

14. BIRTHPLACE (city or town) (State or country) CLARKSTON UTAH.

MOTHER

15. MAIDEN NAME HATTIE SALISBURY

16. BIRTHPLACE (city or town) (State or country) BRIGHAM CITY UTAH

17. INFORMENT (Address) DIAMOND LOOSLI MARYSVILLE IDAHO

18. BURIAL, CREMATION, OR REMOVAL
Place ASHTON IDAHO Date 1/13/33 193

19. UNDERTAKER LEWIS KISER
(Address) ASHTON IDAHO

20. FILED 1-12, 1933 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-11-'33 193

22. I HEREBY CERTIFY, That I attended deceased from 8-18-'32, 193, to 1-11-'33, 193

I last saw him alive on 1-11-'33, 193: death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute bronchio-pneumonia.	1-9-'33
2. Sub-acute Bacterial Endocarditis.	5-'32
1. Brain Absess.	12-12-'32
2. Mitral Stenosis.	1918
Other contributory causes of importance:	
3. Mitral & Aortic Insufficiency (Rhumatic)	1918

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury --, 193

Where did injury occur? --
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) H. W. Doty, M. D. M. D.

(Address) Ashton, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 82172

State File No.

PLACE OF DEATH

County of Gem

City of Emmett

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Charles Howard Hunt

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 13-1875

7. AGE Years: 57 Months: 11 Days: 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Sheridan Mo.

PARENTS

10. NAME OF FATHER: Nathan S. Hunt

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Missouri E. Allison

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Illinois

14. Informant: Ida Hunt
(Address) Emmett Idaho

15. Filed 1/4, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932, to Jan 1, 1933

that I last saw him alive on Jan 1, 1933

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows: Pneumonia-bronchial type complicating an influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Ray Cummings, M. D.

Jan 2, 1933 (Address) Emmett

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Emmett Idaho

Date of Burial: 1/8 1933

20. Undertaker: C D Bucknum

Address: Emmett Idaho

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82173

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No.
Primary Registration District No.
(No.) Local Registrar's No. 106
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Katzenmeyer
(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 14 - 1837

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Bavaria
(State or country) Germany

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country)

14. Informant Frank Knox
(Address) Emmett Idaho

15. Filed 1/17, 1933 J K Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 15 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 15, 1933
that I last saw h— alive on Jan 14, 1933
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Cardiac Asthma
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J K Reynolds, M. D.
1/17, 1933 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	1/18 1933

20. Undertaker C D Beckman — Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82174

PLACE OF DEATH

County of Gem

City of Emmett

Registration District No. 6

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

32

2. FULL NAME Flora Mildred Kincaid

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day and year) April 1930

7. AGE Years 2 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Portland Oregon

PARENTS

10. NAME OF FATHER Roy Albert Kincaid

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Boise Idaho

12. MAIDEN NAME OF MOTHER Mildred Gertrude Haines

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Haines Oregon

14. Informant Roy M Kincaid
(Address) Emmett Ida

15. Filed 1-16, 1933 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 16 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec-26, 1932, to Jan 16, 1933
that I last saw her alive on Jan 15, 1933
and that death occurred, on the date stated above, at 5-23 a m.

The CAUSE OF DEATH* was as follows:
Meningitis = Possibly Tubercular in nature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J L Reynolds, M. D.

1-16, 1933 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Boise, Idaho. Date of Burial 1-17-33

20. Undertaker Wm McBrahey Address Boise Idaho

...RESERVED FOR BINDING
...WITH UNFADING INK—THIS IS A PERMANENT RECORD
...information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS
...CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
...ON is very important. See instruction on back of certificate.

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82175

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 179
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evaleau McLaur

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 1 - 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

PARENTS

10. NAME OF FATHER Melvin McLaur
11. BIRTHPLACE OF FATHER (city or town) Oakley
(State or Country) Idaho
12. MAIDEN NAME OF MOTHER Sarah Haynes
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Idaho

14. Informant ..... (Address) Mr. McLaur Emmett Idaho

15. Filed Jan 23 1933 J. V. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 20 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Jan 17, 1933, to Jan 20, 1933
that I last saw h.. alive on Jan 20, 1933
and that death occurred, on the date stated above, at 6 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental burn, second degree covering most of body
..... (duration) ..... yrs. ..... mos. 18 hrs

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J. V. Reynolds, M. D.
Jan 23, 1933 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	Jan 23 1933

20. Undertaker O. D. Bucknum — Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82176

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Gem
City of Ola

Registration District No. 4
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

85

2. FULL NAME Wm T. France

(a) Residence. No. Ola Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 12 - 1843

7. AGE: 89 Years | Months: 10 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10. NAME OF FATHER Orville France
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois
12. MAIDEN NAME OF MOTHER Ann Stoops
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant (Address) E. L. Nuvell Ola Idaho

15. Filed Jan 30, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 28 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from I saw this 19 mon Jan 18th, 1933
that I last saw him alive on Jan 18th, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Glaucoma.

..... (duration) Several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. L. Reynolds, M. D.
1/30, 1933 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal: Ola Idaho | Date of Burial: Jan 30 1933

20. Undertaker: O. D. Bucknum | Address: Emmett Idaho

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82177

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 212

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willie De Mons Carmichael

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. ~~If married, widowed, or~~ divorced ~~HUSBAND of~~ (or) WIFE of C. J. Carmichael

6. DATE OF BIRTH (month, day, and year) 2-23-1899

7. AGE 33 Years 11 mo Months Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catoosa Oklahoma

FATHER
13. NAME Joe Warren
14. BIRTHPLACE (city or town) (State or country) Vinita Oklahoma

MOTHER
15. MAIDEN NAME Fannie Munroe
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMENT (Address) J H Warren

18. BURIAL, CREMATION, OR REMOVAL Place Elmwood Ave Date 1-28, 1933

19. UNDERTAKER (Address) A G Thompson

20. FILED 1-31, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Jan 26, 1933
I last saw her alive on Jan 20, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Several years	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J E Manuel
(Address) Gooding Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82178

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 209
(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilber Raymond Hunt

(a) Residence. No. Gooding St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30 1932

7. AGE Years | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho

FATHER
13. NAME Frank Hunt.
14. BIRTHPLACE (city or town) (State or country) Desert, Utah

MOTHER
15. MAIDEN NAME Maude Ora Smith
16. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

17. INFORMENT (Address) Frank Hunt.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Elm Wood Cemetery Date 1-8, 1933

19. UNDERTAKER (Address) A. E. Thompson

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/7 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/1/33, 193..., to 1/7, 1933
I last saw him alive on 1/7, 1933: death is said to have occurred on the date stated above, at 10 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) James Cromwell, M. D.
(Address) Gooding

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82179

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No. 24

Primary Registration District No.

Local Registrar's No. 210

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert A. Melanathy

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 48	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER

13. NAME John Melanathy

14. BIRTHPLACE (city or town) (State or country) Albany, Boyo,

MOTHER

15. MAIDEN NAME Francis Arnold

16. BIRTHPLACE (city or town) (State or country) Pendleton Creek Idaho

17. INFORMENT (Address) J. M. Melanathy

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 1/6, 1933

19. UNDERTAKER (Address) A. E. Thompson

20. FILED 1-31-, 1933 J. A. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1933, to 1/5, 1933

I last saw him alive on 1/4, 1933: death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	12/30/32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. A. Cromwell, M. D.

(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Gooding

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82181

Registration District No. 24

Primary Registration District No.

Local Registrar's No. 214

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. R. Reynolds

(a) Residence. No. Tuttle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 —			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) A E Thompson Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 1-16-, 1933

19. UNDERTAKER A E Thompson
(Address)

20. FILED 1-31-, 1933 J A Cummins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide - gun shot wound	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Discharge of Shotgun

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) A E Manuel Thompson M.D.

(Address) Gooding, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 82182

Local Registrar's No. 213

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert B Carpenter

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Salem Carpenter

14. BIRTHPLACE (city or town) (State or country) ~~Idaho~~ Ohio

MOTHER

15. MAIDEN NAME Hanna French

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Clarence Carpenter

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 1-9-, 1933

19. UNDERTAKER A. E. Thompson
(Address) Gooding Idaho

20. FILED 1-31, 1933 J. A. Crowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1933, to 1-6, 1933

I last saw him alive on 1-6-, 1933: death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
	Jan 1-33
Other contributory causes of importance:	
Pasteurun Spinal	Don't
Sclerosis	Know

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Houston & Snyder, M. D.

(Address) Gooding Idaho.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82183

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Idaho
City of Green Creek

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 1
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** W. Joseph Nuxoll

(a) Residence. No. Green Creek Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Greencreek Ida.

PARENTS

10. NAME OF FATHER Herman H. Nuxoll

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany Providence Oldenberg

12. MAIDEN NAME OF MOTHER Bernadina Ausman

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany Providence Oldenberg

14. Informant Francis L. Nuxoll
(Address) Green creek, Idaho

15. Filed Jan. 4, 1933 W. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 3d (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to Jan 3 1933

that I last saw h... alive on Jan 1 1933

and that death occurred, on the date stated above, at 1.50 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency from Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Wesley F. Orr, M. D.

1/4, 1933 (Address) Cottonwood, Ida.

19. Place of Burial, Cremation, or Removal: Green Creek Idaho Date of Burial: Jan. 5 1933

20. Undertaker: Nelson Grangeville, Idaho. Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82184

PLACE OF DEATH
County of Idaho
City of Westlake

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 2

(No.) 135
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stephen Trukositz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Trukositz

6. DATE OF BIRTH (month, day, and year): Dec. 10 1849

7. AGE: Years 83, Months 0, Days 27, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer, Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER
13. NAME: Jakob Trukositz
14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER
15. MAIDEN NAME: Eva Riegler
16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMENT (Address): Stephen Trukositz Craigmont, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Morrow Date: 1-8 1933

19. UNDERTAKER (Address): C. E. Clovis Craigmont Ida

20. FILED Jan. 12, 1933 W. F. Orr for S.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Jan 6, 1933
I last saw him alive on Aug 7, 1933: death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of the Prostate	1925
Pyelitis	1930

Other contributory causes of importance: senility — Some yrs.

Name of operation -- Date of --
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify --
(Signed) R. E. Dunlop, M. D.
(Address) Craigmont Idaho

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82185

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 3
(No. 112)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David McKinley

(a) Residence. No. Cottonwood Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Deborah E. McKinley

6. DATE OF BIRTH (month, day and year) Oct. 10th 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Melrose Iowa

PARENTS

10. NAME OF FATHER Henry McKinley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Barbara Clark
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant (Address) Howard McKinley Cottonwood, Idaho

15. Filed Jan. 12, 1933 V. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 11th, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Jan 11th, 1933
that I last saw him alive on Jan 11, 1933
and that death occurred, on the date stated above, at 11:10 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemorrhage from stomach

24 hours.
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Gastric ulcer.
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? ~
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? ~

(Signed) G. C. Woodruff, M. D.
1-12-, 1933. (Address) Cottonwood

19. Place of Burial, Cremation, or Removal: Cottonwood, Idaho — Date of Burial: 1-13- 1933

20. Undertaker: Wilson Grangeville, Ida.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 6 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105
Primary Registration District No. 2183
(No. Our Lady of Consolation St.)

File No. 82186
Registered No. 11

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Walter John Wemhoff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Single

6. DATE OF BIRTH: October (Month) 19th (Day) 1931 (Year)

7. AGE: 1 Yrs. 3 Mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Alois Wemhoff

11. BIRTHPLACE OF FATHER (State or Country) Nebraska

12. MAIDEN NAME OF MOTHER Ida Heinen

13. BIRTHPLACE OF MOTHER (State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Clem. Wemhoff
(Address) Cottonwood, Idaho

15. Filed Jan 24 1933 W. F. Orr Jan 24 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 23 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1933, to Jan. 23 1933, that I last saw h.... alive on Jan. 23 1933, and that death occurred on the date stated above, at 4:50 A.M.

The CAUSE OF DEATH* was as follows:
Diffuse Bronchial Pneumonia,

(Duration) ..... Yrs. ..... mos. 8 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Neely F. Orr M. D.
1/24 1933 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood — DATE OF BURIAL: 1/24 1933

20. UNDERTAKER: Father Vieichbrau — ADDRESS: Cottonwood Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED FEB 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82187

PLACE OF DEATH

County of Idaho

City of ~~Grangeville~~ Cottonwood

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 5

(No. Our Lady of Consolation Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charley Franklin Rausch

(a) Residence. No. Our Lady of Consolation Hosp.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Anna Rausch

6. DATE OF BIRTH (month, day, and year) 2/15/1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paly
(State or country) Idaho

FATHER

13. NAME J. F. Rausch

14. BIRTHPLACE (city or town) Silverton
(State or country) Ore.

MOTHER

15. MAIDEN NAME Mary Etta Gill

16. BIRTHPLACE (city or town) Thorntown
(State or country) Indiana

17. INFORMENT Mrs Charlie Rausch
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date Jan 13, 193 3

19. UNDERTAKER C. A. Hancock
(Address) Grangeville

20. FILED Jan. 12, 193 3 W. F. Orr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 11 193 3

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 193 2, to Jan 11, 193 3

I last saw him alive on Jan 11, 193 3 : death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlegmonous Infection of Thigh and pelvis - resulting from infected injury received Jan 24 - 1 - 1932.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? Dec. 1, 1932 Nr. Idaho Idle
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. daily work.

Manner of injury Bruise Injury & Laceration

Nature of injury by Back.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Caused during his work.

(Signed) Kelley F. Orr, M. D.

(Address) Cottonwood

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 16 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82189

PLACE OF DEATH

County of Idaho

City of Stites

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 345

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Beasley Burney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary G Burney.

6. DATE OF BIRTH (month, day, and year): Not oblamable

7. AGE: Years 70 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): London England

FATHER

13. NAME: John Beasley Burney

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Emma Kirk

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs. Violet B. Anderson Stite Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Kooskia Cemetery Date: Jan 20, 1933

19. UNDERTAKER (Address): Family

20. FILED: Jan 20, 1933 J M Verberkmoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Jan 18, 1933

I last saw him alive on Jan 18, 1933: death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J M Verberkmoes, M. D.

(Address) Kooskia Idaho

RECEIVED FEB 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 82197

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glen E. Robinett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Schell Robinett

6. DATE OF BIRTH (month, day, and year) Aug 4 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kendrick Idaho

FATHER

13. NAME Oliver Robinett

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Ann Shaw

16. BIRTHPLACE (city or town) (State or country) Moscow Idaho

17. INFORMENT (Address) A P Robinett

18. BURIAL, CREMATION, OR REMOVAL Place Newland Cemetery Date Jan 4, 1933

19. UNDERTAKER Feamley (Address)

20. FILED Jan 3, 1933 J M Verbeckmoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 3, 1933.

I last saw him alive on Jan 3, 1933: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza.	
Other contributory causes of importance: Chronic valvular heart disease	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Verbeckmoes, M. D.

(Address) Kooskia - Idaho

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82200

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Josef Rebecka Dickson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Dickson

6. DATE OF BIRTH (month, day, and year) May 5 1864

7. AGE Years 68 Months 8 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932 Dec 10
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Joplin Mo

FATHER
13. NAME Theodore Foorman
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J H Dickson

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date Jan 19, 1933

19. UNDERTAKER (Address) C A Hancock Grangeville

20. FILED 2-1-, 1933 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-14-, 1933, to 1-17-, 1933
I last saw her alive on 1-17-, 1933: death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-10-32.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) B. Chipman, M. D.
(Address) Grangeville Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 0

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82207

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Henry Nuxoll
(a) Residence. No. Our Lady of Consolation Hosp.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Nuxoll

6. DATE OF BIRTH (month, day and year) Sept 20 - 1860

7. AGE Years 72 Months 4 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Greencreek Ill

PARENTS
10. NAME OF FATHER Herman H Nuxoll
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Bernading Lurman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) August Seubert Cottonwood Ida.

15. Filed Jan. 30, 1933 W. F. Orr I.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1933, to Jan. 27, 1933
that I last saw him alive on Jan. 27, 1933
and that death occurred, on the date stated above, at 1:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acidosis following Bilateral Herniotomy
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Extensive Double Rupture Congenital
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Jan. 24-1933
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) Harley F. Orr, M. D.
Jan. 30, 1933 (Address) Cottonwood, Ida.

19. Place of Burial, ~~Cremation, or Removal~~ Cottonwood Ida. Date of Burial 1-30 1933

20. Undertaker Brauer Mann Address Lewiston Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82208

Local Registrar's No. 1012

PLACE OF DEATH

County of Idaho

City of Kamiah-Rout.

Registration District No. 49

Primary Registration District No. 2127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lucy T. Williams.

(a) Residence. No. Kamiah-Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Indian	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wid. John Williams

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About - 90			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nez Perce Reservation

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont know, Nez Perce. Res.

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nez Perce Reservation

14. Informant Paul F. Corbett

(Address) Kamiah-Idaho

15. Filed 2 / 10, 1933. Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 24th- (Day) 33 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17th- 19 33 to above 19
that I last saw her alive on 1/23/33 19
and that death occurred, on the date stated above, at 3.30, a. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Mitral Reg.

(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) C. H. Bryan, M. D.

Jan. 24, 19 33 (Address) Kamiah-Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kamiah-Idaho, 1st Church	1/26/33 19
20. Undertaker Trenary	Address Kooskia.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82209

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Jefferson
City of Rigby R.F.D. 3

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Carma Ella Reild

(a) Residence. No. Rigby R.F.D. 3 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 24 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

10 1/2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	Wht.	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 10, 1932

7. AGE	Years	Months	Days	If LESS than 1 day,
	0		24	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby R.F.D. 3

PARENTS

10. NAME OF FATHER Percy Lovell Reild.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Afton Wyo.
12. MAIDEN NAME OF MOTHER Ella Amelia Rice
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah.

14. Informant (Address) Percy L. Reild, Rupi, Idaho

15. Filed 1-10, 1933. C. B. Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 4 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 4, 1933
that I last saw her alive on Jan 4, 1933
and that death occurred, on the date stated above, at 5 PM m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis Clinical
(Signed) W. R. Abbott, M. D.
19 (Address) Rupe Ida.

19. Place of Burial, Cremation, or Removal: Rupe, Idaho — Date of Burial: Jan 5 1933
20. Undertaker: Jack A. Ford — Address: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82210

PLACE OF DEATH

County of Jefferson

City of Menan

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Ethel Maxine Bitton.

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January 8 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	0	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewisville, Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Don Carlos Bitton.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah.

12. MAIDEN NAME OF MOTHER Gertrude Elda Harmon.

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Wyoming

14. Informant Charles Bitton
(Address) Roberts, Idaho. Star Route.

15. Filed 1-10, 1933 A. B. Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
January 9 1933
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from
1/4, 1933, to 1/8, 1933
that I last saw h[illegible] alive on 1/8, 1933
and that death occurred, on the date stated above, at 5:30 A m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Earl Jones, M. D.
, 19 (Address) Rexburg Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	1/11/33 19

20. Undertaker A. B. Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED FEB 9 1933

DO NOT WRITE IN THIS SPACE

State File No. 82211

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson

City of Lorenzo

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 8

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Annie Weber.

(a) Residence. No. .... St. ....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 14 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
FM	White	Married.

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of Alex Weber.

6. DATE OF BIRTH (month, day and year) January 17 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	61	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9. BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10. NAME OF FATHER William Grassmick.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Russia.

12. MAIDEN NAME OF MOTHER Mary Heimbauch.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Russia

14. Informant Alex Weber Jr
(Address) Lorenzo, Idaho.

15. Filed 1-14, 1933 C B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 13 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Jan 9th, 1933, to Jan 13, 1933
that I last saw her alive on Jan 12, 1933
and that death occurred, on the date stated above, at 6 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

(duration) 10-15 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Influenza

(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....
(Signed) Parley Nelson M. D.
Jan 14, 1933 (Address) Rexburg Ida

19. Place of Burial, Cremation, or Removal: Annis, Idaho. Date of Burial: 1-15 1933

20. Undertaker A B Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED FEB 9 1933

DO NOT WRITE IN THIS SPACE

State File No. 82212

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson

City of Ririe

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 9

(No.) 126

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Parley Hartvey Hansen.

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 17 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Julius Hartvey Hansen.

11. BIRTHPLACE OF FATHER (city or town) Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Theao Brennetta Byington.

13. BIRTHPLACE OF MOTHER (city or town) Idaho.
(State or Country)

14. Informant
(Address) Ririe, Idaho.

15. Filed 1-14, 1933 C. B. Rockwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 14 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from 1 — 14, 1933, to 1-14, 1933
that I last saw h~~im alive~~ dead on 1-14, 1933
and that death occurred, on the date stated above, at 10 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute generalized peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Gangrenous appendicitis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. R. Abbott, M. D.

Jan 14, 1933 (Address) Ririe Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	1-16 1933

20. Undertaker	Address
C. B. Rockwell	Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 82214

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No.

Primary Registration District No. 2176

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Myra May Jones.

(a) Residence. No. Rigby, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 20 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Wilford Jones.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rigby, Idaho.

12. MAIDEN NAME OF MOTHER Stella Eschler.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rexburg, Idaho.

14. Informant Wilford Jones.
(Address) Rigby, Idaho. R. #1

15. Filed 1-4, 1932 A B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 3 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932 to Jan 2, 1933
that I last saw her alive on Jan 1, 1933
and that death occurred, on the date stated above, at 4:15 p.m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) none yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1-4, 1933 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	1-4 1932

20. Undertaker A B Eckersell

Address Rigby

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED FEB 9 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 98
Primary Registration District No. 2176
File No. 82215
Registered No. 3

1. PLACE OF DEATH
County of Jefferson
City of Ashley
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joyce Anglesey.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Jan. (Month) 3 (Day) 1933 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ashley Idaho

10. NAME OF FATHER: W. J. Anglesey.

11. BIRTHPLACE OF FATHER (State or Country): Ft. Bidle. Idaho

12. MAIDEN NAME OF MOTHER: Alice Hall

13. BIRTHPLACE OF MOTHER (State or Country): Idaho Falls

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): W. J. Anglesey
(Address): Ashley Ida.

15. Filed Jan 4 1933 A. B. Eckersell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 3 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933, to Jan 3 1933
that I last saw her alive on Jan 3 1933
and that death occurred on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:

Temperature cause unknown

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Watt M. D.
1/3 1933. (Address) Ashley Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ammon, Ida
DATE OF BURIAL: Jan 4 1933
20. UNDERTAKER: None
ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82216

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 4

992

2. FULL NAME Dorothy Mae Bremer.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 16 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER Chas. Bremer.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nebraska.
12. MAIDEN NAME OF MOTHER May Elizabeth Davis.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio.

14. Informant Mary E. Bremer
(Address) Rigby, Idaho.

15. Filed Jan 4, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
January (Month) 4 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from
Dec 29, 1932, to Jan 4, 1933
that I last saw her alive on Jan 2nd, 1933
and that death occurred, on the date stated above, at 4:40 A m.
The CAUSE OF DEATH* was as follows:
Acute Bronchitis, Influenza

(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Mitral & Aortic Insufficiency
Cardiac Dilatation
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. A. Anderson, M. D.
Jan 5, 1933 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	1/6/33 19

20. Undertaker A B Eckersell
Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82217

PLACE OF DEATH

County of Jefferson

City of Menan

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Virginia Lewis.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of Ed. J. Lewis.

6. DATE OF BIRTH (month, day and year) Nov. 9, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day,
	55	1	27	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) West Virginia.

PARENTS

10. NAME OF FATHER John Atkinson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia.

12. MAIDEN NAME OF MOTHER Mary Elizabeth McClannahan.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) West Virginia.

14. Informant Ed. J. Lewis.

(Address) Menan, Idaho.

15. Filed 1-9, 1933 C. Beckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 7 1933 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Dec. 30, 1932, that I last saw her alive on Dec. 30, 1933, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH** was as follows:
Carcinoma of liver and gall bladder.

(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 32,
Was there an autopsy? no.
What test confirmed diagnosis? Path. report of section

(Signed) W. R. Test, M. D.
1/9, 1933 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	1/10/33 19

20. Undertaker J. B. Eckersell — Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-A-22M RECEIVED FEB 9 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 98
Primary Registration District No. 7176
File No. 82218
Registered No. 10

1. PLACE OF DEATH
County of Jefferson
City of Rigby No II.
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Farron Todd Folley
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Oct. (Month) 9, (Day) 1932 (Year)

7. AGE: Yrs. 3 Mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child.
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Clark Idaho

10. NAME OF FATHER: Joseph W. Folley.

11. BIRTHPLACE OF FATHER (State or Country): Miss Ward

12. MAIDEN NAME OF MOTHER: Edith L. Howard

13. BIRTHPLACE OF MOTHER (State or Country): Nevada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W. Folley
(Address) Rigby Idaho No II.

15.
Filed 1-25 1933
C. E. Eckersell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 25, (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Jan 25 1933
that I last saw h-m alive on Jan. 25 1933
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Influenza - Pneumonia
(Duration) ..... Yrs. ..... mos. 2 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. R. West M. D.
1/26 1933 (Address) Rigby Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rigby Ida. DATE OF BURIAL: 1-27 1933

20. UNDERTAKER: C. E. Eckersell ADDRESS: Rigby Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82219

PLACE OF DEATH

County of Jefferson
City of Rigby

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

180

2. **FULL NAME** Marlene Hoffman.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 13 ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 15, 1933

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Reynold P. Hoffman.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rigby, Idaho.
12. MAIDEN NAME OF MOTHER Bernetta Lucile Farber
13. BIRTHPLACE OF MOTHER (city or town) (State or County) American Fork Utah

14. Informant (Address) Reynold P. Hoffman. Rigby, Idaho.

15. Filed 1-28, 1933 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 28 1933, 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ on Jan 28, 1933, to —, 19
that I last saw h alive on Jan 26, 1933
and that death occurred, on the date stated above, at during night

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Smothered (with bedding)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. A. Anderson, M. D.
1/28, 1933 (Address) Rigby, Idaho.

19. Place of Burial, Cremation, or Removal: Lewisville, Idaho.
Date of Burial: 1/29/33 19

20. Undertaker: A B Eckersell
Address: Rigby

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82221

PLACE OF DEATH
County of Koolenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Kerber

(a) Residence. No. 1212 - Front - St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mr.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna L. Kerber

6. DATE OF BIRTH (month, day, and year) 4 - 4

7. AGE Years 62 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill
10. Date deceased last worked at this occupation (month and year) Jan. 1931
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Adam Kerber
14. BIRTHPLACE (city or town) (State or country) Dont-Know.

MOTHER
15. MAIDEN NAME —— Doll
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Leonard W. Kerber Coeur d'Alene, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 1 - 8, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Ida

20. FILED 1 - 29, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1932, to ....., 1933.
I last saw him alive on Dec. 17, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lip	

Other contributory causes of importance:

Secondary Hemorrhage from Cerebral Blood Vessels	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. M. Husted, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82224

PLACE OF DEATH
County of Kootenai
City of P'd'a

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Dingle

(a) Residence. No. 930 5th st St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 41 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Dingle

6. DATE OF BIRTH (month, day, and year) May 24 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
64	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) St Austell England

FATHER

13. NAME John Crowle
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Stephens
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John Dingle Power d'Alene

18. BURIAL, CREMATION, OR REMOVAL Place Power d'Alene Id. Date Jan 22 1933

19. UNDERTAKER (Address) Mooney Mortuary Power d'Alene Id.

20. FILED 2-9, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1932, to Jan. 18, 1933

I last saw her alive on Jan 18, 1933: death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 17 33

Other contributory causes of importance:

Chronic myocardial degeneration, hypertension	10 yrs. ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) John Wood M. D.

(Address) Power d'Alene Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82225

PLACE OF DEATH
County of Kenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sadie T. Hingler

(a) Residence. No. 117 N. 9th St. (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: C. H. Ginder

6. DATE OF BIRTH (month, day, and year): May 16 - 1878

7. AGE: Years 54, Months 8, Days 20, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Elk River, Minn.

FATHER
13. NAME: Daniel Frye
14. BIRTHPLACE (city or town) (State or country): Nova Scotia

MOTHER
15. MAIDEN NAME: Sarah - Graffin
16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMENT (Address): C. H. Ginder, Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Forest Cem. Date: Feb. 7, 1933

19. UNDERTAKER (Address): Mooney Mortuary, Coeur d'Alene

20. FILED 2-9, 1933 H. J. Sturges, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1932, to February 6, 1933

I last saw her alive on February 6, 1933: death is said to have occurred on the date stated above, at 1:10 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - R. Breast	

Other contributory causes of importance:
metastatic Carcinoma - R. Lung.

Name of operation: amputation R. Breast. Date of Sept 1930

What test confirmed diagnosis? Biopsy. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: no

(Signed) O. M. Hustedt, M. D.

(Address) Coeur d'Alene Ind.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82226

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Delia Knapp

(a) Residence. No. 1308 - Lakeside Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther A. Knapp

6. DATE OF BIRTH (month, day, and year) 1856-12-23

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leeds Co.
(State or country) Canada

FATHER
13. NAME Chas. L. Knapp
14. BIRTHPLACE (city or town)
(State or country) Canada.

MOTHER
15. MAIDEN NAME Azalia
16. BIRTHPLACE (city or town)
(State or country) D Canada

17. INFORMENT Orton O. Knapp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Forest-Cem. CdAlene Date 2-6, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED 2-9, 1933 H. J. Sturgen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from never saw her alive., 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently heart disease	1 week.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John O Wood M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82227

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julius Newell McCallum

(a) Residence. No. 516 - Dollar St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Clara McCallum

6. DATE OF BIRTH (month, day, and year) 1859-10-11

7. AGE Years 73 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber mill
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER
13. NAME John McCallum
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Floyd McCallum

18. BURIAL, CREMATION, OR REMOVAL Place Forest-Cem. C'Dalene Date 2-5, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 2-9, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-3 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Jan, 1933
I last saw him alive on Jan 20, 1933: death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Do not know

Other contributory causes of importance:
Nephritis

Name of operation none Date of .....
What test confirmed diagnosis? Examen Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J. Sturges M. D.
(Address) C D A Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82228

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1650
Local Registrar's No. 10

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael H. Rutton

(a) Residence. No. 219 N. 9th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed or divorced
HUSBAND of
(or) ~~WIFE~~ of Barbara Rutton

6. DATE OF BIRTH (month, day, and year) 1859-10-10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME ——— Rutton
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Leo Rutton 901 Lakeside ave.

18. BURIAL, CREMATION, OR REMOVAL. Place St. Thomas Cem. CdA. Date 1-30, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho.

20. FILED 1-29, 1933 J. Stenger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1931, to Jan 26, 1933.
I last saw him alive on Jan 24, 1933: death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932 -
Other contributory causes of importance:	
Arterio Sclerosis -	

Name of operation Resection of Stomach 1916 for carcinoma Date of
What test confirmed diagnosis? Clinical & X-ray - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. M. Husted, M. D.
(Address) Coeur d'Alene — Idaho

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82229
State File No.

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1850
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Luther Samuel Bernhart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Virginia Belle Bernhart

6. DATE OF BIRTH (month, day, and year) 1870 - 2 - 7

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Highway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maintenance Man

10. Date deceased last worked at this occupation (month and year) 1-26-1933

11. Total time (years) spent in this occupation 1/2 hrs

12. BIRTHPLACE (city or town) (State or country) Clarke Kans

FATHER

13. NAME Frank Bernhart

14. BIRTHPLACE (city or town) (State or country) Lincoln Co. Mo.

MOTHER

15. MAIDEN NAME Mary E. Mertz

16. BIRTHPLACE (city or town) (State or country) Lincoln Co. Mo.

17. INFORMENT (Address) Esal N. Bernhart

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Cem. Harrison Ida Date 1-29, 1933

19. UNDERTAKER Cassedy Funeral Home. (Address) Harrison, Idaho.

20. FILED 1-29, 1933 H. J. Steiger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-27 1933

22. I HEREBY CERTIFY, That I attended deceased from did not attend, 1933, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5-25 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic heart disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82230

PLACE OF DEATH
County of Kootenai
City of

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 7

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Selma Larson

(a) Residence. No. Near Ford, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Geo Larson

6. DATE OF BIRTH (month, day, and year) Mch 10, 1895

7. AGE Years 37 Months 10 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Wise

FATHER
13. NAME Axel Petterson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Josephine Thornston
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Geo E Larson Ford Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mica, Wn Date 1-30, 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene Ida

20. FILED 1-29, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 26, 1933
I last saw her alive on Jan 25, 1933: death is said to have occurred on the date stated above, at 2 14 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J Sturges, M. D.
(Address) CDA Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82231

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr. Amos Garner

(a) Residence. No. 953 - 5th street St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Esther E. Sewell

6. DATE OF BIRTH (month, day, and year) 1848-3-4

7. AGE Years 84 Months 8 Days 8 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Osteopath
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Samuel Garner
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Charity Moon
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) Mrs. A. E. Cory Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem Date 1-15, 1933

19. UNDERTAKER (Address) Moony Mortuary C.D.A.

20. FILED 2-9, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-12 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932, to Jan 12, 1933
I last saw him alive on Jan 11, 1933: death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic - Pyelitis and Cystitis -	March 1932

Other contributory causes of importance: —
Transverse Myelitis - 6 years ago
Secondary anemia -

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) C M Hurlett M. D.
(Address) Coeur d'Alene, Id.

MARGIN RESERVED FOR BINDING

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RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82232

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1056
Local Registrar's No. 5
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian Greider

(a) Residence. No. 1309 - Montana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Andrew L. Greider

6. DATE OF BIRTH (month, day, and year) 1871 - 12 - 25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Rapids Mich.

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Dont-Know.

MOTHER

15. MAIDEN NAME Dont-Know.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Andrew L. Greider

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. CdA Date 1-23, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home CdAlene Idaho

20. FILED 1-29, 1933 N. J. Stringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1 - 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on Dec 15, 1933: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Cassedy Stringer, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82233
State File No.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward J. Jeanneret

(a) Residence. No. 1st + V Walnut St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alvia Rabideau

6. DATE OF BIRTH (month, day, and year) 1875-11-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Warden - Fire
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Govt - Forest - Service
10. Date deceased last worked at this occupation (month and year) 1932-11-25
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chippewa Falls Wis.

FATHER
13. NAME Louis A. Jeanneret
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Anna Ortman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Alice Rosenlund Kibbe Idaho
18. BURIAL, CREMATION, OR REMOVAL Place St. Thomas Cem. Valene Date 2-3, 1933
19. UNDERTAKER Cassedy Funeral Home (Address) CD Alene Idaho
20. FILED 1-29, 1933 W. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Jan. 29, 1933
I last saw him alive on Jan 28, 1933; death is said to have occurred on the date stated above, at 9:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Nov 1 '32

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Clinical & Cal. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. M. Kustel, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED FEB 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82236

County of Kootenai

City of Coeur d'Alene

Registration District No. 3a

Primary Registration District No. 10 5c

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nelson John Harrington

(a) Residence. No. Stanley Hill St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Lena M. Harrington

6. DATE OF BIRTH (month, day, and year) 1878-4-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Albert Harrington

14. BIRTHPLACE (city or town) (State or country) Dont Know.

MOTHER

15. MAIDEN NAME Lottie Manley.

16. BIRTHPLACE (city or town) (State or country) Lake Geneva Wis.

17. INFORMENT (Address) Lena M. Harrington

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Cdalene Date 1-13, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED 2-9, 1933 H. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 10, 1933.

I last saw him alive on Jan 10, 1933: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance:	
Essential Hypertention.	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. M. Husted, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

Dr. McCauley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82237

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Mogg

(a) Residence. No. Rose Point Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE —

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1847 - Jan 20

7. AGE Years 86 Months 0 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) London Ontario Canada
(State or country)

FATHER

13. NAME George Mogg

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Easterbrook

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Mrs. E. A. Lawrence Rose Point
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St Thomas Cem. Date 2-6, 1933

19. UNDERTAKER Mooney Mortuary Coeur d'Alene
(Address)

20. FILED 2-9, 1933 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1933, to Feb 2, 1933

I last saw him alive on Feb 1st, 1933: death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs

Other contributory causes of importance:

Gastritis

Name of operation none Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. L. McCauley, M. D.

(Address) Coeur d'Alene Ida

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED FEB 11 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Kootenai

City of Post Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 30

Primary Registration District No. 1050

(No. ....., ... St.)

File No. 82238

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ann Young

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed (Write the word.)

6. DATE OF BIRTH. September (Month) 16 (Day) 1848 (Year)

7. AGE ..... Yrs. 84 Mos. 4 ds. 9

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... House work

(b) General nature of industry, business, or establishment in which employed (or employer)... Own home

9. BIRTHPLACE (State or Country) England

10. NAME OF FATHER Banjamin Bamford

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eric Johnson

(Address) Post Falls, Idaho

15.

Filed 2-9 1933

H. J. Sturger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

131

16. DATE OF DEATH January (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1929, to Dec. 26 1932, that I last saw her alive on Dec. 26 1932 and that death occured on the date stated above, at 4:05 A.M.

The CAUSE OF DEATH* was as follows:

Acute Uremia 4 days following Chr. Interstitial nephritis & hypertension

(Duration) yes Yrs. 8 mos. 2 ds.

Contributory (Secondary) Cerebral apoplexy

(Duration ..... yrs. 1 mos. ..... ds.

(Signed) T. Maurice Aggeman M. D.

1/25 1933 (Address) Spokane Wn.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Post Falls, Idaho

DATE OF BURIAL: Jan. 28 1933

20. UNDERTAKER: Hazen & Jaeger

ADDRESS: Spokane, Wn

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SRS. 24658

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82240

PLACE OF DEATH
County of Kootenai
City of Pathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Fredrick Daniel Bagley

(a) Residence. No. ( ) St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth L Bagley

6. DATE OF BIRTH (month, day and year) April 26-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	7	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Detroit
(State or country) Michigan

PARENTS
10. NAME OF FATHER John Bagley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Do not know
12. MAIDEN NAME OF MOTHER Anna —
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Do not know

14. Informant (Address) Mrs. Elizabeth L Bagley Pathdrum Idaho

15. Filed 1-29, 1933 H. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 3:00 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder
Attended by Dr. J. Wing (deceased)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Harvey J. Sturgeon M. D.
1-30, 1933 (Address) Da Sandpoint

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery - Pathdrum — Date of Burial: 1-29 1933
20. Undertaker: Cassidy Funeral Home — Address: Pathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82252

PLACE OF DEATH
County of Lemhi
City of

Registration District No. 71
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ✓ Peter C. Sellers

(a) Residence. No. Cabin on Little Eight Mile Creek, Lemhi Valley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March, 1860

7. AGE: Years 72 | Months 10 | Days Not Known | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mining Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 34

12. BIRTHPLACE (city or town) (State or country): ✓ Illinois

FATHER
13. NAME: John Sellers
14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMENT (Address): E K Abbott, Salmon, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Junction Cemetery Date: Jan. 2, 1933

19. UNDERTAKER (Address): W. C. Doebler Salmon

20. FILED: Feb 10, 1933 Chr. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): ✓ 1-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1927, to , 193

I last saw him alive on July, 1930: death is said to have occurred on the date stated above, at 1-30A m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Wright M. D.

(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82253

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 71
Primary Registration District No. 2116

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Wade Shaw

(a) Residence. No. Salmon 7 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon Idaho
(State or country)

FATHER

13. NAME B. A. Shaw

14. BIRTHPLACE (city or town) Provo Utah
(State or country)

MOTHER

15. MAIDEN NAME Isabel Walker

16. BIRTHPLACE (city or town) Salmon Idaho
(State or country)

17. INFORMENT B. A. Shaw
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Ida. Date Jan. 17, 1933

19. UNDERTAKER Isaac C. Tadlock
(Address) Salmon Ida

20. FILED Feb 13, 1933 Chas C. Gillespie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 1933 to 1/15, 1933

I last saw him alive on 1/15, 1933; death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Mitral regurgitation	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. S. Tuttle, M. D.

(Address) Challis, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82254

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Monte Harold Tuples

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 11 1932

7. AGE Years Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Harold Henry Tuples
14. BIRTHPLACE (city or town) (State or country) Shelley Idaho

MOTHER
15. MAIDEN NAME Leah Beneath Norton
16. BIRTHPLACE (city or town) (State or country) Dushaul Utah

17. INFORMENT (Address) Harold Tuples Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Idaho Date , 1933

19. UNDERTAKER (Address) William C. Doebler Salmon Idaho

20. FILED Feb 12, 1933 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 12, 1933, to Jany 19, 1933
I last saw he alive on Jany 19, 1933: death is said to have occurred on the date stated above, at 4:10 a m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
Jan 21
(Signed) J S Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82256

County of Lewis

City of Craigmont (Morrow) Registration District No. 60

Primary Registration District No. 2177 Local Registrar's No. 3

(No.) 144

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mildred Faye Gilbert

(a) Residence. No. Craigmont, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Owen Gilbert

6. DATE OF BIRTH (month, day, and year)

7. AGE: 19 Years | Months: 9 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Morrow Idaho

FATHER

13. NAME: Walter A. Green

14. BIRTHPLACE (city or town) (State or country): Pullman Washington

MOTHER

15. MAIDEN NAME: Elsie L. Tibbetts

16. BIRTHPLACE (city or town) (State or country): Woodburn Oregon

17. INFORMENT (Address): Mrs. Hazel Frost Craigmont, Ida. R.2.

18. BURIAL, CREMATION, OR REMOVAL Place: Craigmont Date: 1-23, 1933

19. UNDERTAKER: P. D. Ellis (Address): Westlake, Ida.

20. FILED: 2/3, 1933 H. C. Duncan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1932, to Jan. 21, 1933.

I last saw her alive on Jan. 21, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum Hemorrhage	1/21/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Finding; Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Collins, M. D.

(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82258

PLACE OF DEATH

County of Lewis

City of Craigmont

Registration District No. 50

Primary Registration District No. 2129

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

193

2. FULL NAME Marion Fanning Randall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. ~~If married, widowed~~ or divorced HUSBAND of (or) ~~WIFE of~~ Maggie E Randall

6. DATE OF BIRTH (month, day, and year) Feb. 16 1863

7. AGE Years 69 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer, Retired.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buncombe County North Carolina

FATHER
13. NAME John W. Randall
14. BIRTHPLACE (city or town) (State or country) Buncombe County North Carolina

MOTHER
15. MAIDEN NAME Mary Elizabeth Hayes
16. BIRTHPLACE (city or town) (State or country) Buncombe County North Carolina

17. INFORMENT (Address) H H Kaufman Craigmont

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 1-6, 1933

19. UNDERTAKER (Address) C E Clovis, Craigmont, Ida.

20. FILED 1/16, 1933. R E Dunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

been Drinking found curled up under a bush probably froze to death

Other contributory causes of importance:

Albert Huff
Coroner

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) .....

RECEIVED FEB 13 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82260

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188

2. FULL NAME Leonard A Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1911

7. AGE: 21 Years | Months: 4 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student & farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hibbard Idaho

FATHER
13. NAME Alfred Waldemar Jensen
14. BIRTHPLACE (city or town) (State or country) Hyrum Utah

MOTHER
15. MAIDEN NAME Emma Clay
16. BIRTHPLACE (city or town) (State or country) Oxford Idaho

17. INFORMENT (Address) Alfred Jensen Hibbard Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Feb. 6 1933

19. UNDERTAKER (Address) A B Eckersell Rigby Ida.

20. FILED Feb 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1933, to Feb. 1, 1933
I last saw him alive on Feb. 1, 1933: death is said to have occurred on the date stated above, at 8:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	1/29/33
Accidental	
Automobile	

Other contributory causes of importance:

Name of operation Decompression of Fracture Skull Date of 1/29/33
What test confirmed diagnosis? Yes Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/29, 1933
Where did injury occur? Thornton - Madison Co. Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public hi-way
Manner of injury Automobile Collision
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. Hutchland M. D.
(Address) Rexburg, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

PLACE OF DEATH

County of Madison

City of Sugar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82261

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Howell 120

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 5, 1933

7. AGE Years Months Days 2 If LESS than 1 day, 12 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc none

9. Industry or business in which work was done, as silk mill, saw mill, bank etc none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sugar Idaho
(State or country)

FATHER

13. NAME Nicholas R. Howell

14. BIRTHPLACE (city or town) Paradise Utah
(State or country)

MOTHER

15. MAIDEN NAME Vera McCulloch

16. BIRTHPLACE (city or town) Hibbard Idaho
(State or country)

17. INFORMENT Nicholas R. Howell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sugar City Date Feb 9, 1933

19. UNDERTAKER A B Eckerkersell
(Address)

20. FILED Feb 8, 1933 J R Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1933

22. ~~I~~ HEREBY CERTIFY, That I attended deceased from Feb 5, 1933, to Feb 7, 1933

I last saw her alive on Feb 5, 1933: death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Yellow Atrophy of Liver (Congenital)	2 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82262

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse P. Hamming

(a) Residence No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg

FATHER

13. NAME Jesse F. Hamming

14. BIRTHPLACE (city or town) (State or country) Salem Idaho

MOTHER

15. MAIDEN NAME Isabell McKinlay

16. BIRTHPLACE (city or town) (State or country) Welford Idaho

17. INFORMENT (Address) Jesse G. Hamming Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Cemetery Date 2-10, 1933

19. UNDERTAKER (Address) A. E. Beckwith Rigby Idaho.

20. FILED Feb 2 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-19-33, 193..., to 1-19, 1933.
I last saw him alive on 1-19, 1933.; death is said to have occurred on the date stated above, at 12 m. daylight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
(Premature separation of placenta during delivery at full term)	
Other contributory causes of importance: Child was asphyxiated at birth & only breathed irregular for 4 hours but revived during 4 hours' care	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Doris V. Rich, M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82263

Registration District No. 100

Primary Registration District No. 2118 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Lorin L. Ricks

(a) Residence. No. Rexburg Idaho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 20 1902

7. AGE: Years 30 Months 4 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER

13. NAME Brigham Ricks

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Clara Larson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Clifton Ricks Rexburg

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Feb. 1 1933

19. UNDERTAKER (Address) A. D. Churchill Rigby Ida.

20. FILED Feb 8, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to Jan 30, 1933

I last saw him alive on Jan 30, 1933; death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Jan 1932 Probable

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. L. Sutherland M. D.

(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 8 1933

PLACE OF DEATH

County of Madison

City of Sugar,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2160 Local Registrar's No. 5

DO NOT WRITE IN THIS SPACE

State File No. 82265

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geraldine, Pincock

(a) Residence. No. Sugar City St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

6. DATE OF BIRTH (month, day, and year): Jan 3-1933.

7. AGE: Years X; Months X; Days 21; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Sugar City.

FATHER

13. NAME: Douglas Pincock.

14. BIRTHPLACE (city or town) (State or country): Sugar City.

MOTHER

15. MAIDEN NAME: Reah Dalling.

16. BIRTHPLACE (city or town) (State or country): Sugar City.

17. INFORMENT (Address): Douglas Pincock. Sugar City.

18. BURIAL, CREMATION, OR REMOVAL
Place: Sugar City Date: Jan 26, 1933.

19. UNDERTAKER (Address): Vern D. Keller Rexburg Idaho

20. FILED: Feb 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 25 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan - 24, 1933, to Jan 25, 1933

I last saw her alive on Jan 25, 1933: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-23-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. Sutherland, M. D.

(Address) Rexburg Idaho

RECEIVED FEB 13 1933

Southerland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82266
State File No.

PLACE OF DEATH

County of Madison

City of Sugar

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 P

2. FULL NAME Magdalena Schwendiman

(a) Residence. No. Sugar City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed.

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Samuel Schwendiman

6. DATE OF BIRTH (month, day, and year) Oct 11th - 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	3.	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neuchatel Switzerland

FATHER

13. NAME Christian Straubhaar

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME N K.

16. BIRTHPLACE (city or town) (State or country) N K.

17. INFORMENT (Address) Fred Schwendiman Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Jan 16, 1933

19. UNDERTAKER (Address) Wm L. D. Stubbart Rexburg Idaho.

20. FILED Jan 17, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 14, 1933.

I last saw h e alive on Jan 14, 1933: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/3/33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Sutherland, M. D.

(Address) Rexburg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 18 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82267

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 7

(No.) 156

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James H. Flitton

(a) Residence. No. Rexburg St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 36 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmiths Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kaysville Utah

FATHER

13. NAME George Flitton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary A. Webster

16. BIRTHPLACE (city or town) (State or country) Kaysville Utah

17. INFORMENT (Address) Ren Cole Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date 193

19. UNDERTAKER (Address) A B Eckersell Rigby Ida.

20. FILED Feb 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Feb 6, 1933

I last saw ~~in~~ alive on Nov 10, 1933: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis	
Deformans	2 yrs ago

Other contributory causes of importance: no

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82268

PLACE OF DEATH
County of Madison
City of Thornton R.F.D.

Registration District No. 120
Primary Registration District No. 2178 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Moroni Robison

(a) Residence. No. Lyman Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Dora C. Sharp Robison

6. DATE OF BIRTH (month, day, and year): March 14 - 1873

7. AGE: Years 59 Months 9 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: for Himself
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Morgan County Utah

FATHER
13. NAME: David Robison
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Hanna Kafvelstrom
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mrs. Dora Robison Thornton R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place: Sutton, Idaho Date: Jan 12th 1933

19. UNDERTAKER (Address): Vern J. Keller Rexburg, Idaho

20. FILED: Feb 2, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to Jan 9th, 1933
I last saw him alive on Jan 9, 1933: death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Plaric end of Stomach	
	about June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) [signature], M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1933

PLACE OF DEATH

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82269

Registration District No.

Primary Registration District No. , Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma O Fisher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of 13th Sep

6. DATE OF BIRTH (month, day, and year) Sept 13 - 1915

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
17	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Peltreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elgin Oaklahoma

FATHER

13. NAME W. O. Fisher

14. BIRTHPLACE (city or town) (State or country) Guthrie Iowa

MOTHER

15. MAIDEN NAME Lemmer Pringle

16. BIRTHPLACE (city or town) (State or country) Farrell Dale Tennessee

17. INFORMENT (Address) W. O. Fisher Heyburn

18. BURIAL, CREMATION, OR REMOVAL
Place Heyburn Date 1-19, 1933

19. UNDERTAKER (Address) J. F. Payne Burley

20. FILED Jan. 30, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1933, to 1-17, 1933

I last saw him alive on 1-15-, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken compensation	
mitral regurgitation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. G. Espe, M. D.

(Address) Burley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1933

Carsson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82272

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 b

2. FULL NAME Tosten Alious Swensen.

(a) Residence. No. St. Genesee, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 30th, 1859.

7. AGE: Years 73. Months 2. Days 25. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER
13. NAME Colben Swensen.
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Igobor Marie Steland.
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) E. C. Swensen Genesee, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Natah County, Idaho Date Jan. 28th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 2/4, 1933 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 25th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1933, to Jan 25th, 1933
I last saw him alive on Jan 25th, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	+ yrs

Other contributory causes of importance:
none

Name of operation none Date of —
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carsson, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82273

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Enoch Graham Hastings

(a) Residence. No. Snake River Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice S Morris

6. DATE OF BIRTH (month, day, and year): Nov. 18, 1850

7. AGE: Years 82, Months 2, Days 10, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1921
11. Total time (years) spent in this occupation: 40 Yrs

12. BIRTHPLACE (city or town) (State or country): Davis Co. Iowa

FATHER
13. NAME: Jacob Hastings
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Martha Graham
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Glen Hastings (Son) Lewiston, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Pomeroy Wash Date: 1/31/33, 193

19. UNDERTAKER (Address): H.R. Merchant Clarkston, Wash.

20. FILED 1/30, 1933 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 27, 1933

I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 1 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 26-33

Other contributory causes of importance:

Unknown

Name of operation: None Date of: ✓
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) L B Stockstaff, M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82274

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Clinic)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Walker Flourney Moses

(a) Residence. No. Lower Asotin Road St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 3-1927

7. AGE: Years 5 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vancouver Washington

FATHER

13. NAME Robert W. Moses

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Bailess

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Robert W. Moses Clarkston Wash

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Pomeroy Wash Date 1-10, 1933

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED Jan. 12, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1933, to Jan 10, 1933

I last saw him alive on Jan 9, 1933; death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	1/10/33

Other contributory causes of importance:

Foreign body left Bronchus	Unknown
Pulmonary abscess	Nov. 1932
Right Empyema	June 1932

Name of operation Rib resection Date of Dec 1932

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L B Stockslager, M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82283

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Nezperce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. Summerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David C. Hirzel

(a) Residence. No. Summerville Home, Lewiston, Ida. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie Weston

6. DATE OF BIRTH (month, day and year) Sept 28,1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Buffalo N Y

PARENTS

10. NAME OF FATHER ? Hirzel
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. C. [illegible] Hirzel) (Son)
Informant (Address) Asotin, Wash.

15. Filed 1/4, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 4, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1932, 19..., to Jan. 4 1933, 19...
that I last saw him alive on Jan. 1 1933, 19... 9;30 a.m.
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) ? yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? hysical signs.

(Signed) [signature] M. D.
Jan. 6, 1933. (Address) Lewiston, Ida.

19. Place of Burial, Cremation, or Removal: Clarkston, Wash — Date of Burial: 1/6/33 19

20. Undertaker: H.R.Merchant — Address: Clarkston Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82284

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital - 5th Ave City.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Dennison Morris

(a) Residence. No. St Rochester - Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1907

7. AGE: Years 25 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. S. C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Mound Wn.

FATHER

13. NAME Edgar Morris

14. BIRTHPLACE (city or town) (State or country) Mitchell S. Dak.

MOTHER

15. MAIDEN NAME Edith James

16. BIRTHPLACE (city or town) (State or country) Rochester Wn

17. INFORMENT (Address) E. J. Morris 414-16th Ave No. Seattle

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Centralia Wn. Date 1/16, 1933

19. UNDERTAKER (Address) Brown - Warren Co Lewiston Idaho

20. FILED 1/16, 1933 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 14, 1933.

I last saw him alive on Jan 14, 1933; death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/28/32

Other contributory causes of importance:

Pneumonia.	12/31/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to exter causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) William P. H. Habel, M. D.

(Address) Lewiston - Ida.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82285

PLACE OF DEATH

County of Nezperce
City of Lewiston Orchards

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence W Rouse
(a) Residence. No. Lewiston Orchards St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year) Jan-13-1933
7. AGE Years — Months — Days 1 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Lewiston Orchards Idaho

PARENTS
10. NAME OF FATHER Clarence A Rouse
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Greenbush Mich
12. MAIDEN NAME OF MOTHER May V McLaughlin
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Water Lew Iowa

14. Informant (Address) C. A. Rouse Lewiston Orchards Idaho
15. Filed 1/20, 1933 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 14 (Month) (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to January 14th 1933
that I last saw him alive on Jan 14th 1933
and that death occurred, on the date stated above, at 8P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Inanition
..... (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Done Know
..... (duration) ..... yrs. ..... mos. 1 ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) O. C. Carsaow, M. D.
1/15th, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Clarkston Wash
Date of Burial Jan 16 1933
20. Undertaker H R Merchant
Address Clarkston Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Braddock

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82289

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. 310 2nd, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME George Sapp.

(a) Residence. No. 310 2nd, Avenue. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Sapp.

6. DATE OF BIRTH (month, day, and year) Dec. 22nd, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63.	1.	0.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER

15. MAIDEN NAME Fannie Millsap.

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMENT (Address) Mrs. Lee Sapp. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Jan. 24th, 1933.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 2/4, 1933. J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 22nd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Jan 22, 1933.

I last saw him alive on Jan 22, 1933.: death is said to have occurred on the date stated above, at 1.45A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 22-33
Other contributory causes of importance;	
Arterio Sclerosis	1930
Cerebral Hemorrhage	1930

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. G. Braddock, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82290

PLACE OF DEATH
County of Nez Perce
City of Lewiston Ida

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Cline

(a) Residence. No. Anatone, Wash. St. Anatone, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single ✓

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 21. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME David Cline

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Dr. Mc Elvain Asotin, Wash

18. BURIAL, CREMATION, OR REMOVAL Place Anatone, Wash. Date 1/27, 1933

19. UNDERTAKER H. R. Merchant (Address) Clarkston Wash.

20. FILED 1/25, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-24-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 24, 1933.
I last saw him alive on Jan 24, 1933: death is said to have occurred on the date stated above, at 7.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Jas. Mc Elvain, M. D.
(Address) Asotin - Wash.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

Clerk

DO NOT WRITE IN THIS SPACE

State File No. 82292

Local Registrar's No. 118

(No. 816 10th. Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Malcom McKinnon.

(a) Residence. No. 816 10th. Avenue. Stx
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario,
(State or country) Canada.

FATHER

13. NAME Archie McKinnon.

14. BIRTHPLACE (city or town)
(State or country) Scotland.

MOTHER

15. MAIDEN NAME ------ McDougal.

16. BIRTHPLACE (city or town)
(State or country) Scotland.

17. INFORMENT Archie McKinnon
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date 1/25/33, 193

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED 2/4, 1933 J. M. Tyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to Jan 23, 1933
I last saw h[illegible] alive on Jan 23, 1933: death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstuction	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W O Clark, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82293

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hostial)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Mrs Amanda Prine

(a) Residence. No. Reubens, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Feamal
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas A. Prine

6. DATE OF BIRTH (month, day, and year) Jan 29-1856

7. AGE: Years 76 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME Joh Adkinson
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Rebecca Hughes
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Earnest Webb Craigmont Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Reubens Idaho Date ....., 193..

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho.

20. FILED 1/24, 1933 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Jan 23, 1933
I last saw her alive on Jan 22, 1933: death is said to have occurred on the date stated above, at 1.15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Jan 13
Perforated	1933
Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of Jan 20-33
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. G. Braddock M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

Lyle

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82294

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vincent Franklin Gibbs.

(a) Residence. No. St. Spalding, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 2nd, 1916.

7. AGE Years 17. Months 2. Days 13. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc High school student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME B. R. Gibbs.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Catherine Albritton.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) B. R. Gibbs Spalding, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Jan. 17th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 1/31, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec-17, 1932, to Jan-15, 1933

I last saw him alive on Jan-15, 1933 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

Other contributory causes of importance:

Influenza

Name of operation no Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82296

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 49

(No. 1220 -9th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Irene C Marks

(a) Residence. No. 1220 -9th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 18 1869

7. AGE Years 63 - Months 2 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eugene Oregon

FATHER
13. NAME Rufus G. Callison
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Martha Willis
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT Mrs E.W. Wing
(Address) Lewiston Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Spokane Wash Date 1-20, 1933

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho.

20. FILED 1/20, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 19, 1933
I last saw her alive on Jan 17, 1933: death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of st. lung -	

Other contributory causes of importance:
Carcinoma of both breast

Name of operation ..... Date of .....
What test confirmed diagnosis? Cardinal symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82297

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Kirsch

(a) Residence. No. 0218 Genesse Road St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 2 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Micheal Kirsch

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Jenny Christppher

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Micheal Kirsch Lewiston Idhao

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 1/5/33, 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED Jan 7, 1933 J. M. Fyfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/3/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Jan 3, 1933.
I last saw her alive on Jan 2, 1933.: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) R. T. Scott, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Scott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE

State File No. 82300

Local Registrar's No. 112

(No. Lewiston orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Stone.

(a) Residence. No. Lewiston orchards. ~~Sex~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. E. Stone.

6. DATE OF BIRTH (month, day, and year) Feb. 15th, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46.	11.	41.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harley City,
(State or country) Oregon.

FATHER

13. NAME Joseph Clendenin.

14. BIRTHPLACE (city or town)
(State or country) Illinois.

MOTHER

15. MAIDEN NAME Luella Miller.

16. BIRTHPLACE (city or town)
(State or country) Illinois.

17. INFORMENT A. E. Stone.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Jan. 9th, 1933.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 2/4, 1933. Fay M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 6, 1933
last saw h. alive on Jan 6, 1933: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec. 30 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Eric Broadbent, M. D.

(Address) Lewiston, Idaho.

RECEIVED FEB 1 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82305

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 620-3rd Ave
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Mrs Naomi MacKenzie White

(a) Residence. No. 620-3rd Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of E. A. White

6. DATE OF BIRTH (month, day, and year) June 26 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas City
(State or country) Kansas

FATHER

13. NAME Heckter MacKenzie

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Hannah Fraser

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT Mrs M. L. Tyler
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 1/20/33 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho.

20. FILED 1/24, 193 3 D. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Jan 19, 1933
I last saw her alive on Jan 18, 1933: death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan 18 1933
Other contributory causes of importance: Chronic interstitial nephritis Hypertension	1928

Name of operation None Date of
What test confirmed diagnosis? Albumin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. J. Bradbrook, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82309

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 92
Primary Registration District No. 2170
(No.) (If death occurred in a hospital or institution, give its name instead instead of street and number.)
Local Registrar's No.

37a

2. FULL NAME He. Oscar Anders

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of Amanda Anders
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Dec 25 1869

7 AGE: Years 63 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS
10 NAME OF FATHER: David Anders
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio
12 MAIDEN NAME OF MOTHER: Wilmonson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Amanda Anders
(Address): Lewiston Idaho

15 Filed 2-1, 1933 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 31 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 31, 1933, that I last saw ~~him~~ alive on Jan 29, 1933, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) 3 yrs. — mos. — ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? not special
(Signed) E. E. Watts, M. D.
2-1, 1933 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Gifford Idaho
Date of Burial: 2-2 1933

20. Undertaker: Merchant
Address: Clarkston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82311

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2064
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margene Wight

(a) Residence. No. Holbrook Route St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 8 1931

7. AGE: Years 1 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME Elias Wight
14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER
15. MAIDEN NAME Eleanor Jones
16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) Elias Wight Malad Idaho Hol. Rt.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Pleasantview Ida Date Jan 23, 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 1/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933, to Jan. 21, 1933
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1 ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia.	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) V. P. Gast, M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82312

PLACE OF DEATH
County of Oneida
City of Malad
Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 1

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Oakley Briggs

(a) Residence. No. Ridgedale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) Portage
(State or country) Utah

FATHER

13. NAME George Ulmer Briggs

14. BIRTHPLACE (city or town) Fielding
(State or country) Utah

MOTHER

15. MAIDEN NAME Sylvia E Clark

16. BIRTHPLACE (city or town) Farmington
(State or country) Utah

17. INFORMENT (Address) Stevanne U Briggs Ridgedale Idaho

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Plymouth Utah Date Jan 6, 1933

19. UNDERTAKER J. Ley Benson
(Address) Malad Idaho

20. FILED 1/31, 1933 J. M. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/3/1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932 to Jan 3, 1933
I last saw him alive on Jan 3, 1933 death is said to have occurred on the date stated above, at 8:12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
acute Indigestion	
Appendicitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of Dec 24th
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. A. Wells, M. D.
(Address) Malad Idaho

RECEIVED FEB 6 1933

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82313

Registration District No. 26

Primary Registration District No. 2064 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Sarah Ann Jenkins McKay

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Josephb McKay

6. DATE OF BIRTH (month, day, and year) October 22 1860

7. AGE Years 72 Months 2 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) (State or country) Glenmorganshire Wales

FATHER
13. NAME Morgan Jenkins
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Sarah Williams
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Joseph McKay Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Jan 11 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 1/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Jan 7, 1933

I last saw her alive on June 30, 1932: death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senile Decay	
Wars of Stomach.	

Other contributory causes of importance:

Pribilty Wars.	
of Stomach.	

Name of operation none Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. M. Kerns, M. D.

(Address) Malad Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82314

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ann Thomas Hughes

(a) Residence. No. Samaria Ida St. Samaria Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: David Hughes

6. DATE OF BIRTH (month, day, and year): April 27 1875

7. AGE: Years 57 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Nurse Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: Active Life

12. BIRTHPLACE (city or town) (State or country): Samaria Idaho

FATHER
13. NAME: Charles R Thomas
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Emeline Eliza Waldron
16. BIRTHPLACE (city or town) (State or country): Malad Valley ~~Utah~~ Idaho

17. INFORMENT (Address): David Hughes Samaria Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place Samaria Idaho Date Jan 13, 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 1/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Jan 9, 1933
I last saw her alive on Jan 9, 1933: death is said to have occurred on the date stated above, at 7 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetes	1929

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Yes Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82315

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2669
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Caldwell

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 57 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Thomas

6. DATE OF BIRTH (month, day, and year) April 2 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as, silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Active

11. Total time (years) spent in this occupation Except 8 Yrs life

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Robert Caldwell

14. BIRTHPLACE (city or town) .....
(State or country) Scotland

MOTHER

15. MAIDEN NAME Hannah Thomas

16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMENT Lillie Caldwell.
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Jan. 4, 1933

19. UNDERTAKER J. Ivey Benson
(Address) Malad Idaho

20. FILED 1/31, 1933 J. M. Kinn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Jan. 6, 1933.
I last saw him alive on Jan. 3, 1933: death is said to have occurred on the date stated above, at 4:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain in frontal region	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify .....
(Signed) W. O. Garst, M. D.
(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82316

PLACE OF DEATH
County of Owyhee
City of Homedale

Registration District No. 107
Primary Registration District No. 2185
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 L

2. FULL NAME Wilhelmina Tracy

(a) Residence. No. Homedale Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept 26 1859
7. AGE Years 73 Months 3 Days 27 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moline Ill.

FATHER
13. NAME Lokesman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Peters
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Dorothea Sneed Homedale

18. BURIAL, CREMATION, OR REMOVAL
Place Eugene Ore Date ....., 193

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED Jan. 25, 1933 F. A. Marsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? General Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. A. Marsh, M. D.
(Address) Homedale Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 16 1933

Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

82318

1. PLACE OF DEATH

County Owyhee. State Idaho. Registered No.

Township ---------- or Village ---------- or

City None/ Western Shoshone Reservation. ~~St.~~, ~~Ward~~

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. - mos. - ds. How long in U. S. if of foreign birth? - yrs. - mos. - ds.

2. FULL NAME John Sope. (N.E.)

(a) Residence: ~~No~~ Western Shoshone Reservation, ~~St.~~ Idaho ~~Ward.~~ ----------

(Usual place of abode) (If nonresident give city or town and State)

205 L

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE 4/4 Paiute Indian.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Sope.

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE

Years	Months	Days	If LESS than 1 day, - hrs. or - min.
70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming.

10. Date deceased last worked at this occupation (month and year) ? 1914

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Unknown. (State or country) Nevada.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown. (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown. (State or country) Unknown.

17. INFORMANT Minnie Sope. (Address) Western Shoshone Agency, Nevada.

18. BURIAL, ~~CREMATION, REMOVAL~~ Place W. S. Res., Nev. Date Jan. 16, 1933

19. UNDERTAKER Friends, (Address) Western Shoshone Agency, Nevada.

20. FILED Feb. 16, 1933 Pearl Dillingham State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 12, 1933

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ---------- 19-- to ----------, 19--

No Doctor called.

I last saw h-- alive on ----------, 19--; death is said to have occurred on the date stated above, at 1.15a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown.	?

Other contributory causes of importance:

Unknown.	?

Name of operation ---------- Date of ------

What test confirmed diagnosis? ------ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury ----, 19--

Where did injury occur? ---------- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis W. Pyon, M. D.

(Address) Owyhee, Nevada.

e11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82319

PLACE OF DEATH
County of Payette
City of New Plymouth
Registration District No.
Primary Registration District No.
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Matilda Albert

(a) Residence. No. New Plymouth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Albert

6. DATE OF BIRTH (month, day, and year) Feb. 15 65

7. AGE: Years 67 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uppsala Penn.

FATHER
13. NAME Wm. Sadler
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Anna Swipe
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) A. L. Albert

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date Jan. 23, 1933

19. UNDERTAKER (Address) O. D. Packard Payette Idaho

20. FILED Jan 26, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Friday Jan. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 -, 1933, to Jan. 20, 1933
I last saw h~~e~~r alive on , 1933: death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Lesion of long standing	
Other contributory causes of importance: Pulmonary Edema	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Paxton, M. D.
(Address) Fruitland Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82320

PLACE OF DEATH
County of Gayette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carmen E. Graham

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
girl	White	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): Dec 24-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario Oregon

FATHER

13. NAME: Guy S. Graham

14. BIRTHPLACE (city or town) (State or country): Fruitland Idaho

MOTHER

15. MAIDEN NAME: Lizzie Evens

16. BIRTHPLACE (city or town) (State or country): Cincinnata Ohio

17. INFORMENT (Address): Guy S. Graham Fruitland Ida

18. BURIAL, CREMATION, OR REMOVAL — Place: Gayette Idaho. Date: 1-5-, 1933

19. UNDERTAKER (Address): Glenn C. Sanders Gayette Idaho

20. FILED: Jan 10, 1933 — J. C. Woodward, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 -, 1933, to Jan 7 -, 1933.
~~I last saw h~~ alive on ~~, 193~~ : death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Child	

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Paxton, M.D.

(Address) Fruitland Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82323

County of Power

City of American Falls

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Becker

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Justine Becker

6. DATE OF BIRTH (month, day, and year) Nov 26, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Aug, 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Kassel
(State or country) Russia

FATHER

13. NAME John Becker

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Gehring

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Gustave Becker
(Address) American Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Valley Date Jan 15 1933

19. UNDERTAKER Friends
(Address)

20. FILED 1/14, 1933 Genevieve Roth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to Jan 13, 1933

I last saw him alive on Jan 12, 1933: death is said to have occurred on the date stated above, at 1:17P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Liver	July 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. C. Mortensen, M. D.

(Address) Aberdeen Idaho

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82324

PLACE OF DEATH
County of Power
City of American Falls

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 2

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Edna Dumphy

(a) Residence. No. ..... St. American Falls, Idaho,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jack Dunphy

6. DATE OF BIRTH (month, day, and year) May 9, 1877

7. AGE: Years 55 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kelton Utah.

FATHER
13. NAME William Gaurd.
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Sophie Nunn.
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Phil M Harrison

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place American Falls Date Jan. 29, 1933

19. UNDERTAKER (Address) Ann Davis Am Falls Ida

20. FILED 1/29, 1933 Gertrude Nye Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1933, to January 26, 1933. I last saw her alive on January 26, 1933: death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	

Other contributory causes of importance:
Post operative cardiac embolism

Name of operation Cholecystectomy Date of Jan. 24, 1933
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) V. G. Logan, M. D.
(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82325

PLACE OF DEATH
County of Shoshone
City of at Duthie
Post office

Registration District No. 70
Primary Registration District No. 6 11
Local Registrar's No. 114

(No. at Jack Waite Mine)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Edgar Couture

(a) Residence. No. (Usual place of abode) Duthie Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? 0 yrs. 7 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 2 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. unemployed

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Notre Dame de Lourdes Canada

FATHER

13. NAME Romuald Couture

14. BIRTHPLACE (city or town) (State or country) Notre Dame de Lourdes Canada

MOTHER

15. MAIDEN NAME Edith Cyr

16. BIRTHPLACE (city or town) (State or country) Maine USA

17. INFORMENT (Address) Herman Couture Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Id Date 1/13, 1933.

19. UNDERTAKER (Address) Worstell Company Wallace Idaho

20. FILED Jan 13th, 1933 G S Elam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-5- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h. alive on ....., 193..., death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Physicians	
b Autopsy made	
c Certificate for	
Mine Fire	minutes
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....

What confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 5, 1933

Where did injury occur? Jack Waite Mine (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Mine

Manner of injury Explosion

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. C. Mowrer, M.D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82326

PLACE OF DEATH
County of Shoshone
City of Burke

Registration District No.
Primary Registration District No.
Local Registrar's No. 118

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Glen Sinclair Powell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July-17-1928

7. AGE Years 4 Months 5 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER
13. NAME Thomas Powell
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Grace Baker
16. BIRTHPLACE (city or town) (State or country) Plaines Mont.

17. INFORMENT (Address) Fred Edmond Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Plaines Mont Signed Jan 7 1933

19. UNDERTAKER (Address) J. A. Beer (Ward Und Co) Wallace, Ida

20. FILED Jan 6th, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Crushed in Snowslide — Date of onset Instant

Other contributory causes of importance:

Exposure & Cold

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 4, 1933

Where did injury occur? Mace Ida (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Covered by Snowslide

Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Mowery Coroner M.D.

(Address) Wallace Ida

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82327

PLACE OF DEATH
County of Shoshone
City of Burke

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 117

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace E Powell

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1889

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Powell

6. DATE OF BIRTH (month, day, and year) Nov-28-1889

7. AGE Years 43 Months 1 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Cleaning
10. Date deceased last worked at this occupation (month and year) Jan 4-32
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) James Mont.

FATHER
13. NAME C E Baker
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Clara M Cole
16. BIRTHPLACE (city or town) (State or country) Toronto Canada

17. INFORMENT (Address) Fred Edmond Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Claire Mont. Shipped Jan. 7, 1933

19. UNDERTAKER (Address) L. A. Bever / Ward Und Co. Wallace, Ida.

20. FILED Jan 6th, 1933 C E Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

Crushed to death
M Snow Slide

Date of onset

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1/4 1933
Where did injury occur? Mass Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Snowslide
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mowry Chas. M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82328

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME James Edward Shaw

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21, 1930

7. AGE: Years 2 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Cland Shaw

14. BIRTHPLACE (city or town) Jefferson City (State or country) Missouri

MOTHER

15. MAIDEN NAME Edith Mary

16. BIRTHPLACE (city or town) Butte Montana (State or country)

17. INFORMENT (Address) Cland Shaw Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date Jan 31, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED Feb. 1, 1933. Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH Lindsay

21. DATE OF DEATH (month, day, and year) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1933, to Jan 29th, 1933

I last saw him alive on Jan 28, 1933: death is said to have occurred on the date stated above, at 4:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal intoxication	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82329

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Florette Birch

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of P Birch

6. DATE OF BIRTH (month, day, and year) Aug 24, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Monroe Wis.

FATHER

13. NAME Hamilton Miller

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha McCamack

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) F. I. Dodge

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date Jan 6, 1933

19. UNDERTAKER Harold B. Thornhill
(Address) Kellogg, Idaho

20. FILED Feb. 1, 1933 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Jany 3, 1933

I last saw her alive on Jany 3, 1933: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Wilson, M. D.

(Address) Kellogg, Ida.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82331

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 6

(No. 2) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Bunger

(a) Residence. No. / St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. Bunger

6. DATE OF BIRTH (month, day, and year) July 27, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Jacob Sutton

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT Frank Bunger
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Jan. 23 1933

19. UNDERTAKER W. B. Thornhill
(Address) Kellogg Idaho

20. FILED Feb. 1, 1933 Mrs. Helen M. O'Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1933, to Jany 20, 1933,
I last saw her alive on Jany 10, 1933: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. P. Mason, M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82333

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 120
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Harry Mopes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 53 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Messenger Service
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Hospital Records Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date Jan 17, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace Ida.

20. FILED Jan 14th, 1933 E. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to Jan 14, 1933
I last saw him alive on Jan 16, 1933: death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chirrhosis of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James R Dean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82334

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Lydia Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX [redacted] 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of R. Wilson

6. DATE OF BIRTH (month, day, and year) Sept 14, 1860

7. AGE Years 73 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thedford Ontario Canada

FATHER
13. NAME Bob McKinnes
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME McFerson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Kinsel 120 North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wa Date Feb 10, 1933

19. UNDERTAKER (Address) Harold Thornhill

20. FILED Feb. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1933, to Feb 6, 1933
I last saw her alive on Feb 6, 1933: death is said to have occurred on the date stated above, at 9 35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	11-18-32

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Raymond A Lower, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82335

PLACE OF DEATH
County of Shoshone
City of Idaho
Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 4

(No.) 193
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Kemp

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Mo inf

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of x x

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 75 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc watchman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation or mine

12. BIRTHPLACE (city or town) (State or country) No inf

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date Jan 23, 1933

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg, Idaho

20. FILED Feb. 4, 1933 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) about Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193... ; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Found dead in Cabin at Florentine Mine probably Froze to death few hrs

Date of onset

Other contributory causes of importance:

exposure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193...

Where did injury occur? Florentine Mine Elk Creek
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Cabin at Florentine Mine

Manner of injury Froze to death

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Moberly Coroner M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82336

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 121
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Gonman

(a) Residence. No. Burke, Ida. St. Burke, Ida. 1002
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ruth Gonman

6. DATE OF BIRTH (month, day, and year) Aug 11 - 1887

7. AGE Years 45 Months 5 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) Dec 1932
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME William Gonman
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Margaret Grenfeldt
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Ruth Gonman Burke Ida.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Spokane Wn Date Feb 6 1933

19. UNDERTAKER (Address) J. A. Beer (Ward Mud Co) Wallace Ida.

20. FILED Jan 31st, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 31, 1933
I last saw him alive on Jan 31, 1933; death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	Jan 30
Chr. Myocarditis	unknown
Chr. Diffuse nephritis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Paul M. Ellis, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82338

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adam Goettge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Goettge

6. DATE OF BIRTH (month, day, and year) Sept 22, 1860

7. AGE: Years 72 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Watchman BH & S. Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Peter Goettge
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME No Inf
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) John Goettge Ellensburg, Wash.

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Spokane Date 1/17, 1933 Spokane

19. UNDERTAKER (Address) Harold Thornhill Kellogg, Idaho

20. FILED Feb. 1, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 15, 1933
I last saw him alive on Jan 15, 1933; death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-15-33
Other contributory causes of importance: Essential Hypertension	Unknown

Name of operation — Date of —
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82339

PLACE OF DEATH

County of Teton
City of Tetonia

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

192

2. **FULL NAME** Joseph Franklin Wade
(a) Residence. No. Tetonia Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced —
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) July 15 1891

7. AGE Years 41 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Invalid (Blind)
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

PARENTS

10. NAME OF FATHER Hanson R. Wade
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Leonora Adams
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant (Address) Mrs. G. L. Wade Tetonia, Idaho

15. Filed 1-10- 1933 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 8- (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933, to Jan. 8, 1933
that I last saw him alive on Jan. 8, 1933
and that death occurred, on the date stated above, at 9 40 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Inanition

(duration) yrs. several mos. ds.

CONTRIBUTORY (Secondary) Always has been an invalid
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) L. R. Reaver, M. D.
1/9, 1933 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal Haden cemetery Date of Burial 1-10- 1933
20. Undertaker — Address —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
82340
State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Teton
City of Driggs

Registration District No. .....
Primary Registration District No. .....
Local Registrar's No. 4
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. **FULL NAME** (Martha Elizabeth Cox Fenn Mrs. Ruth Stevens)

(a) Residence. No. at Daughters home (Mrs. Ruth Stevens)
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 2 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	5	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

PARENTS

10. NAME OF FATHER John Cox
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Sarah Pile
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kentucky

14. Informant (Address) Mrs. Ruth Stevens Driggs, Ida.

15. Filed 2-2-, 1933 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 28 - (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h.....alive on ....., 19.....
and that death occurred, on the date stated above, at 6:20 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Ailments incident
To old age
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) Mrs. Alice M. Greene M. D.
1-28-, 1933 (Address) Driggs, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Kemmerer Wyo	1-31- 1933
20. Undertaker	Address
	Kemmerer Wyo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82341

PLACE OF DEATH

County of Teton
City of Tetonia

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** David Sorenson
(a) Residence. No. Tetonia, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 1st 1870

7. AGE: Years 63 | Months | Days 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER S. Sorenson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont know

14. Informant (Address) Wm M. Hansen St Anthony

15. Filed 1-15-, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 12 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...
that I last saw h alive on ——, 19...
and that death occurred, on the date stated above, at 9 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart Trouble

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John Cowan Coroner, M.D.
1-15-, 1933 (Address) Driggs, Idaho

19. Place of Burial, ~~Cremation, or~~ Removal: Elsinore, Utah
Date of Burial: 1-17-1933

20. Undertaker: W. M. Hanson St Anthony Ida
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82342

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Teton.
City of Driggs.

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 3
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2054

2. **FULL NAME** Eddie Allen Seymour

(a) Residence. No. .... St. ....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 11 — 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs Idaho.

PARENTS

10. NAME OF FATHER Emmett Seymour.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Driggs Idaho
12. MAIDEN NAME OF MOTHER Lola Curtis.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Victor Idaho

14. Informant (Address) Alice M Greene Driggs Idaho.

15. Filed 1-20-, 1933 Alice M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 17 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h.... alive on ....., 19....
and that death occurred, on the date stated above, at 5 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cause of death unaven

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) John Curran Curnow M. D.
1-18-, 1933 (Address) Driggs Idaho

19. Place of Burial, Cremation, or Removal: Driggs Idaho — Date of Burial: Jan 19 1933
20. Undertaker — Address

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82343

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 11

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Willmoth Jones

(a) Residence. No. Hollister, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 24 Th 1867

7. AGE			If LESS than 1 day, hrs. or min.
65 Years	9 Months	24 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rencher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bitter Root Mont.

FATHER

13. NAME Tom Gray

14. BIRTHPLACE (city or town) (State or country) Missipp

MOTHER

15. MAIDEN NAME Thusan Adams

16. BIRTHPLACE (city or town) (State or country) Mont.

17. INFORMENT (Address) John Jones Hollister, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Jan. 21 1933

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho.

20. FILED 1/33, 1933 George C. Talley Jacs. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18 Th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1933, to Jan. 18, 1933

I last saw her alive on Jan. 13., 1933: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage) Right Sided paralysis -	Jan 9/33
Other contributory causes of importance: Pneumonia Bilateral Lobular - Secondary	Jan 14/33

Name of operation No Date of No

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury V

Nature of injury V

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Margaret Strauss M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82344

PLACE OF DEATH

County of Twin Falls

City of Twin Falls, Ida.

Registration District No. 37

Primary Registration District No. 2081 Local Registrar's No. 21

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME John Hans Rose,

(a) Residence. No. Murtaugh, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 6-1927

7. AGE			If LESS than 1 day, hrs. or min.
5 Years	5 Months	25 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME G. L. Rose,

14. BIRTHPLACE (city or town) Okley
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Ethel Jensen

16. BIRTHPLACE (city or town) Preston,
(State or country) Nev.

17. INFORMENT G. L. Rose
(Address) Murtaugh, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Burley, Idaho Date Feb 2, 1933

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 2/2, 1933 George C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 St. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933, to Jan 31, 1933

I last saw h alive on Jan 30, 1933: death is said to have occurred on the date stated above, at 1.45 mA.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	1/25/33
Other contributory causes of importance: General peritonitis (Ruptured Appendix)	1/23/33

Name of operation Appendectomy Date of 1/26/33

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Rose, M. D.

(Address) Kenberly Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82345

PLACE OF DEATH
County of Sun Fall
City of Filer

Registration District No. 37
Primary Registration District No. 2086 Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Edgar Clark 74a

(a) Residence. No. Peavy St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862

7. AGE 71 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Clark
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mrs Clark Peavy, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Filer Date 2/3, 1933

19. UNDERTAKER (Address) F E Drake Sun Falls

20. FILED 2/4, 1933 George C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1933, to ~~, 193~~
I last saw him ~~alive~~ on Jan. 31, 1933: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Instant death

Other contributory causes of importance:

Arteriosclerosis	1910

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Sudden exertion
Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) F. A. Dwight, M. D.
(Address) Filer, Ida.
Twin Falls County Coroner.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82547

PLACE OF DEATH
County of Twin Falls
City of Filer
Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. B. Griggs

(a) Residence. No. Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 23 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Griggs
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Forest Griggs Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Feb 1, 1933

19. UNDERTAKER F. E. Drake
(Address) Twin Falls.

20. FILED 2/4, 1933 George C. Talley Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to ....., 193..
I last saw him alive on Jan 30, 1933: death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Instant death
Other contributory causes of importance:	
Myocarditis	3 yr.

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur? At home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Farming
Manner of injury Own operation.
Nature of injury Spasm of heart muscle

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

M.D. (Signed) Frank A. Dwight, M. D.
(Address) Filer Ida.
Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 19[illegible]

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82348

County of Twin Falls
City of Kimberly
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Graham

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Graham

6. DATE OF BIRTH (month, day, and year) June 23 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tracy Iowa

FATHER

13. NAME Andrew J. Graham

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emily Harlow

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Fannie Graham Kimberly, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 2 - 2, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Ida.

20. FILED 1/31, 1933 George C. Dalley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 1933, to Jan 29, 1933.

I last saw him alive on Jan 28, 1933; death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	about 1920

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M.D.

(Address) Kimberly Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82349

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 16

(No. 403 Main Ave. W)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Champ Douglas Beebout

(a) Residence. No. Eden Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Sept. 18 - 1914

7. AGE Years 18 Months 4 Days 10 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eden Idaho

FATHER

13. NAME R. D. Beebout

14. BIRTHPLACE (city or town) (State or country) Purdum Nebr.

MOTHER

15. MAIDEN NAME Blanche Wales

16. BIRTHPLACE (city or town) (State or country) Ainsworth Nebr.

17. INFORMENT (Address) Mrs. R. D. Beebout Eden, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Jan 31 - 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida.

20. FILED 1/31, 1933 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-28 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14th, 1932, to Jan 28, 1933

I last saw him alive on Jan 28, 1933: death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	1920

Other contributory causes of importance:

Influenza + over exercise	March 1932

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Coughlin M.D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82350

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls,

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thair Roscoe Willis.

(a) Residence. No. Twin Falls County Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Dec. 11-1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hansen, Ida.

FATHER

13. NAME Roscoe Willis,

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Nora Domrose

16. BIRTHPLACE (city or town) (State or country) Rock Creek, Ida.

17. INFORMENT (Address) Roscoe Willis Hansen, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls-- Date Jan 30- 1933

19. UNDERTAKER (Address) Evans & Johnson Twin Falls Ida.

20. FILED 1/31, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/27/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1933, to Jan 27, 1933

I last saw h alive on Jan 27, 1933: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/15/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1933

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J M Davis, M. D.

(Address) Kimberly Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82351

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D.

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 165
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Rose Herzinger

(a) Residence. No. R. F. D. St. Buhl Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Antone Herzinger

6. DATE OF BIRTH (month, day, and year) Apr 27-1881

7. AGE 42 Years — Months 8 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beemer. Nebr

FATHER
13. NAME Antone Machacek. Sr
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Miss Viola Herzinger Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 1/11, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl L. Johnson

20. FILED Jan. 27, 1933 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on January 7, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide by swallowing Lysol & Lye.

Date of onset: About 9:15 a.m.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1-7-1933

Where did injury occur? Near Buhl, Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury Swallowed lysol & lye.

Nature of injury absorption of poison.

24. Was disease or injury in any way related to occupation of deceased? If so, specify No.

(Signed) F. A. Dwight, M. D.
(Address) Twin Falls County Coroner.
Filn. Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82352

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 7

(No. 1129 - 4th ave E.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Bingham

(a) Residence. No. 212 - 4th ave E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 5 - 1933

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or 2 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Elwood E. Bingham
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Ethel North
16. BIRTHPLACE (city or town) (State or country) Brigham City Utah

17. INFORMENT (Address) Elwood E. Bingham 212 - 4th ave E Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date Jan - 5, 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 1/7, 1933 George C. Halley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1933, to Jan. 5, 1933

I last saw her alive on Jan. 5, 1933: death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema Lungs Acute	Jan 5/33

Other contributory causes of importance:

Spina Bifida (Sacral) 4+	Birth

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan Alexander, M. D.
(Address) Twin Falls Idaho

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82353

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

88 h

2. FULL NAME H. F. Warner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. E. E. Warner

6. DATE OF BIRTH (month, day and year) June 14 1849

7. AGE Years 83 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant D. C. Warner
(Address) Buhl Idaho

15. Filed Jan. 25, 1933. J. H. Wurpley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Did not see him alive just
that I last saw him alive on prior to death, 19.....
and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:
He has had, to my knowledge, a myocarditis and mitral insufficiency for past 3 yrs, with some evidence of coronary pathology.
(duration) yrs. mos. ds.
Probable cause of death, coronary thrombosis or coronary spasm

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) E. L. Berry M. D.
1-25, 1933 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial Jan 27 1933

20. Undertaker Neville D. Rugg
Address Buhl Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82354

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary Jape Brazeau 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Brazeau

6. DATE OF BIRTH (month, day and year) Nov. 13 1876

7. AGE: Years 56 Months ✓ Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ~~Germany~~ Wisc

PARENTS
10. NAME OF FATHER Chas Jape
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Harriet
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Newell D. Rugg
(Address) Buhl Idaho

15. Filed Feb. 1, 1933. J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 29 Jan 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7 A.M. 29-Jan, 1933, to 8 45 A.M. 29-Jan, 1933 that I last saw her alive on 29 Jan, 1933 and that death occurred, on the date stated above, at 8 45 A.m.

The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) high blood pressure

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? 248 Systolic
(Signed) T. W. MacManus, M. D.
30 Jan 1933 (Address) Buhl, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Buhl Cemetery — Date of Burial: Jan 31 1933

20. Undertaker: Newell D. Rugg — Address: Buhl Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82355

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 27
Primary Registration District No. 1085 Local Registrar's No. 14

(No. 803 - Main Ave. E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgel M. Herriott

(a) Residence. No. 803 - Main Ave. E - St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Melissa

6. DATE OF BIRTH (month, day, and year) 3-15-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Ind.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. C. R. Somerville Burley, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date 1-25-1933

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 1/25, 1933 George C. Bailey as Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/12/32, 193.., to 1/23/33, 193..

I last saw him alive on 1/23/33, 193..: death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis general.	about June 1929.
Other contributory causes of importance: Apoplexy - L. Side Edgl	Jan 20/33

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 193..

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan S. Alexander M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82356

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 13

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mollie S Mizer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. COLOR OR RACE W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) May 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Mo

FATHER
13. NAME Jarvis Jackson

14. BIRTHPLACE (city or town) ..... (State or country) —

MOTHER
15. MAIDEN NAME Emily Matthews

16. BIRTHPLACE (city or town) ..... (State or country) —

17. INFORMENT Mrs Clarke (Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Twin Falls Date Jan 13, 1933

19. UNDERTAKER J E Drake (Address) Twin Falls

20. FILED 1/25, 1933 George C. Staley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 32, to Jan 20th 33
I last saw her alive on Jan 20th, 1933; death is said to have occurred on the date stated above, at 1:05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Thrombocytopenia and Purpura Hemorrhagica	Aug. 32

Other contributory causes of importance: —

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John K Laughlin M. D.
(Address) Twin Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
82357
State File No.

Local Registrar's No. 10

(No. 414 Second Street East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mohnk

(a) Residence. No. 414 Second Street East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Augustine Mohnk

6. DATE OF BIRTH (month, day, and year) Sept. 8Th1853

7. AGE			
80 Years	4 Months	2 Days	If LESS than 1 day, ...hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) 50 spent in this occupation

12. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) ,,,,,,,,,,,
(State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) ,,,,,,,,,,,,,,,
(State or country)

17. INFORMENT (Address) Augustine Mohnk Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Jan. 11, 1933

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 1/12, 1933 George C. Talley Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Jan 10th, 1933.
I last saw him alive on Jan 4th, 1933: death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, Arteri Sclerosis	
Other contributory causes of importance: Cerebro Vascular Renal Disease	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Finn M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82358

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 9

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dudley Leroy Cheney

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 5 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME O. N. Cheney

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Emma Hyethler

16. BIRTHPLACE (city or town) (State or country) S. D.

17. INFORMENT (Address) O. N. Cheney

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Jan 9, 1933

19. UNDERTAKER F. E. Brooks
(Address) Twin Falls

20. FILED 1/10, 1933 George C. Dalley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 8, 1933.
I last saw him alive on Jan 8, 1933: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	Jan 5
Appendicitis acute, perforated	
& general peritonitis	Jan 6
Obstruction bowel	Jan 7

Other contributory causes of importance:
Operative shock

Name of operation Appendectomy, Rel. of bowel Obst. Date of Jan 8 1933
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M. D. (Signed) C. Russell Weaver
(Address) Twin Falls Idaho

ats.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82359

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1012
Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blaine Allen Cloar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 26 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls. (State or country) Idaho

FATHER

13. NAME Harold Cloar

14. BIRTHPLACE (city or town) ..... (State or country) Kansas.

MOTHER

15. MAIDEN NAME Margorie Redeye.

16. BIRTHPLACE (city or town) ..... (State or country) Ind.

17. INFORMENT Harry Cloar (Address) Jerome Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Jerome Cem Date Jan 21, 1933

19. UNDERTAKER J R Willy
(Address) Jerome Idaho

20. FILED 1/21, 1933 George C. Talley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 19, 1933.
I last saw h~~im~~ alive on Jan 19, 1933: death is said to have occurred on the date stated above, at 1:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia double lobar	About Known
Ep Tonsil infection	Est of Mother, days duration

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ~~and~~ If so, specify —

M D (Signed) O W Eyres, M. D.
(Address) Twin Falls Ida.

Dr. Wilson RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82360

PLACE OF DEATH

County of Twin Falls (Murtaugh)
City of ~~Twin Falls~~ Registration District No. 37
~~Idaho~~ Primary Registration District No. 2081 Local Registrar's No. 8
(No. Murtaugh Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabelle Whitworth

(a) Residence. No. St.
(Usual place of abode) Murtaugh, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of T L Whitworth

6. DATE OF BIRTH (month, day, and year) Jan. 19th, 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Wm. Daley

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT T W Whitworth
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Idaho Date Jan 6 1932

19. UNDERTAKER Stanley C Phillips
(Address) Twin Falls Idaho

20. FILED 1/9, 1933 George C Talley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Jan 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1917 ~~1930~~, to July 29, 1932
I last saw h~~im~~ alive on July 29, 1932: death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H W Wilson, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82361

PLACE OF DEATH
County of Sun Falls
City of Sun Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 6

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Jinks

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 21/1871

7. AGE: Years 61 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME Wm Jinks
14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER
15. MAIDEN NAME Bracken
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Oscar Jinks Sun Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Sun Falls Date Dec. 8, 1933

19. UNDERTAKER (Address) F. E. Drake Sun Falls

20. FILED 1/9, 1933 George C. Halley MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1932, to Jan 5, 1933

I last saw him alive on Jan 4, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Double Valve lesion

Date of onset

Other contributory causes of importance:

Schirrosis liver

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr J R Morgan, M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Alexander. RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82362

PLACE OF DEATH

County of Twin Falls

City of Twin Falls Idaho

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 5

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Jerome N. Helsley,

(a) Residence. No. Rogerson Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ora Helsley

6. DATE OF BIRTH (month, day, and year) Dec. 20. 1871

7. AGE: 61 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME W P Helsley
14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER
15. MAIDEN NAME A E Stratton
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMENT (Address) C H Helsley
Hollister Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Ida Date Jan 7, 1933

19. UNDERTAKER (Address) Stanley C Phillips,
Twin Falls Ida

20. FILED 1/9, 1933 George C. Halley MD
Acs. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1932, to Jan 5, 1933.

I last saw him alive on Jan. 5, 1933: death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma Carcinoma (type III) Kidney right pelvis c recurrance in abdominal wall posterior.	May 1930
	June 1932

Other contributory causes of importance:

Anemia Secondary 4+	June 1932

Name of operation: ① Nephectomy R. 8/2/30 ② Incision & Drainage Date of 10/14/32

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan L. Alexander, M. D.

(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933

Dr Alexander

PLACE OF DEATH

County of Twin Falls

City of Twin Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82363

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard H Goldsworthy

(a) Residence. No. 520 5th Ave, E St. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brick mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mineral Point, Wis.

FATHER

13. NAME Richard Goldsworthy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Don't know.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) H.S. Goldsworth 520 5th Ave, East, Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) Stanley C Phillips Twin Falls Idaho

20. FILED 1/9, 1933 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1933, to Jan. 4, 1933

I last saw him alive on Jan. 4, 1933: death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Left sided)	Dec 28/32
Partial paralysis Right arm & leg (Recurrent)	

Other contributory causes of importance:

Pneumonia lobular R	Jan 3/32

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury no

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) Duncan L Alexander, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82364

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Philip David Neer

(a) Residence. No. / Twin Falls Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Adelia E. Neer

6. DATE OF BIRTH (month, day, and year) May 21-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Eddy New York

FATHER
13. NAME Samuel Neer
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Hannah
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. P. D. Neer Twin Falls.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date Jan 5. 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls. Ida

20. FILED 1/5, 1933 George O. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 2, 1932 to Jan 3, 1933
I last saw him alive on Jan 3, 1933; death is said to have occurred on the date stated above, at 12-10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	about
Diabetes mellitus	1911

Other contributory causes of importance:

Name of operation none Date of ~~v~~
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ~~v~~

(Signed) A. Hoy Campbell, M. D.
(Address) Twin Falls, Idaho.

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82365
State File No.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 2

(No. 212 - Sixth Ave. N. Twin Falls, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Arthur R. Barker.

(a) Residence. No. 212 - 6th Ave No St.
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Lena Barker

6. DATE OF BIRTH (month, day, and year) July 29-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Joplin Mo.
(State or country)

FATHER

13. NAME Louis Barker

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Housley

16. BIRTHPLACE (city or town)
(State or country) Texas

17. INFORMENT Mrs. Lena Barker
(Address) 212 - 6th Ave N.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Twin Falls Date Jan 5, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Ida.

20. FILED 1/7, 1933 George C. Talley
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 3 - 1933.

22. I HEREBY CERTIFY, That I attended ~~deceased from~~
did not attend deceased, 193...
I last saw ~~him~~ alive on Jan. 3, 1933.: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating gun shot wound of Head.	Instant

Other contributory causes of importance:

Self inflicted.

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-3., 1933.
Where did injury occur? at home.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Self inflicted.
Nature of injury Gun shot wound.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
M.D. (Signed) H. A. Dwight M. D.
(Address) Twin Falls Ida.
Twin Falls County Coroner.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82366

PLACE OF DEATH
County of Twin Falls
City of Kimberly

Registration District No. 37
Primary Registration District No. 2081 Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sadie Elizabeth Baxter

(a) Residence. No. Main St. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. W. Baxter

6. DATE OF BIRTH (month, day, and year) March 16-1863

7. AGE Years 69 Months 9 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cadiz - Ky.

FATHER
13. NAME Johnson
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) J. W. Baxter Kimberly

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rock Creek Date Jan 4 1933

19. UNDERTAKER (Address) Evans & Johnson Twin Falls. L. Johnson

20. FILED 1/3, 1933 George C. Halley MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec - 27, 1932, to Jan - 1, 1933.
I last saw her alive on Dec 31, 1932; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/22/32

Other contributory causes of importance:
Cardiac insufficiency -

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. N. Davis, M. D.
(Address) Kimberly Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82367

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D.
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) 75

2. FULL NAME albert James Milner

(a) Residence. No. R F D 1 Buhl, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Neenah Milner

6. DATE OF BIRTH (month, day, and year) April 27, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 —	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Wm S. Milner

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Neenah Milner

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Robert Milner Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Los Angeles Date REMOVAL 2 8, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl Ida

20. FILED Feb 7, 1933 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Jan 29, 1933.
I last saw him alive on Jan 27, 1933; death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis paralysis	1-4-33
Other contributory causes of importance:	
Influenza	12-28-32

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No home
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. H. Berry, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82368

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 1

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Felix Shaver

(a) Residence. No. ____ Cascade Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

193

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Felix Shaver

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Jan 28 32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown or Mrs Jess Clark

16. BIRTHPLACE (city or town) (State or country) Calif

17. INFORMENT (Address) Felix Shaver Cascade Ida.

18. ~~BURIAL~~, CREMATION, OR REMOVAL Removal
Place ____ Date ____, 193

19. UNDERTAKER E. D. Robb
(Address) Cascade Idaho

20. FILED Jan 30, 1932 Gardner Ready
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 193 2

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? " Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on ranch near cascade

Manner of injury Exposure from Cold

Nature of injury Freezing

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) E D Robb Coroner M. D.

(Address) Valley County Ida

information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should not be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82369

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 9
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Stephen Cobb

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	Divorced

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of [redacted] Cobb

6. DATE OF BIRTH (month, day and year) May 21-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	8	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Texas.

PARENTS

10. NAME OF FATHER Richard Cobb

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Texas.

12. MAIDEN NAME OF MOTHER Malinda Whitehead

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Texas

14. Informant (Address) Mrs Bessie Lodge Merrill Oregon

15. Filed Feb 3, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan [illegible], 1933, to Jan 29th, 1933
that I last saw him alive on Jan 24th, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hodgkin's Disease

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Decayed Teeth

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? not known
Did an operation precede death? No. Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) W. P. Hamilton M. D.
Jan 29, 1933. (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal: Weiser Idaho. Date of Burial: Feb 1- 1933

20. Undertaker: L. C. Northam Address: Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82370

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daisy Leona Beckwith

(a) Residence. No. 544 1st East St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Oliver Beckwith

6. DATE OF BIRTH (month, day and year) April-15-1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo

PARENTS

10. NAME OF FATHER Taylor Kelly

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Francis Smith

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant (Address) W. C. Kelly Eagle Idaho

15. Filed Jan 31, 1933 H. R. Hamilton C.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 31 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 31, 1933, that I last saw her alive on Jan 21, 1933 and that death occurred, on the date stated above, at 2 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
THE CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) R. M. Coats M. D.
1/23, 1933 (Address) Weiser, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Weiser Idaho	
20. Undertaker L. C. Northam	Address Weiser Idy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

S & H

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82371

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maud Ethel Culp

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Sept 12 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Seymour Iowa

PARENTS

10. NAME OF FATHER George Culp

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn

12. MAIDEN NAME OF MOTHER Mary E Connor

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant George W. Culp
(Address) Weiser Idaho

15. Filed Jan 10, 1933. W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 8th 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933, to Jan 8th 1933, that I last saw her alive on Jan 8th 1933, and that death occurred, on the date stated above, at 5 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia Terminal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. Hunt, M. D.
Jan 12th 1933 (Address) Weiser, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Riverside Cemetery. Oregon	1-10-1933
20. Undertaker L. C. Northam	Address Weiser Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82372

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Myers

(a) Residence. No. 709 East Court St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	wht	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of C. A. Myers

6. DATE OF BIRTH (month, day and year) Sept 26 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Daniel Eikenberry

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Elizabeth Brower

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't Know

14. Informant (Address) O. A. Myers Weiser Idaho

15. Filed Jan 16, 1933 O. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 10, 1933
that I last saw h.. alive on Jan 10 - 1933
and that death occurred, on the date stated above, at 10 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Diphtheria.
Paralysis of heart.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Microscopic.

(Signed) F. A. Schmidt, M. D.
Jan 10, 1933 (Address) F. A. Schmidt

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	1-15 1933
20. Undertaker L. C. Northam	Address Weiser

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82373

RECEIVED FEB 11 1933

PLACE OF DEATH

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 1010 Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phebe A. Honey

(a) Residence. No. 924 E. Court St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	Wht	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of A. S. Honey

6. DATE OF BIRTH (month, day and year) - - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boone County (State or country) Iowa

PARENTS

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant J. V. Harlan (Address) Bent. Oregon

15. Filed Jan 31, 1933 H. R. Hamilton C. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

acute Indigestion.

sudden (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility.

.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Coroner

(Signed) L. C. Northam M. D.

Jan. 18-, 1933 (Address) Weiser Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser. Idaho	1-20-1933

20. Undertaker	Address
L. C. Northam	Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82374

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William W. White

(a) Residence. No. 1001 E Liberty St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Florence White

6. DATE OF BIRTH (month, day and year) Oct. 16 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo

PARENTS

10. NAME OF FATHER William White
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee
12. MAIDEN NAME OF MOTHER Elizabeth Harrod
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tennessee

14. Informant Florence White
(Address) 1001 E. Liberty St. Weiser Idaho

15. Filed Jan 31, 1933 Chas. L. Daniel Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 22, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 22, 1933
that I last saw him alive on Jan 22, 1933
and that death occurred, on the date stated above, at 10:55 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) Hyden Fancher M. D.
Jan 25, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal: Mann's Creek, Ida — Date of Burial: 1-24-1933

20. Undertaker L. C. Northam — Address: Weiser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED FEB 11 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82376

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Thomas W. Kinbrough
(a) Residence. No. 711 E Main St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Kinbrough

6. DATE OF BIRTH (month, day and year) July 5 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer & Stockman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ky.

PARENTS

10. NAME OF FATHER Thomas Kinbrough
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know
12. MAIDEN NAME OF MOTHER Boatow
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) Mrs Grace Lenz Weiser Idaho

15. Filed Jan 21, 1933 C. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 19 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 17, 1933, that I last saw him alive on Jan 17, 1933, and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis of bladder (duration) yrs. mos. ds.

infection (duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) W D Marshall, M. D.
Jan 20, 1933 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser [illegible] Cem	1-21- 1933
20. Undertaker L. L. Markham	Address Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED FEB 11 1933

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82377

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 . Local Registrar's No. 3
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Oliver Campbell Eastman

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ellen Eastman

6. DATE OF BIRTH (month, day and year) Dec 8-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wis.

PARENTS

10. NAME OF FATHER Andrew J Eastman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wis.
12. MAIDEN NAME OF MOTHER Louisa Goodrich
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant R. B. Eastman
(Address) Weiser Idaho

15. Filed Jan 13 1933 W R Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1933, to Jan 13th 1933
that I last saw him alive on Jan 13 1933
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) Several yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) W. R. Hamilton, M. D.
Jan 13th, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	1-17-1933
20. Undertaker L. C. Northam	Address Weiser Idaho

RECEIVED FEB 23 1933

82378

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82378

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 4

(No.) 179
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Luders

(a) Residence. No. St. Genesee, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29, 1908

7. AGE: Years 24; Months 1; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Genesee Idaho

FATHER
13. NAME Henry Luders
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Emma Rosenau
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) Mrs. Emma Hagenah Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Genesee Date 1/24, 1933

19. UNDERTAKER (Address) H.R. Short Moscow

20. FILED 2-3-, 1933 Harry Enhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/22/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1933, to Jan 22, 1933
I last saw him alive on Jan 21, 1933: death is said to have occurred on the date stated above, at 12:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intense burn of upper body.	

Other contributory causes of importance:
Toxic myocarditis.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 1/8, 1933
Where did injury occur? Latah County Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home I can.
Manner of injury Accidental explosion of gasoline
Nature of injury Intense burn upper body.

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) R. Armstrong, M. D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 27 1933

82379

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bingham
City of Goshen

DO NOT WRITE IN THIS SPACE
State File No. 82379

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

180

2. FULL NAME Alma Le Roy Holm

(a) Residence. No. Shelley Rt #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Belva Holm

6. DATE OF BIRTH (month, day, and year): March 11, 1897

7. AGE: Years 35, Months 11, Days 0; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): McMurrin Oregon

FATHER
13. NAME: Alma Holm
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Emma Nielsen
16. BIRTHPLACE (city or town) (State or country): Hyrum Utah

17. INFORMENT (Address): Alma Holm Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Goshen, Idaho Date: Feb 13 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Feb 13, 1933 Mrs Helen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on Feb 10 1933 death is said to have occurred on the date stated above, at About 10a m.

The principal cause of death and related causes of importance were as follows:

Accidental Suffocation
Coal fire Gas

Date of onset

Other contributory causes of importance:
In refrigerator Car

Name of operation ..... Date of .....
What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
(Accident) suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? Bingham Co. Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) Ray McClellan
(Address) County Coroner Blackfoot Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

82380

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82380

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME James M Langford
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Smedly

6. DATE OF BIRTH (month, day and year) Jan 3 1898

7. AGE Years 35 Months — Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wardboro Idaho

PARENTS
10. NAME OF FATHER John W Langford
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wisconsin
12. MAIDEN NAME OF MOTHER Rhoda Ann Dunick
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bloomington Idaho

14. Informant (Address) J L Langford Cokeville Wyoming

15. Filed 2/26/ 1933 N N King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 1 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933, to Feb 1, 1933
that I last saw him alive on Jan 31, 1933
and that death occurred, on the date stated above, at 6.35 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia, Streptococci
RUL + LUL

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
Chronic Hyperthyroidism
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C O Moore, M. D.
Feb 1, 1933 (Address) Paris Ida

19. Place of Burial, Cremation, or Removal Wardboro Idaho
Date of Burial Feb. 5 1933

20. Undertaker J M Williams
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 5 1933

82381

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82381

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 10

(No. 196)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Friend

(a) Residence. No. 122 Mission St. Kellogg, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Friend

6. DATE OF BIRTH (month, day, and year) May 9-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver mine

10. Date deceased last worked at this occupation (month and year) Feb 14

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Bowdon, North Dakota

FATHER

13. NAME Dan Friend

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Evelyn Friend (wife) 122 Mission Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bowdon, North Dakota Date [redacted], 193[redacted] Burial

19. UNDERTAKER R. E. Stout
(Address) Kellogg Idaho

20. FILED Mar 4, 1933 Jesse Judson McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 193[illegible] to [illegible], 193[illegible]

I last saw him alive on 2/14, 193[illegible] death is said to have occurred on the date stated above, at 3[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure due to Carbon Monoxide Gas Poisoning	
Accidental	
Other contributory causes of importance	
None	

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? None Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/14 193[illegible]

Where did injury occur? Sunshine Mine
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Inhaling Carbon Monoxide Gas

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify [illegible]

(Signed) [illegible] M.D.

(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8 2 3 8 2

DO NOT WRITE IN THIS SPACE
State File No. 82382

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 49

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

171

2. FULL NAME William Thomas Tate.

(a) Residence. No. Back of 2105 - 2nd Str So St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Tate

6. DATE OF BIRTH (month, day, and year) July 16th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beersheba Springs Tennessee

FATHER

13. NAME Rose Tate

14. BIRTHPLACE (city or town) (State or country) Beersheba Springs, Tennessee

MOTHER

15. MAIDEN NAME Lucinda Mathrum

16. BIRTHPLACE (city or town) (State or country) Beersheba Springs Tennessee

17. INFORMENT (Address) Hollis Tate Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 3-1, 1933

19. UNDERTAKER Wm. D. Talley
(Address) Nampa Idaho

20. FILED ~~Feb~~ 3, 1933 Lydia Rodgers Registrar.
Incl. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from ←, 193..., to ←, 193...

I last saw h← alive on ←, 193...: death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Self inflicted knife Wound, Cutting throat from Ear to Ear severing both Jugular Veins,	
Other contributory causes of importance: Depression caused from Ill health. Gassed in World War.	

Name of operation Date of

What test confirmed diagnosis? ← Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2-27, 1933

Where did injury occur? Nampa Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Cutting of Throat.

Nature of injury From Ear to Ear.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. D. Talley County Coroner C.D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

82383

DO NOT WRITE IN THIS SPACE
State File No. 82383

PLACE OF DEATH
County of Jefferson
City of Labelle

Registration District No. 98
Primary Registration District No. 2176
(No. 178)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17

2. FULL NAME Robert William Meiklejohn.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 20 1879 (20 1879)

7. AGE	Years	Months	Days	If LESS than 1 day,
	54	1	—	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self.

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Robert William Meiklejohn.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland.
12. MAIDEN NAME OF MOTHER Elizabeth Sanders.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Smithfield, Utah.

14. Informant Mrs G. W. Eddins
(Address) Lorenzo, Idaho.

15. Filed 3-6, 1933 A B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 5 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That [redacted], 19 ..... to ....., 19 .....
that I last saw him alive on March 5, 1933
and that death occurred, on the date stated above, at 9: A m.
The CAUSE OF DEATH* was as follows:
Accidental Burning
asleep in burning house.
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? - Date of -
Was there an autopsy? No.
What test confirmed diagnosis? -
(Signed) A B Eckersell Coroner
3-5, 1933 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Tooele, Utah.	3-8 1933

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

82 3 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82384

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 27

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Arthur C. Horning

(a) Residence. No. 1415 Harrison Blvd. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29, 1893

7. AGE: Years 39 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Office Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date Shipped 3/13/33 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 3-13, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to March 12, 1933

I last saw him alive on March 12, 1933: death is said to have occurred on the date stated above, at 7:30a m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, chronic, adrenal glands; Myocarditis, toxic, chr. severe; Nephritis, chr. parenchymatous, moderate; Psoas abscess, tuberculous, left

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

RECEIVED MAR 8 1933

82385 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82385

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 23

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

106

2. FULL NAME Burton D. Fox

(a) Residence. No. ..... St. Challis, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) Mrs. B. D. Fox

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Challis, Idaho. Date 3/7/33, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-7, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932 to March 6, 1933.
I last saw him alive on March 6, 1933: death is said to have occurred on the date stated above, at 3:35a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema; Emphysema;	
Pneumonia, chronic, luetic	

Other contributory causes of importance:

Aortitis; Myocarditis;	
Bronchitis, asthmatic type;	
Syphilis tertiary	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. SMITH, M. D.
(Address) V.A., Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 1933

PLACE OF DEATH—

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

82386

DO NOT WRITE IN THIS SPACE

State File No. 82386

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 20

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John DOUGAL

(a) Residence. No. 319 - 13th Ave. No. St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rollerlawn Date 3-4, 1933

19. UNDERTAKER William Talley
(Address) Nampa, Idaho

20. FILED 3-2, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1 1933

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1933, to March 1, 1933

I last saw him alive on March 1, 1933: death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr. decompensated	

Other contributory causes of importance:

Senility - Prostatic Hypertrophy

Name of operation Clinical Findings Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

8237

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82387
State File No.

Registration District No. 2

Primary Registration District No. 1004. Local Registrar's No. 65

(No. 3rd & Main)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Frank. J. Baker.

(a) Residence. No. 1014. Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29. 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Shoe Merchant.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ripley, NY.

FATHER

13. NAME Charles Baker.

14. BIRTHPLACE (city or town) (State or country) Ripley, N.Y.

MOTHER

15. MAIDEN NAME Margaret Hardenger.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Webb. N. Reeves. 1014. W.S. A. Boise. Idaho

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 26. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-27, 1933 W.W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on ..., 1933: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Self Inflicted Gun Shot Wound	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? Boise Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J.F. McCann Coroner M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 1933

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82388

Registration District No. 11

Primary Registration District No.

Local Registrar's No. 2

(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roy Dean Cantrell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 28, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Meridian Ida

FATHER

13. NAME: Roy Cantrell

14. BIRTHPLACE (city or town) (State or country): Crane Mo.

MOTHER

15. MAIDEN NAME: Rachael Rudolph

16. BIRTHPLACE (city or town) (State or country): St. Anthony Ida

17. INFORMENT (Address): Roy Cantrell Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Meridian Date 1-14, 1933

19. UNDERTAKER: B. W. Robison
(Address) Meridian Ida

20. FILED 1-13, 1933 W. H. Berry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 1-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1932 to 1-12, 1933

I last saw him alive on 11-28, 1932 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. C. Horton, M.D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82389

PLACE OF DEATH--
County of Ada
City of Meridian
Registration District No. 11
Primary Registration District No.
Local Registrar's No. 3

(No.) 60
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ann Mahla

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Mahla

6. DATE OF BIRTH (month, day, and year) Oct 28 - 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lafayette Indiana

FATHER

13. NAME Wm Hamilton

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Henretta Broderick

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) W. J. Hamilton St Paul Minn

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date Jan 30, 1933

19. UNDERTAKER W. S. Mateer (Address) Meridian Idaho

20. FILED 1-29, 1933 W. H. Pope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/28 1933

22. I HEREBY CERTIFY, That I attended deceased from October, 1932 to Jan 28, 1933

I last saw her alive on Jan 28, 1933; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid Tumor	unknown

Other contributory causes of importance:

Carcinoma	

Name of operation — Date of —

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Neal by Grace Neal, M. D.

(Address) Meridian Idaho

RECEIVED MAR 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82390

PLACE OF DEATH
County of Ada
City of Meridian Id

Registration District No. 11
Primary Registration District No.
Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Halvert Fletcher Neal

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ of Mrs Grace Neal

6. DATE OF BIRTH (month, day, and year) Nov 9. 1879

7. AGE Years 53 Months 2 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peru Neb

FATHER
13. NAME Charles P. Neal
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Illinois Tate
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs Louise Sinsel

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date , 193

19. UNDERTAKER (Address) W S Mateer Meridian Id

20. FILED 2/1, 1933 W H Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to Jan 31, 1933

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 27, 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harold W Stone, M. D.

(Address) 317 Eastman Bldg. Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82391

PLACE OF DEATH

County of Ada

City of Meridian

Registration District No. 11

Primary Registration District No. ..... Local Registrar's No. 74a

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Alvin Corbin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Clara Corbin

6. DATE OF BIRTH (month, day, and year): Nov. 12 1853

7. AGE: Years: 79 | Months: 1 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer - Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 13 yrs.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Wm Corbin

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Susan White

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Mrs. J. A. Corbin Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL. Place: Meridian Ida Date: 1-13, 1933

19. UNDERTAKER (Address): B. W. Robison Meridian Ida

20. FILED 1-12, 1933 J. F. Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to June 9 da, 1933

I last saw him alive on Jan 9, 1933: death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

a Apoplexy — | Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. F. Neal M.D.

(Address) Meridian Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Station of Orchard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82392

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 8
(No. Orchard Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

178

2. FULL NAME William F. Plumb

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 19— 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Orchard (State or country) Ida

FATHER

13. NAME William F. Plumb

14. BIRTHPLACE (city or town) Eden (State or country) Ariz

MOTHER

15. MAIDEN NAME Helena Anderson

16. BIRTHPLACE (city or town) Malheur City (State or country) Oregon

17. INFORMENT (Address) Jasper Plumb Orchard Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1/30, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-1, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to death in home	
Before Rescue could Be	
Effected	
Accidental,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? Orchard, Ada Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jos. McCann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Station Orchard.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82393

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 9
(No. Orchard, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Plumb 178

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME William H. Plumb.

14. BIRTHPLACE (city or town) (State or country) Elen Ariz.

MOTHER

15. MAIDEN NAME Helena Anderson

16. BIRTHPLACE (city or town) (State or country) Malheur City Oregon

17. INFORMENT (Address) James Plumb Orchard Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1/30, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-1, 1933 W. W. Lodge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned To Death In Home	
Before Rescue Could Be	
Effected.	
Accidental	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? Orchard, Ada Co,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. McCann Coroner M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82394

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Rosina C. Brose.

(a) Residence. No. 4 miles south west of Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced, (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J.W.Brose.

6. DATE OF BIRTH (month, day, and year) Oct.9.1862

7. AGE Years 70 Months 3 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER
13. NAME G. Kugler
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Harriet Esslinger.
16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMENT (Address) J. W. Brose. Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date Feb.8., 1933

19. UNDERTAKER (Address) Summers & Krebs Boise, Idaho.

20. FILED 2-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb.5. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1932, to Jan. 5th, 1933
I last saw her alive on Jan. 4th, 1933: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
followed an acute attack of	
Flu.	

Other contributory causes of importance:
Arthritis Deformans and Heart lesions.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) John Bouck, M. D.
(Address) Boise Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82395

PLACE OF DEATH
County of Ada
City of Boise R-1

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 11

(No.) 167
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Louise Minton

(a) Residence. No. Boise R-1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months 2 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise Ada
(State or country) Idaho

FATHER
13. NAME Cletus Minton
14. BIRTHPLACE (city or town) Nyssa
(State or country) Oregon

MOTHER
15. MAIDEN NAME Ruth Pfost
16. BIRTHPLACE (city or town) Boise R-2
(State or country) Idaho

17. INFORMENT Mrs Sarah Pfost
(Address) Boise R 2

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Feb. 7 1933

19. UNDERTAKER W S Mattox
(Address) Meridian Id.

20. FILED 2-6, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to Feb 5th, 1933
I last saw her alive on Feb 1st, 1933: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows: Died during the night was in perfect health death due to strangulation from regurgitation of food.

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) John Bauer, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82396

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Lyman Botsford. 89

(a) Residence. No. 9 Miles South West of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Edith Botsford.

6. DATE OF BIRTH (month, day, and year) Feb. 22. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Fruit Grower.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eau Clair Wis.

FATHER

13. NAME John Botsford.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Caroline Travers.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. Edith Botsford. R.D. # 2. Meridian, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Eau Clair Wisconsin Date 2-12 193 3

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 2-8, 193 3 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Called + found him dead
Last saw him alive on 193; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Hypertention	5 yrs

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. B. Bonek, M. D.
(Address) Boise Ida

over.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82397

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 13

(No.) Ada County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Thomas White

(a) Residence. No. Ada Co. Hospital
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Don't Know
(State or country) " "

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMENT J. McLaun Boise Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise Date 2-6, 1933

19. UNDERTAKER Shreiber & McLaun
(Address) Boise Ida

20. FILED 2-8, 1933 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Feb 3, 1933
I last saw him alive on Feb 2, 1933: death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumoconiosis	Years
Other contributory causes of importance:	
Bronchitis and hypostatic pneumonia	1 week.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Long years at Mining
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner

(Signed) J. M. Buchanan M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82398

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 C

2. FULL NAME Edward. G. Burnet.

(a) Residence. No. 3. Miles South of Boise, Near Whitney School.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ellan Burnet.

6. DATE OF BIRTH (month, day, and year) April. 7. 1846.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commodant Idaho Soldiers Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinnati. (State or country) Ohio.

FATHER

13. NAME Isaac. G. Burnet.

14. BIRTHPLACE (city or town) Cincinnati. (State or country) Ohio.

MOTHER

15. MAIDEN NAME Rebecca Bryant.

16. BIRTHPLACE (city or town) Cincinnati. (State or country) Ohio.

17. INFORMENT (Address) Mrs. Ella Burnet. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date Feb. 9, 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-8, 1932 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1933, to Feb 7, 1933

I last saw him alive on Feb 7, 1933; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Heart Failure & Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Corp. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A Pruenger M. D.

(Address) Boise Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82399

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 15

(No. Boise, Idaho. Route #4.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Mrs. Alice Jane Cortner.

(a) Residence. No. Boise, Idaho. Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry Cortner.

6. DATE OF BIRTH (month, day, and year) March 23-1864

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
68	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmland, Ind.

FATHER
13. NAME Washington Cortner.
14. BIRTHPLACE (city or town) (State or country) Winchester, Ind.

MOTHER
15. MAIDEN NAME Fulda Bradrick.
16. BIRTHPLACE (city or town) (State or country) Farmland, Ind.

17. INFORMENT (Address) Mrs. C. R. Lowery. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/10/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 2-9, 193 3 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 5, 193 1, to Feb 7, 193 3
I last saw her alive on Jan 29, 193 3: death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Chest	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. Trager, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82400

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 16

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Lyon

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 2/14/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 2-14, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Feb 8, 1933

I last saw him alive on Feb 7, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1931
Other contributory causes of importance:	
Anaemia & Malnutrition	July 1932

Name of operation Exploratory Date of 1931

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. N. Bratton, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE DEPARTMENT OF WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPA
State File No. 82401

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 18
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME C. H. Baker

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
about 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER
13. NAME .....
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) J. F. McCann Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 2/14, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-21, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Feb 10, 1933
I last saw him alive on Feb 9, 1933: death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans and Chronic Myocarditis	1928
Other contributory causes of importance: Popliteal Thrombosis	Feb 5 1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. H. Brayton, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82402

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 19
Ada County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 A

2. FULL NAME Mabel Leona Baxter

(a) Residence. No. 2131 Sunset St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. L Baxter

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66 years			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa USA

FATHER
13. NAME J Strayer
14. BIRTHPLACE (city or town) (State or country) USA

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country) USA

17. INFORMENT (Address) H. C Baxter Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise Morris Hill Date 2-26 1933

19. UNDERTAKER Schreiber & McCaine (Address) Boise, Ida

20. FILED 2-25 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Feb 24, 1933
I last saw her alive on Feb 23, 1933: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 1932
Left Hemiplegia	

Other contributory causes of importance:

Cerebral Edema	Feb 20 1933

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. M. Bradford, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82404

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 50
(No. 11th & Grove)
(If death occurred in a hospital or institution, give its name instead of street and number.)

193

2. FULL NAME Bryce Kerr Arthur
(a) Residence. No. 2504 Jeff. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Agnes Barbour Arthur
6. DATE OF BIRTH (month, day, and year) Oct 21-1861
7. AGE Years 71 Months 3 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Ayr - ayrshire
(State or country) Scotland

FATHER
13. NAME James Arthur
14. BIRTHPLACE (city or town) ayr - ayrshire
(State or country) Scotland

MOTHER
15. MAIDEN NAME dont know -
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT Mrs. Margaret Lucas
(Address) Boise Idaho
18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 2/12/, 1933
19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida.
20. FILED 2-13, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 9th 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him live on -- -----, 193....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead In Abandoned Auto. Body Partly Frozen, No Indication of Foul Play,	

Other contributory causes of importance:
Probally Exhaustion,

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? 111- So 11th St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. T. McCann Coroner, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82405

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 49

(No. Salvation Army Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Marie Elizabeth Shaw

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 30th 1933

7. AGE Years | Months | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER
13. NAME Jabe Thos. Shaw
14. BIRTHPLACE (city or town) (State or country) Earlup Wash.

MOTHER
15. MAIDEN NAME Louise Olive Wilson
16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Salvation Army Home Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Date 2-10, 1933 Canyon Hill

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa, Idaho

20. FILED 2-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 8, 1933
I last saw her alive on 2-8, 1933: death is said to have occurred on the date stated above, at 2:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorium.	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis Icterus Was there an autopsy No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Sutorney, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82406

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 48
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Jose Martin Iriondo

(a) Residence. No. 613 Idaho St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. 23 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9-1892

7. AGE: Years 40 Months 10 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheepman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 22 years

12. BIRTHPLACE (city or town) Marquina (State or country) Vizcaya Spain

FATHER
13. NAME Pedro Iriondo
14. BIRTHPLACE (city or town) Marquina Spain (State or country)

MOTHER
15. MAIDEN NAME Barbara Gaviola
16. BIRTHPLACE (city or town) Amoroto (State or country) Spain

17. INFORMENT Bonnie Garmendia (Address) 1009 Eastman Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL St. Jalico
Place Boise Date 2-6, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise, Ida

20. FILED 2-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Feb 4, 1933
I last saw him alive on Feb 3, 1933; death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. A. Foelsch, M. D.
(Address) Boise

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82407

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 47

(No. 918 N. 22nd Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Eleanor Aitchison

(a) Residence. No. 918 N. 22nd Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Andrew Aitchison.

6. DATE OF BIRTH (month, day, and year) April 20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Samuel Savage.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Elizabeth Lynd.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Edgar A. Aitchison. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill. Date 2/6/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 2-6, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/3/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26" , 1933 , to Feb 3rd , 1933

I last saw h. alive on Feb 3rd , 1933 : death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy —	

Other contributory causes of importance:

Chronic Hypertension and Arteriosclerosis Hereditary element

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. M. Taylor, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82408

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 46
(No. St. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME May Anita Hardiman
(a) Residence. No. 2319 Dora St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) January 27-1933
7. AGE Years Months Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER
13. NAME Eugene A. Hardiman
14. BIRTHPLACE (city or town) (State or country) Calif

MOTHER
15. MAIDEN NAME Mary A. Carry
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Eugene A. Hardiman

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date St. John's 1-29 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED 2-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 28, 1933. I last saw her alive on Jan 28, 1933: death is said to have occurred on the date stated above, at 4 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Patent Valve	Birth.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Stanley T. Nokes, M. D.
(Address) .....

Dr. Rhodes

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Proxton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82409

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 45
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Wilburn Calhoon
(a) Residence. No. Meridian Id St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 6-1-1870
7. AGE Years 62 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Page Co
(State or country) Iowa

FATHER
13. NAME David Calhoon
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMENT David Berry
(Address) Meridian Id

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Meridian
Place ~~Date~~ Feb 5, 193

19. UNDERTAKER W S Mather
(Address) Meridian Id

20. FILED 2-2, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to Feb 2, 1933
I last saw him alive on Feb 2, 1933; death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Melitus	

Other contributory causes of importance:

Diabetic Coma	

Name of operation None Date of
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Brattan M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82411
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 43

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1882

2. FULL NAME Frank R. Scott

(a) Residence. No. Mitchell Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tipton Iowa

FATHER

13. NAME Henry L. Scott

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Chas Adams 505 N. 17th Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 1/31, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-1, 1933 W. H. Rhodes Registrar.

Burglar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 28, 1933
last saw h~~is~~ alive on Jan 27, 1933: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull	

Other contributory causes of importance:

Cerebral Hemmorrhage due to fracture	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/27 1933
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On street
Manner of injury Auto accident
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Drayton M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82412

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 6

(No. Boise, Idaho. Route #5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Thelma Lenore Hackett.

(a) Residence. No. Boise, Idaho. R.#5. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) June 3- 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Leroy Hackett.

14. BIRTHPLACE (city or town) (State or country) Tabor, Iowa.

MOTHER

15. MAIDEN NAME Alice Newcomb.

16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMENT (Address) Leroy Hackett. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Melton Heights, near Caldwell. Date 2/1/33, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 2-1, 1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/30/33 193

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ ----------, 193-, ~~to~~ ----------, 193-, ~~I last saw him alive on~~ ----------, 193-: death is said to have occurred on ~~the date~~ stated above, at 4:50 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died Without Medical Attention,	
No Indication Of Foul Play,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann, Coroner, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82413

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME William Hart.

(a) Residence. No. Riverside station. St. R.T. 1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 10 - 1854

7. AGE: Years 78 Months 10 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter & Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Year ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kirksville. Missouri

FATHER
13. NAME Wm Hart.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Elizebeth Cragg.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs Jack Antich. Lincoln Neb.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 2/2, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-1, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not see him alive 193..
I last saw him dead Jan 29, 1933: death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis from history secured from Family	

Other contributory causes of importance:

Possible Coronary thrombosis

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) T. N. Braxton, M. D.
(Address) Boise Idaho

Braxton

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82414

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 67
(No. St. Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Rudolph Janoushek
(a) Residence. No. R.F.D. #1 St. Kuna, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clarissa Forrey Janoushek
6. DATE OF BIRTH (month, day, and year) June 4th 1904
7. AGE Years 28 Months 7 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Decatur County Kansas

FATHER
13. NAME Albert Janoushek
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Katie Beneda
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Mrs C. Janoushek Kuna, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Kuna, Ida. Date , 193
19. UNDERTAKER (Address) Wm D. Talley Nampa, Idaho
20. FILED 2-27, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/26/ 1933
22. I HEREBY CERTIFY, That I attended deceased from 2-23-, 1933, to 2-26-, 1933
I last saw him alive on 2-26-, 1933: death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-Nephrosis	July 1932
Other contributory causes of importance:	
Uremia	2/10/33

Name of operation no Date of
What test confirmed diagnosis? Blood Chem Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Boise, Idaho

Dr Stewart.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82416

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 64

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Henry Froebe.

(a) Residence. No. 1702. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Emma. G. Froebe.

6. DATE OF BIRTH (month, day, and year) Feb. 2. 1882.

7. AGE Years 51 Months 0 Days 21. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Factory Representative for the Goodyear Rubber Company.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pekin, Illinois.

FATHER

13. NAME Henry. F. Froebe.

14. BIRTHPLACE (city or town) (State or country) Beardstown, Ill.

MOTHER

15. MAIDEN NAME Sena Albertsen.

16. BIRTHPLACE (city or town) (State or country) Pekin, Ill.

17. INFORMENT (Address) Mrs. Emma. G. Froebe. 1702. State St. Boise. Ida.

18. BURIAL, CREMATION, OR REMOVAL Denver Colorado Date Feb. 25 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 2-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1932, to Feb. 23, 1933

I last saw him alive on Feb. 23, 1933: death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicaemia (Streptococcic) following Inflammatory Rheumatism	Nov 15 1933

Other contributory causes of importance:

Inflammatory Rheumatism	Oct 29 1933

Name of operation Teeth Extracted Date of 11/15/1933

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) James H. Stewart M. D.

(Address) 412 Eastman Bldg. Boise

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

[redacted] ACE

Count[redacted]

City of Boise. Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 63

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Mrs. Elizabeth Tregonning.

(a) Residence. No. 608 State Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James H. Tregonning.

6. DATE OF BIRTH (month, day, and year): Aug. 1843

7. AGE: Years 89 | Months 6 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cornwell, England.

FATHER

13. NAME: Charles W. Rowett.

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Eliza Burnett.

16. BIRTHPLACE (city or town) (State or country): Cornwell, England.

17. INFORMENT (Address): J. W. Rowett. Mountain Home, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pioneer Cemetery Date 2/24/33 193

19. UNDERTA[redacted] (Addres[redacted]

20. FILED 2[redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/22/33 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933, to Feb 22, 1933

I last saw her alive on Feb 17, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease & Chronic Myocarditis	Dept Immv.

Other contributory causes of importance:

Pulmonary Oedema	Feb 21

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

[redacted] M. Braxton, M. D.

[redacted]se, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 62

DO NOT WRITE IN THIS SPACE

State File No. 82418

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Marion Curtis.

(a) Residence. No. Stierman Station in Boise County. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15.1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Thomas Curtis. Stierman Idaho Via Barber.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Feb. 23. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 2-23, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933, to Feb 20, 1933.

I last saw him alive on Feb 20, 1933: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Pleurisy with effusion

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. F. Swindell, M. D.

(Address) 513 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

L

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82419

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 61

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME John Harvey Powell

(a) Residence. No. ..... St. Gooding Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Powell

6. DATE OF BIRTH (month, day, and year) October 18-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 49 Years

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME John Wesley Powell

14. BIRTHPLACE (city or town) (State or country) Iowa Iowa

MOTHER

15. MAIDEN NAME Lucinda Stipes

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) John F. Powell Caliente Nevada

18. BURIAL, CREMATION, OR REMOVAL Place Gooding, Ida Date 2-22-1933

19. UNDERTAKER (Address) Schreiber & Williams Boise Ida

20. FILED 2-23-1933 W. N. Rhodes Registrar.

Dr. Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Feb 21, 1933.

I last saw h[illegible] alive on Feb 20, 1933; death is said to have occurred on the date stated above, at 8 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary chronic, active	

Other contributory causes of importance Hypostatic Pneumonia

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Malgie Ward M.D., M. D.

(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 82420

Local Registrar's No. 60

(No. 1318 Ada Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Lorene Hamilton.

(a) Residence. No. 1318 Ada St.
(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 23, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho.

FATHER

13. NAME A. R. Hamilton.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Maude Randall.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) A. R. Hamilton. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/20/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 2-23, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/18/33 193

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1933, to February 18, 1933.

I last saw her alive on February 18, 1933; death is said to have occurred on the date stated above, at 8:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (R. Lower Lobe Posterior)	2/18/33.
Other contributory causes of importance: Influenza	2/10/33.

Name of operation ---- Date of ----

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury ----, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. M. Davis, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82421

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 59

(No. 1715 N. 14th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME David Howry
(a) Residence. No. 1715 N. 14th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: America Howry
6. DATE OF BIRTH (month, day, and year): Sept. 9-1847
7. AGE: Years 85, Months 5, Days 12, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio.

FATHER
13. NAME: David Howry
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): W

17. INFORMENT (Address): Mrs. Floy Hale. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 2/22/33 193
19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.
20. FILED 2-21-, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/20/33 193
22. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1933, to 2-20-, 1933
I last saw him alive on 19th, 1933: death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of paralysis	
related causes -	
arteriosclerosis.	

Other contributory causes of importance:
as stated above

Name of operation none Date of
What test confirmed diagnosis? paralysis Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) W. L. Frazier, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 82422

Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

87

2. FULL NAME Mrs. Catherine Mills

(a) Residence. No. 815 N. 21st St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ezra N. Mills

6. DATE OF BIRTH (month, day, and year) June 6th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8 mo	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Peter Behmer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME not ob
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Rose M. Bowen 815 N. 21st

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2-18, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise

20. FILED 2-21, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933, to Feb 12, 1933

I last saw h[illegible] alive on February 12 1933: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
angina Pectoris	

Other contributory causes of importance:

senility

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Springer, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82423

Registration District No. 2
Primary Registration District No. 1005
Local Registrar's No. 57

(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Nellie O. Printz

(a) Residence. No. Ustick Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Printz

6. DATE OF BIRTH (month, day, and year) Feb. 8- 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lincoln Nebr.

FATHER

13. NAME John Wheeler

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) Perry E. Printz Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 2/21, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 2-20, 1933 W. N. Rhodes Registrar.

Nokes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb. 16, 1933

I last saw h alive on Feb 16, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast metastasis to Stomach and Liver.	1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold T. Nokes, M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82424

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 56
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

103

2. FULL NAME Edwin C. Querry
(a) Residence. No. 2014 N. 17th street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Querry
6. DATE OF BIRTH (month, day, and year) April 2-1860
7. AGE: Years 71, Months 10, Days 14; If LESS than 1 day, ... hrs. or --- min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tree Trimmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Sarah Mapes.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Hattie Querry. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 2/20/33 193
19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.
20. FILED 2-17, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/16/33 193
22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Feb. 16, 1933
I last saw him alive on Feb 16, 1933: death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5 days

Other contributory causes of importance:
~~Rup~~ Strangulated hernia & perforated bowel

Name of operation Herniotomy Date of 1-18-33
What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dutoney, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82425

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 53
(No. 1611 Michigan Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John Wesley Brooks.
(a) Residence. No. 1611 Michigan St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Cora Brooks.
6. DATE OF BIRTH (month, day, and year): April 4-1854
7. AGE: Years 78, Months 9, Days 8. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Terre Haute, Ind.

FATHER
13. NAME: Ecilous W. Brooks.
14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER
15. MAIDEN NAME: Martha E. Hosac.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): John A. Brooks. Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 2/14/33, 193
19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.
20. FILED: 2-14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2/12/33 193
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Feb., 193
I last saw him alive on 2/12, 1933: death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus.	

Other contributory causes of importance:
Exhaustion + Starvation

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Pillingle, M. D.
(Address) Boise, Idaho.

RECEIVED FEB 15 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82426

PLACE OF DEATH
County of Canyon (Ada)
City of Boise

Registration District No. 2
Primary Registration District No. 2005 (1044) Local Registrar's No. 54

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lulu May Carmine 92

(a). Residence. No. Wilder Rt #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stoutland Mo.

FATHER
13. NAME Alex King
14. BIRTHPLACE (city or town) (State or country) Not Known.

MOTHER
15. MAIDEN NAME Mary - ?
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Rolla M Carmine Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wilder, Idaho Date Jan 11, 1933

19. UNDERTAKER (Address) C. J. Teeckham Caldwell Idaho

20. FILED 1-20, 1933 John S. Meyer Registrar.

2-17-33 W.H. Rhodes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Death, 1933
I last saw h[illegible] alive on 1-8, 1933: death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	
Other contributory causes of importance:	
Myocarditis.	

Name of operation Hysterectomy Date of 11-21-32.
What test confirmed diagnosis? Pathological findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. West, M. D.
(Address) Boise Idaho

RECEIVED FEB 25 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82427

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. ~~8~~ 2
Primary Registration District No. ~~1005~~ 1004 Local Registrar's No. 55
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Charles S. Davis
(a) Residence. No. 422 Blaine St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Caldwell, Ida. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 5" 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME John Davis
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Mary Jane Mowres
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Wilbur R. Davis Boise, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date 1-29, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED ~~2-3~~, 1933 John S. Mercer Registrar.

2-17-33 W. H. Rhodes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Jan 27, 1933
I last saw him alive on Jan 27, 1933: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis (Angina Pectoris)	1929
Chronic Myocarditis	1929
Other contributory causes of importance:	
General Arteriosclerosis Hypertension	?

Name of operation — Date of
What test confirmed diagnosis? Electrocardiogram autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Ernest E. Lambert, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82428

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 3
Primary Registration District No. ~~2005~~ 2004 Local Registrar's No. 17
(No. Vista Ave 740)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Cowen

(a) Residence. No. Vista ave. Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 23-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamiltton
(State or country) Scotland

FATHER
13. NAME Wm Napier
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Mrs Jessie Floyd
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Feb 2, 1933

19. UNDERTAKER C. V. Eckham
(Address) Caldwell, Idaho

20. FILED ~~2-4-1933~~ John L. Meyer
Registrar.

2-17-33 W. H. Rhodes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 31st, 1933
I last saw h[illegible] alive on Jan 31st, 1933: death is said to have occurred on the date stated above, at 2:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypostatic congestion	
Dec 1st Pneumonia Bron 2nd	1932
accut - - Jan 25th	1933

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Hans Barck, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82430

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Idaho.
City of Council.

Registration District No. 71
Primary Registration District No. ....
(No. ....)
Local Registrar's No. 34

1612

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Baby Newcomb.

(a) Residence. No. .... St. ....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured — yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	W.	S

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 19th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Born Council Idaho

PARENTS

10. NAME OF FATHER Vern Lester Newcomb.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spokane Wash.
12. MAIDEN NAME OF MOTHER Edith Knot Burdette
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Washington

14. Informant Father
(Address) ....

15. Filed Feb 10, 1933 Alvin S Thurston M D
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 19 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933, to Jan 19, 1933, that I last saw her alive on Jan 19, 1933, and that death occurred, on the date stated above, at 7:00 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Prematurity (7½ mos infant)

Respiratory failure.

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....
(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of ....
Was there an autopsy? Yes
What test confirmed diagnosis? ....
(Signed) Alvin S Thurston, M. D.
Jan 19, 1933 (Address) Council

19. Place of Burial, Cremation, or Removal	Date of Burial
Cremation Council.	Jan 19 1933
20. Undertaker by Alvin S Thurston	Address Council

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82431

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Adams
City of Council
Registration District No. 71
Primary Registration District No. .....
Local Registrar's No. 35
(No. 87)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Henry Fasshender.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single,~~ Married, ~~Widowed,~~ or ~~Divorced~~ (write the word.)
Male	W.	Married

5a. If ~~married, widowed, or divorced~~, ~~HUSBAND of~~ ~~(or) WIFE of~~ Husband of Mary Fasshender

6. DATE OF BIRTH (month, day and year) May 31, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ranch owner.
(b) General nature of industry, business, or establishment in which employed (or employer) Orchardist
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Madison Wisconsin

PARENTS

10. NAME OF FATHER John Fasshender
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Veronica Nettakoven
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Daughter + Wife Council

15. Filed Feb 10, 1933 Glen D Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 7 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 82, to Feb 7, 1933
that I last saw him alive on Feb 7, 1933
and that death occurred, on the date stated above, at 11:00 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral regurgitation and Pancarditis

2 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dropsy

..... (duration) ..... yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? Clinical.

(Signed) Glen D. Thurston, M. D.
Feb 7, 1933 (Address) Council

19. Place of Burial, Cremation, or Removal	Date of Burial
Burial	Feb 9 1933
20. Undertaker Family.	Address Council.

RECEIVED MAR 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82432

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Adams.
City of Council

Registration District No. 71
Primary Registration District No. .....
Local Registrar's No. 36
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. **FULL NAME** Lorane Shaw

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of S

6. DATE OF BIRTH (month, day and year) Oct 15, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work S
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Council

PARENTS

10. NAME OF FATHER Ben Shaw
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Daisy Taylor
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) Father

15. Filed MAR 10 1933, 19.... Dr. Alvin S. Thurston Registrar.
Council, Idaho.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 16 (Day) 33 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1910, to Feb 16, 1933
that I last saw him alive on Feb 14, 1933
and that death occurred, on the date stated above, at 5:00 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia.

(duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (Secondary) Influenza Infection.
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Clinical Dx.
(Signed) Alvin S. Thurston M. D.
MAR 10 1933 19.... (Address) Council Idaho

19. Place of Burial, Cremation, or Removal: Cottonwood Cemetery. Date of Burial: Feb 20 1933
20. Undertaker: Family Address .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer,** Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner,** (b) **Cotton Mill;** (a) **Saleman,** (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at** home, who are engaged in the duties of the household only (not paid **Housekeepers,** who receive a definite salary), may be entered as **Housewife, Housework,** or **At Home,** and children not gainfully employed, as **At school** or **At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidmic cerebrospinal meningitis"); **Diptheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma,** etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as **"PUERPERAL Septicemia," "PUERPERAL peritonitis,"** etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

9 H 2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82433

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 15

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Thomas Joseph Shindurling

(a) Residence. No. 910 South Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Naomi Woodhead

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1851.

7. AGE: Years 81 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Harness-maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1927.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Racine, Wisconsin.

FATHER
13. NAME George Shindurling
14. BIRTHPLACE (city or town) (State or country) Holland.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Holland.

17. INFORMENT (Address) Mrs. Kate Rainey Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date Feb. 6, 1933.

19. UNDERTAKER (Address) Pocatello, Idaho. Arthur W. Hall

20. FILED Feb. 4, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Feb 2, 1933
I last saw him alive on Feb 1, 1933: death is said to have occurred on the date stated above, at 8 40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral	
Insufficiency	

Other contributory causes of importance: Cardio-nephritis

Name of operation — Date of —
What test confirmed diagnosis? Gen Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. H. Hyrne, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82434

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 111

2. FULL NAME Hattie Elizabeth Bennett

(a) Residence. No. ..... St. ..... Virginia, Id.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. (If nonresident give city or town and

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 11 1882

7. AGE

Years	Months	Days	If LESS than 1 day,
50	2	20	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer .....

9. BIRTHPLACE (city or town) Smithfield (State or country) Utah

PARENTS

10. NAME OF FATHER Jas. Joseph Buchan

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake City Utah

12. MAIDEN NAME OF MOTHER Elizabeth Ann Turnbull

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Bury Eng. Eng. Salt

14. Informant Mr Layde Bennett
(Address) Virginia Idaho

15. Filed Feb 2, 1933 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 2
(Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased from 1-31, 1933, to 2-2
that I last saw her alive on 2-2
and that death occurred, on the date stated above, at 2
The CAUSE OF DEATH* was as follows:

Perforating ulcer of Du
(duration) ..... yrs. ..... m
CONTRIBUTORY (Secondary) Shock / operat
(duration) ..... yrs. ..... m

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of 1-3
Was there an autopsy? Yes
What test confirmed diagnosis? Operation
(Signed) W. W. Brothers
2-5, 1933 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH, or in deaths fro CAUSES, state (1) MEANS AND NATURE OF INJU whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of
Virginia Idaho	Feb
20. Undertaker	Address
Downard's Funeral Home	Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82435

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 17

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Lula B. Davis Forbes

(a) Residence. No. 220 North Garfield Ave. St. La Grand, Oregon.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of C. L. Forbes

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sturggis, Kentucky.

FATHER

13. NAME: Ila Davis

14. BIRTHPLACE (city or town) (State or country): Kentucky.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): C. L. Forbes, La Grand, Oregon.

18. BURIAL, CREMATION, OR REMOVAL. Place: LaGrand, Oregon. Date: Feb. 8, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Feb. 6, 1933 D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Feb 5, 1933.
I last saw h alive on four days ago, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	
Senility	
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Ray, M. D.
(Address) Pocatello, Idaho.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82436

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 18
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Jarboe
(a) Residence. No. 528 S. Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elizabeth
6. DATE OF BIRTH (month, day, and year) Nov. 15, 1877
7. AGE Years 55 Months 2 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kansas City Kansas

FATHER
13. NAME Wm H. Jarboe
14. BIRTHPLACE (city or town) (State or country) Piedmont W. Va.

MOTHER
15. MAIDEN NAME Margaret Burgen
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Wm Jarboe Pocatello, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Feb. 9 1933
19. UNDERTAKER (Address) Downards Funeral Home Pocatello, Idaho
20. FILED Feb 9, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6 1933
22. I HEREBY CERTIFY, That I attended deceased from Abt. June 2, 1933, to Feb. 6, 1933
I last saw him alive on Feb. 6, 1933: death is said to have occurred on the date stated above, at 7.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1/2/33

Other contributory causes of importance:
Influenza pneumonia
Pleurisy & effusion
Possible lung abscess

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M.D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 16 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82437

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Primbs Sr.

(a) Residence. No. 317 N. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Johanna

6. DATE OF BIRTH (month, day, and year) June 8, 1867

7. AGE Years 65 Months 8 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. & Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookbinder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Passau Bavaria Germany

FATHER

13. NAME Wolfgang Primbs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Joe Primbs Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Feb. 14, 1933

19. UNDERTAKER (Address) Downards Fun. Home Pocatello, Idaho

20. FILED Feb 13, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1933, to Feb 12, 1933

I last saw him alive on Feb 12, 1933; death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro-pneumonia	2/5/33

Other contributory causes of importance:

Dynamic Ileus

Chronic prostatitis

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. C. Ray M. D.

(Address) Pocatello, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82438

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 20

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

106

2. FULL NAME Christian J. Christenson

(a) Residence. No. Inkom, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs C. J. Christenson

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jens Christenson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Marie Rassmussen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Ellen Christenson Inkom, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem Date Feb 19, 1933

19. UNDERTAKER (Address) K. L. McKean Pocatello Ida.

20. FILED Feb 17, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1933

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Nov 11, 1932, to Feb 15, 1933.

I last saw him alive on Feb 15, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	
Pyemia	

Other contributory causes of importance:

Minor T.B.C.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Toony, M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAR 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82439

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 21
(No. St. Anthonys)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick J. Knowles

(a) Residence. No. 1106 E. Clark St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Nellie

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc O. S. L. Engineer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Monroe Co., Iowa

FATHER
13. NAME Wm R. Knowles
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) J. M. Knowles, Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Feb. 12, 1937

19. UNDERTAKER (Address) Downard's Funeral Home, Pocatello Idaho

20. FILED 2-10, 1937 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937 to Feb 9, 1937
I last saw h~~e~~ alive on Feb 9, 1937; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right hip;	Jan 30 1937
Other contributory causes of importance: Chronic myocarditis + nephritis	1926

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-30-1937
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Street
Manner of injury Fell on icy sidewalk
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers, M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82440

PLACE OF DEATH

County of Bannock

City of Pocatello,

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Effie D. Clark

(a) Residence. No. 290 North Shilling Ave St. Blackfoot, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: S.T.Clark

6. DATE OF BIRTH (month, day, and year): June 12. 1881

7. AGE: Years 51 | Months 8 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tipton, Mo

FATHER

13. NAME: Aetenia Arbuckle

14. BIRTHPLACE (city or town) (State or country): Missouria

MOTHER

15. MAIDEN NAME: Martha Smiley

16. BIRTHPLACE (city or town) (State or country): Missouria

17. INFORMENT (Address): Mrs. A. J. Boyle Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Blackfoot, Ida. Date: Feb 21, 1933

19. UNDERTAKER (Address): E. T. Peck Blackfoot, Ida.

20. FILED Feb 18, 1933 D. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933, to Feb 18, 1933

I last saw her alive on Feb 17, 1933: death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma cervix
operation hysterectomy
Toxaemia

Date of onset

Other contributory causes of importance:

Paralytic ileus
Toxaemia

Name of operation H. C. Irwin Date of 2/9/33

What test confirmed diagnosis? Wasel Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) H. C. Irwin, M.D.

(Address) Pocatello Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82441

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 23

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Rufus Milton Grayson

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed Husband of Martha Hoskins

6. DATE OF BIRTH (month, day, and year) June 15, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired

10. Date deceased last worked at this occupation (month and year) 1931.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky.

FATHER

13. NAME: Thomas Grayson

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Mary Davis

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMENT (Address): William T. Grayson, Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Feb. 19, 1933

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Feb. 17, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to Feb 15, 1933
I last saw h alive on Feb 15, 1933: death is said to have occurred on the date stated above, at 5 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1929
Other contributory causes of importance:	

Name of operation Gastrogastrostomy Date of 2-1-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82442

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 20
Primary Registration District No. 2161 Local Registrar's No. 24

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Giordano 51

(a) Residence. No. 231 N. 4th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. U. S. L. shops

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Giacomo Giordano

14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER

15. MAIDEN NAME Leonarda Pileo

16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMENT Giacomo Giordano
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountaineer Date , 1933

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED Feb 24, 1933 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from February 10 1933, to Feb 22, 1933
I last saw him alive on Feb 22, 1933; death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever.	
Other contributory causes of importance:	
Lobar Pneumonia -	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82443

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 25

(No. 932 West Young St. Poca., Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 D

2. FULL NAME Ronald Glenn Rawlins

(a) Residence. No. Turner, Idaho. St. Turner, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 29, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turner, Idaho.

FATHER

13. NAME Gerealus Rawlins

14. BIRTHPLACE (city or town) (State or country) Grace, Idaho.

MOTHER

15. MAIDEN NAME Armina Mc Cann

16. BIRTHPLACE (city or town) (State or country) Turner, Idaho.

17. INFORMENT (Address) Gerealus Rawlins Turner, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Turner, Idaho. Date Feb. 26, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho

20. FILED Feb. 24, 1933. D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1933, to Feb 23, 1933.

I last saw him alive on Feb 23, 1933.; death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 18

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. C. McDougall, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82444

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Venna Bullock Iverson

(a) Residence. No. 449 So. 12th Pocatello, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Richard Iverson

6. DATE OF BIRTH (month, day, and year) Aug 26, 1898

7. AGE: Years 34 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME J. H. Bullock

14. BIRTHPLACE (city or town) (State or country) Providence Utah

MOTHER

15. MAIDEN NAME Mary Affleck

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Myron A. Bullock Pocatello, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mtn. View Cem. Date Feb. 28 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello Ida

20. FILED Feb 27, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb-13, 1933, to Feb 26, 1933

I last saw her alive on Feb 26, 1933: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Endocarditis	
Anasarca	

Other contributory causes of importance:

Myocarditis
Endocarditis

Name of operation None Date of ✓

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. C. Iverson M. D.

(Address)

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82445

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 24
Primary Registration District No. 24-1 Local Registrar's No. 27
(No. St. Anthonys Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary McCann
(a) Residence. No. Woolley Apts. St. Bellevue, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Antrim Co. Ireland
(State or country)

FATHER
13. NAME Mike McLoughlin
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT Miss Elizabeth McCann
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bellevue Idaho Date Mar. 3, 1933

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello, Idaho

20. FILED Mar 1, 1933 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/26/33, 193..., to 2/28/33, 193...
I last saw her alive on 2/28/33, 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Impacted fracture, hip	

Name of operation None Date of
What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. F. Cook, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82446

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205b

2. FULL NAME Thomas M Ellis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ellis

6. DATE OF BIRTH (month, day, and year)

7. AGE 60 Years | 11 Months | 21 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marie Perry County, Missouri

FATHER
13. NAME York Ellis
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Margaret Irvin
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Grace - Idaho Date 2/9, 1933

19. UNDERTAKER (Address) John Rohan Grace Idaho

20. FILED Feb 28, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-6-33 193

22. I HEREBY CERTIFY, That I attended deceased from 2-6-33, 193..., to 2-6-33, 193...
I last saw h..... alive on ?, 193...: death is said to have occurred on the date stated above, at 330 PM about
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown - found dead	
Probably coronary thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) B. K. Zaning Grace, Idaho, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82447

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Eva Louise Bassett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 29. 1933

7. AGE Years Months Days If LESS than 1 day, 5½ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grace
(State or country) Idaho

FATHER
13. NAME Alma Alvero Bassett
14. BIRTHPLACE (city or town) Fairview
(State or country) Wyoming

MOTHER
15. MAIDEN NAME Mildred Hayes
16. BIRTHPLACE (city or town) Niter
(State or country) Idaho

17. INFORMENT Alma A. Bassett
(Address) Grace, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grace, Idaho Date 1-30-33, 193

19. UNDERTAKER none
(Address)

20. FILED Feb-28, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29-33 193

22. I HEREBY CERTIFY, That I attended deceased from 1-29-33, 193, to 1-29-33, 193

I last saw her alive on 1-29-33, 193: death is said to have occurred on the date stated above, at 215 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6½ mo.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify Br. Zaring M.D.
(Signed) ..... M. D.
(Address) Grace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82448

PLACE OF DEATH
County of Bannock
City of Bancroft, Ida.
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 3
(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joyce Delbridge

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 14, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bancroft Idaho

PARENTS

10. NAME OF FATHER Ernest Victor Delbridge
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Lillian Gescoigne
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Taken from Birth report by
(Address) Mrs. G.G.Fitz, Bancroft, Ida

15. Filed Feb-28-, 1933. Mrs G.G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 17, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb-14- 1933 to Feb-17 1933
that I last saw her alive on Feb- 16 1933
and that death occurred, on the date stated above, at 8:10 A.m.

The CAUSE OF DEATH* was as follows:
Premature birth, cause unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Questions and Ex.

(Signed) G.G. Fitz, M. D.
Feb- 18- 1933 (Address) Bancroft

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Chesterfield Idaho	Feb 18 1933
20. Undertaker	Address
Had none.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82449

PLACE OF DEATH
County of Bannock
City of McCammon
Registration District No. 8-3
Primary Registration District No. 2160
Local Registrar's No. 8

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morgan Green Raymond

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1916.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McCammon,
(State or country) Idaho.

FATHER

13. NAME Clegg Raymond

14. BIRTHPLACE (city or town) Oxford,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Evelyn H. Green

16. BIRTHPLACE (city or town) Malad,
(State or country) Idaho.

17. INFORMENT Clegg Raymond
(Address) McCammon, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place McCammon, Idaho. Date Feb. 16, 1933.

19. UNDERTAKER Arthur V. Hall
(Address) Pocatello, Idaho.

20. FILED Mar. 8, 1933. Mary C. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan -26-, 1933 to Feb -17-, 1933
I last saw him alive on Feb -16-, 1933; death is said to have occurred on the date stated above, at 4.00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	about Jan 30 -33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. J. Harbaugh, M. D.
(Address) Downey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 3-P. H. 6

RECEIVED MAR 10 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 82450

Registered No. 2

1. PLACE OF DEATH

County of Bannock

City of Virginia

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8 3

Primary Registration District No. 2160

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Dahlke

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: Jan — 20 — 1933 (Month) (Day) (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Dorsaul

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Virginia, Idaho.

10. NAME OF FATHER: John L. Dahlke.

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Carrie Noah

13. BIRTHPLACE OF MOTHER (State or Country): Pocatello Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. L. Dahlke

(Address) Virginia, Ida.

15. Filed Feb. 20 1933 Mary A. Coffin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan — 23 — 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 — 1933, to Jan 23 — 1933 that I last saw h[illegible] alive on Jan — 21 — 1933. and that death occurred on the date stated above, at 5:00 P.M.

The CAUSE OF DEATH* was as follows: Premature, 7 months, Seven to eight, gestation.

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Partridge M. D.

19..... (Address) Dawney, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cambridge (Downey R.D.)

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: None

ADDRESS .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82451

PLACE OF DEATH

County of Bear Lake

City of Montpelier Registration District No. 2

Primary Registration District No. 2136 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Richard Tracy Shepherd

(a) Residence. No. Montpelier Idaho St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word.): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day and year) Jan. 6, 1933.

7. AGE — Years | Months | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Montpelier Idaho.

PARENTS

10. NAME OF FATHER Milford Shepherd

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Paris Idaho.

12. MAIDEN NAME OF MOTHER Ella Sutton

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) W. M. Shepherd Montpelier Ida.

15. Filed Jan 17, 1933 F. M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 15, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 6, 1933, to January 15, 1933
that I last saw him alive on January 15, 1933
and that death occurred, on the date stated above, at 3:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Anemia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? No. What test confirmed diagnosis? Paleness, Hemoglobin Test

(Signed) Spencer Hardy M. D.
Jan. 16, 1933 (Address) Paris Idaho

19. Place of Burial, Cremation, or Removal: Montpelier Idaho — Date of Burial: Jan. 16. 1933

20. Undertaker: F. M. Williams — Address: Montpelier Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82452

PLACE OF DEATH
County of Bear Lake
City of Geneva

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. 2056
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian Herschi
(a) Residence. No. Geneva Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 7-1853

7. AGE 79 Years Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS
10. NAME OF FATHER Ulrich Herschi
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Elizabeth Ferber
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Switzerland

14. Informant (Address) Henry Tuschen Geneva Idaho

15. Filed 2/26/ 1933 N. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 3:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Died without medical attention was sick just a few hours; Death probably due to acute gastritis or heart complication (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. W. Williams County Coroner M. D.
Jan. 21, 1933 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal Geneva Idaho
Date of Burial Jan 24 1933

20. Undertaker J. W. Williams
Address MONTPELIER, IDAH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82453

PLACE OF DEATH
County of Bear Lake
City of Soda Springs

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

36

2. FULL NAME Mabel Christian Buhler
(a) Residence. No. Bennington Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Buhler
6. DATE OF BIRTH (month, day and year) Aug 15 1889
7. AGE Years 43 Months 5 Days 19 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (city or town) (State or country) Mink Creek Idaho

PARENTS
10. NAME OF FATHER David Kurz
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Sophia Nelson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant (Address) Mrs. Walter Buhler Bern Idaho
15. Filed 2/26/, 1933 N H Kurz Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 3 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Feb 3, 1933
that I last saw her alive on Feb 3, 1933
and that death occurred, on the date stated above, at 8:30 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Tuberculous Fallopian Tube
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Peritonitis
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Elis Packley, M. D.
..... , 19..... (Address) Soda Springs Idaho

19. Place of Burial, Cremation, or Removal Bern Idaho
Date of Burial Feb 8 1933
20. Undertaker M Williams
Address MONTPELIER, IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82454

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 2

2. FULL NAME Edwin L. McClave
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Ridd
6. DATE OF BIRTH (month, day and year) Mar 29 1862
7. AGE Years 70 Months 10 Days 21. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate & Abstractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Marrow Ohio
PARENTS
10. NAME OF FATHER Joel McClave
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Sarah Tribby
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Marrow Ohio
14. Informant (Address) Mrs E L McClave Montpelier Idaho
15. Filed 2/26/, 1933 H H Kimm Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 19 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 2-19, 1933 to 2-19, 1933
that I last saw him alive on 2-18, 1933
and that death occurred, on the date stated above, at 8:30 p.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hemmorhage of Bum
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) age found dead
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [signature], M. D.
Feb 21, 1933. (Address) Montpelier

19. Place of Burial, Cremation, or Removal Dorchester, Nebraska
Date of Burial Feb 26 1933
20. Undertaker [signature] Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82455

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Perkins
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 15 - 1933 -

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

PARENTS
10. NAME OF FATHER M O Perkins
11. BIRTHPLACE OF FATHER (city or town) Knoxville
(State or Country) Utah
12. MAIDEN NAME OF MOTHER Naomi Wilcox
13. BIRTHPLACE OF MOTHER (city or town) Preston
(State or County) Idaho

14. Informant (Address) M O Perkins Montpelier Idaho

15. Filed 2/26/, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 15 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-15, 1933, to 2-15, 1933
that I last saw her alive on 8-10 AM, 1933
and that death occurred, on the date stated above, at 8:10 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: [signature] (Unknown)

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Heart trouble
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [signature] M. D.
Feb 15, 1933 (Address)

19. Place of Burial, Cremation, or Removal Preston Idaho
Date of Burial Feb 16 1933

20. Undertaker J M Williams
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82456

PLACE OF DEATH
County of Bear Lake
City of Montpelier Idaho

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME ~~James~~ Frank H. Dalton
(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annetta Nelson.

6. DATE OF BIRTH (month, day and year) Nov 4 - 1856

7. AGE Years 76 Months 2 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Centerville Utah

PARENTS
10. NAME OF FATHER Simon C. Dalton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pensylvania
12. MAIDEN NAME OF MOTHER Elnora Warner
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Michigan

14. Informant (Address) Hila Brookshire MONTPELIER, IDAHO

15. Filed 2/26/, 1933 N N Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 1 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to 2-1, 1933
that I last saw him alive on 2-1-, 1933
and that death occurred, on the date stated above, at 5:50 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
[illegible]
(Pneumonia)

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Old age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [illegible], M. D.
Feb 2, 1933 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal MONTPELIER, IDAHO
Date of Burial Feb. 4 1933

20. Undertaker [illegible] Williams
Address MONTPELIER, IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82457

PLACE OF DEATH
County of Bear Lake
City of Montpelier Idaho

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Mr Ford Williams
(a) Residence. No. MONTPELIER, IDAHO St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Burgoyne

6. DATE OF BIRTH (month, day and year) Oct 3 1865

7. AGE Years 68 Months 3 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work County Assessor.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS
10. NAME OF FATHER Joshua Williams
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Annie Cory
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ~~MONTPELIER, IDAHO~~ England

14. Informant (Address) Mrs Mulford Williams MONTPELIER, IDAHO

15. Filed 2/16/ 1933 N N Kunz Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Jan 20, 1933
that I last saw her alive on Jan 20, 1933
and that death occurred, on the date stated above, at 120 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Kressna

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions
age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Vert Whitley M. D.
Jan 21, 1933 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal MONTPELIER, IDAHO
Date of Burial Jan 22 1933

20. Undertaker [signature]
Address MONTPELIER, IDAHO

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82458

PLACE OF DEATH

County of Benewah

City of Near Tensed

CERTIFICATE OF DEATH

Registration District No. 31

Primary Registration District No.

Local Registrar's No. 6

(No. Coeur d' Alene Indian Res.)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Gregory Freezy

(a) Residence. No. Coeur d' Alene Indian Res. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Indian

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No Record

6 DATE OF BIRTH (month, day and year): No Record

7 AGE: About Years 90 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Wheat Grower

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington

PARENTS

10 NAME OF FATHER: Charles Freezy

11 BIRTHPLACE OF FATHER (city or town) (State or country): No Record

12 MAIDEN NAME OF MOTHER: Mary Tresie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington

14 Informant: Nancy Lawerance

(Address): Tensed, Idaho

15 Filed Febr. 3, 1933 John Post Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 2 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Influenza, Hod no doctor.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. G. Nelson, M. D.

Feb. 3, 1933 (Address) Tekoa, Wn/

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: De Smet, Idaho

Date of Burial: Feb. 3 1933

20. Undertaker: Kimball Funeral Home

Address: Tekoa, Wn/

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82459

PLACE OF DEATH
County of Benewah
City of De Smet
Registration District No. 31
Primary Registration District No.
Local Registrar's No. 5

(No. De Smet, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise P. Skanen

(a) Residence. No. De Smet, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joe Skanen

6. DATE OF BIRTH (month, day, and year) Jan 28, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	00	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec/ 25/32

11. Total time (years) spent in this occupation 23 Yrs

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Paul Politkin

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT Joe Skanen (Address) De Smet, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place DeSmet, Ida. Date Feb. 4 193 33

19. UNDERTAKER D. D. Kimball (Address) Tekoa Wash.

20. FILED Febr. 3, 1933 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Feb 1, 1933
I last saw her alive on Jan 31, 1933: death is said to have occurred on the date stated above, at 1:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 28-33
Other contributory causes of importance: Influenza	Jan 1-33

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Washington.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

FORM V. S. No. 5-25 M. 1-19

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bonneville

City of Plummer, Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. ~~46~~ 32

Primary Registration District No. ~~2133~~ 2049

(No. ..... , ... St.)

File No. 82461

Registered No. 5

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alice Marian Judy.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)

6. DATE OF BIRTH: Nov (Month) 27 (Day) 1927 (Year)

7. AGE: 7 Yrs. 3 Mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Student.

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Deer-Park, Washington

10. NAME OF FATHER: Louis Judy.

11. BIRTHPLACE OF FATHER (State or Country): Missourian

12. MAIDEN NAME OF MOTHER: Ema. E. Zurcher.

13. BIRTHPLACE OF MOTHER (State or Country): South Dakota.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Berthalf

(Address) Plummer. Idaho

15. Filed 3-8 1933 W. Boberg Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... , to Feby 22nd 1933, that I last saw her alive on Feby 22nd 19..... , and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) ..... Yrs. ..... mos. 10 ds.

Contributory (Secondary) Whooping Cough.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Herrington M. D.

19..... (Address) Worley Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Plummer Cemetery

DATE OF BURIAL: Feby 24th 1933.

20. UNDERTAKER: Neighbor

ADDRESS: Plummer. Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82462

PLACE OF DEATH
County of Lemhi
City or St. Maries Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 4

(No.) 57
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack Terrance Robbins

(a) Residence. No. Clarkia Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Maries
(State or country) Idaho

FATHER
13. NAME Walter Robbins
14. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

MOTHER
15. MAIDEN NAME Vinnie Terrance
16. BIRTHPLACE (city or town) Rockwood
(State or country) Ohio

17. INFORMENT (Address) Mrs V Robbins Clarkia Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Idaho Date Feb 16, 1933

19. UNDERTAKER Grob & Mitchell
(Address) St Maries Idaho

20. FILED 3-8, 1933 W Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1933, to 2-14, 1933
I last saw him alive on 2-13, 1933: death is said to have occurred on the date stated above, at 6:55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unknown

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C A Roberg, M. D.
(Address) St Maries Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82463

PLACE OF DEATH

County of Benewah

City of St. Maries Idaho

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 3

(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

161b

2. FULL NAME Infant Horn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) 2-10-33

7. AGE Years | Months | Days | If LESS than 1 day, 3 hrs. 13 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Maries, Ida

PARENTS

10. NAME OF FATHER Ralph Bernard Horn

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Farmington Wn

12. MAIDEN NAME OF MOTHER Esther Emma Horn

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Spokane Wn

14. Informant H. L. Horn
(Address) St. Maries. Ida

15. Filed 3-8, 1933 W Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) — 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-10, 1933, to 2-11, 1933

that I last saw her alive on 2-10 1933

and that death occurred, on the date stated above, at 12:08 a. m.

The CAUSE OF DEATH* was as follows:

Injuries at birth — Forceps delivery

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Disproportion factal head & maternal pelvis (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C A Robins, M. D.

2-12, 1933 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St. Maries | Date of Burial 2-11 1933

20. Undertaker None | Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82464

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 28

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME ERASTUS B ANDERSON

(a) Residence. No. ..... St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Melissa Anderson

6. DATE OF BIRTH (month, day, and year): 1868

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER
13. NAME: Erastus Anderson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Christina Anderson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Burial & removal of
Place: Burley Date: Feb 25 1933

19. UNDERTAKER (Address): S. E. Johnson Burley Idaho.

20. FILED: Feb 23, 1933 Mrs Hattie E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to Feb 23rd, 1933
I last saw him alive on Feb 23rd, 1933: death is said to have occurred on the date stated above, at 7:15 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	2-17 1933

Other contributory causes of importance: Has had two previous strokes

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

RECEIVED MAR 7 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82465

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 29

(No. State Hosp. South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME Lewis ~~Par~~ H. Paradise

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): 1867

7. AGE: 65 Years | Months: ----- | Days: ---- | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laberor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): not known

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: No Data

14. BIRTHPLACE (city or town) (State or country): No data

MOTHER

15. MAIDEN NAME: No data

16. BIRTHPLACE (city or town) (State or country): No data

17. INFORMENT (Address): Records of State Hosp. So. Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Salt Lake City Date ....., 193...

19. UNDERTAKER (Address) E. F. Peck Blackfoot

20. FILED Feb. 27, 1933 Mrs Helen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, 193..., to Feb. 26, 1933, 193...

I last saw him alive on Feb. 26, 1933, 193...: death is said to have occurred on the date stated above, at 7-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of The Insane	1927
Other contributory causes of importance: Numerous Carbuncles	1-30-3
Fracture of upper third Left Humerus Feb. 11, 1933	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Accidently fell on floo

Nature of injury fracture of Humerus

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) Chas. R. Lowe, M. D.

(Address) State Hosp. So. Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82466

PLACE OF DEATH

County of Bingham

City of Aberdeen

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Lila Eleanor Nelson

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

FATHER

13. NAME Isaac Nelson

14. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

MOTHER

15. MAIDEN NAME Eleanor Phillips

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Isaac Nelson Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, Idaho Date Feb. 22, 1933

19. UNDERTAKER Friends
(Address)

20. FILED 2/20, 1933 M. C. MacKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Feb 19, 1933

I last saw her alive on Feb 19, 1933: death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1929
Acute Peri-Dental Apical Abscess	Dec. 8, 1932
Epidemic Influenza	Dec 28, 1932
Broncho-Pneumonia	Jan. 1, 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. C. MacKinnon, M. D.

(Address) Aberdeen, Idaho

RECEIVED MAR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82467

PLACE OF DEATH

County of Bingham

City of Aberdeen

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Clarence Wesley Peterson

(a) Residence. No. St. Aberdeen, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Idaho

FATHER

13. NAME Archie Peter Peterson

14. BIRTHPLACE (city or town) (State or country) Goshen Utah

MOTHER

15. MAIDEN NAME Gladys Ruth Hughes

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) Chas. W. Smith Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Groveland, Idaho Date Feb 15, 1933

19. UNDERTAKER Friends
(Address)

20. FILED Feb 15, 1933 M. C. MacKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ---- , 193 , to ---- , 193

I last saw h alive on ---- , 193 : death is said to have occurred on the date stated above, at 3:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined	Feb 14, 1933
No Physician in attendance	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. MacKinnon, M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82468

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Emma Monroe.

(a) Residence. No. Shelley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George Monroe.

6. DATE OF BIRTH (month, day, and year) Nov 25 1861

7. AGE: Years 71 | Months 2 | Days 6. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London England.

FATHER
13. NAME Harry Jennett.
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Eliza Elliott.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) George Monroe. Shelley Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Ida. Date 2/4, 1933

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Idaho.

20. FILED Feb. 4, 1933 Wm Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 1933.

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1933, to 1-31, 1933
I last saw her alive on 1-31, 1933: death is said to have occurred on the date stated above, at 1045 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of the Coronary arteries	?

Other contributory causes of importance:

Angina Pectoris	1-31/33

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. No
(Signed) Edwin Cutler, M. D.
(Address) Shelley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82469

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 20
(No. Dr. W W Beck's Hospital, City Blackfoot.
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Leslie LeRoy Ellis
(a) Residence. No. Pingree Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Oct 28, 1918
7. AGE Years 14 Months 3 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Anis Idaho

FATHER
13. NAME Peter L. Ellis
14. BIRTHPLACE (city or town) (State or country) LaBelle Idaho

MOTHER
15. MAIDEN NAME Bessie Hardcastle
16. BIRTHPLACE (city or town) (State or country) Sandy Utah

17. INFORMENT (Address) Peter L Ellis Pingree

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Rimmel Date 2-3, 1933 Idaho

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED Feb. 3, 1933 Mrs Walter E Peterie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Feb 2, 1933
I last saw him alive on Feb 2, 1933: death is said to have occurred on the date stated above, at 9.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolis	2/1/33
Other contributory causes of importance:	
Endocarditis	1/4/33
Acute Articular Rheumatism	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82470

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 24
164

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME EPHRAIM H. STOTLER

(a) Residence. No. ____ St. BOISE, ADA COUNTY IDA
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of do not know

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
81	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Basin Idaho Date 2-4th, 1933

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED Feb 2, 1933 Mrs Walter E Yates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24th, 1933, to February 2nd, 1933
I last saw him alive on Feb. 2nd, 1933: death is said to have occurred on the date stated above, at 8:50 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
ERYSIPELAS OF FACE	1-31 1933
Other contributory causes of importance:	
SENILE DEMENTIA	

Name of operation None Date of ____
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ____, 1933
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas R. Lower, M. D.
(Address) Blackfoot, Idaho.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82471

PLACE OF DEATH
County of Bingham
City of Basalt

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 (a)

2. FULL NAME Allen Reed Freeman

(a) Residence. No. Basalt Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 4, Months 6, Days ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Basalt Ida

FATHER
13. NAME Erastus Bingham Freeman
14. BIRTHPLACE (city or town) (State or country) St John Arizona

MOTHER
15. MAIDEN NAME Selma Croney
16. BIRTHPLACE (city or town) (State or country) Mink Creek Idaho

17. INFORMENT (Address) Loren Freeman Basalt Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Basalt Cemetery Date 2-4-1933

19. UNDERTAKER (Address) None

20. FILED Feb. 7, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-30-, 1933, to 2-2-, 1933

I last saw her alive on 2-2-, 1933; death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	~~1-16-33~~ 1-1-33

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82472

PLACE OF DEATH
County of Bingham
City of Basalt, Ida.
Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 25.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Carles Johnson

(a) Residence. No. Basalt, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane M. Johnson

6. DATE OF BIRTH (month, day, and year) Mar. 7 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	II	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Laborer

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER

13. NAME Daniel Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kathern Webb

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Howard E Johnson

18. BURIAL, CREMATION, OR REMOVAL Place Basalt Date Feb. 9, 1933

19. UNDERTAKER (Address) Ed. Nelson Basalt

20. FILED Feb. 9, 1933 Mrs Hallie E Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ----------, 193..., to ..., 193...
I last saw h... alive on ----------, 193...: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrites - chronic,	3 yrs.
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ---- Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ------- Date of injury ..., 193..
Where did injury occur? -------
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) A. W. Mitchell, M. D.
(Address) Blackfoot, Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82473

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 26

(No. 710 Broadway & Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Sephrona Loretta Gibbs

(a) Residence. No. 109 St. West Ida St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 26 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel W Gibbs

6. DATE OF BIRTH (month, day, and year) June 20 - 1857

7. AGE Years 75 Months 7 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willard City Utah

FATHER
13. NAME John Memorial McCrary
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Samantha Wells
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) J. D. Gibbs Blackfoot Idaho.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Portage Utah Date Feb. 13, 1933

19. UNDERTAKER (Address) E J Peck Blackfoot

20. FILED Feb. 11, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Feb 11, 1933
I last saw her alive on Feb 8, 1933: death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Jan 1, 1933

Other contributory causes of importance:

Myocarditis	for
Epilepsy	years

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82474

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Fannie J. Collings

(a) Residence. No. Woodville, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Fredrick J. Collings

6. DATE OF BIRTH (month, day, and year): 5/28/1853

7. AGE: Years 79 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): On Ship crossing Atlantic

FATHER
13. NAME: Wm Beard
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary Holt.
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): John W Chandler

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Ida Date: Feb. 9, 1933

19. UNDERTAKER (Address): Mrs. G. A. Judd, Blackfoot Idaho #1 Astring

20. FILED: Feb. 8, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2/7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Feb 7, 1933
I last saw her alive on Jan 2, 1933: death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Oct 1 1932
~~Myocarditis~~	

Other contributory causes of importance:

Myocarditis + Mitral Insufficiency	unknown

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 82475

Local Registrar's No. 27

2. FULL NAME Winona Maude Armstrong 128

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Collis Armstrong

6. DATE OF BIRTH (month, day and year) Feb. 26th 1896

7. AGE Years 36 Months 11 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Mapleton Wash.

PARENTS

10. NAME OF FATHER S. D. Kendall

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Springville Wash

12. MAIDEN NAME OF MOTHER Maude Rogers

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Logan Wash

14. Informant Basalt, Idaho
(Address) Alfred Armstrong

15. Filed Feb. 22, 1933 Mrs Walter E. Fitzie Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 20 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to Feb. 20, 1933

that I last saw her alive on Feb. 20, 1933

and that death occurred, on the date stated above, at 5.40 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremic Convulsions

..... (duration) ..... yrs. ..... mos. 1 ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. G. Roberts, M. D.

Feb. 21st, 1933 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~ Firth Cemetery Firth Ida

Date of Burial Feb 22, 1933

20. Undertaker None

Address

RECEIVED FEB 21 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82476

PLACE OF DEATH

County of Boise

City of Horseshoe Bend.

Registration District No.

Primary Registration District No.

Local Registrar's No. 12

(No. Horseshoe Bend, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Louis P. Fry.

(a) Residence. No. Horseshoe Bend, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Laura Fry.

6. DATE OF BIRTH (month, day, and year) Sept. 15-1852

7. AGE: 80 Years, 5 Months, 1 Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keokuk, Iowa.

FATHER

13. NAME George Fry.

14. BIRTHPLACE (city or town) (State or country) France.

MOTHER

15. MAIDEN NAME -----Beale.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Daniel P. Fry. Horseshoe Bend, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Horseshoe Bend, Idaho Date 2/17/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 2/18, 1933 Mrs E S Rickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932, to Aug 16, 1932

I last saw him alive on about Aug., 1932: death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Eye + Rose perforating into Brain

Date of onset

Other contributory causes of importance:

Name of operation X Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dutomey, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82477

PLACE OF DEATH

County of Bonner

City of Cabinet

Registration District No. 80

Primary Registration District No. 2157

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

87

2. FULL NAME Charles Kajander

(a) Residence. No. ..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie Kajander

6. DATE OF BIRTH (month, day, and year) June 13, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Wasa Finland

FATHER

13. NAME Matt Kajander

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Hilda

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs. Elsie Kajander Cabinet, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cabinet, Idaho Date 2/23, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Feb 23, 1933 John Lawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Feb 20, 1933

I last saw him alive on Feb 6, 1933: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	Don't Know
Other contributory causes of importance: Pulmonary Tuberculosis	Don't Know

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd G. Melendle, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82478

PLACE OF DEATH

County of Bonner

City of Priest River

Registration District No. 85

Primary Registration District No. 2185 Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Infant Lucas

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 25 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Ida

PARENTS

10. NAME OF FATHER G. M. Lucas

11. BIRTHPLACE OF FATHER (city or town) Elk River
(State or Country) Minn.

12. MAIDEN NAME OF MOTHER Bertha Putnam

13. BIRTHPLACE OF MOTHER (city or town) New Haven
(State or County) Minn.

14. Informant G. M. Lucas
(Address) Priest River, Ida

15. Filed Mar. 1, 1933 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 1 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to Mar. 1, 1933

that I last saw h.. alive on Mar. 1, 1933

and that death occurred, on the date stated above, at 3' A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hyperpyrexia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Harold C. Lowery, M. D.

Mar. 1, 1933 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
I. O. O. F. Cemetery	Mar. 1 1933
20. Undertaker	Address
G. M. Lucas, Father	Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82479

PLACE OF DEATH

County of Bonner

City of Kootenai

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 10

(No. Kootenai)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Hibbard Orr

(a) Residence. No. Kootenai St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1019

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Orr

6. DATE OF BIRTH (month, day, and year) Oct 15 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Douglas H Hibbard

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Ida Schmitt

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT Mrs Ida Hibbard (Address) Kootenai

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview cemetery Date 2/10, 1933

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED Feb. 9, 1933 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1933, to Feby 7, 1933

I last saw her alive on Feby 7, 1933: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feby 1, 1933
Other contributory causes of importance:	
Influenza	Dec 23 1932
7½ months dead foetus expelled Feby 7, 1933.	

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1 cert.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82480

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 11
(No. Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Charles E. Holbrook

(a) Residence. No. Main Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Hattie Holbrook

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Oct. 1932

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind

FATHER

13. NAME Charles Holbrook

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Chas. Holbrook Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date 2/17, 1933 Pinecrest Cem.

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Feb. 17, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933, to Feby 13, 1933.
I last saw him alive on Feby 12, 1933: death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1932
Other contributory causes of importance: Tuberculous abscess rt. hip joint with erosion & fracture of head of rt femur	Dec 1932

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82482

PLACE OF DEATH
County of Bonner
City of Carey Wood

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 13

(No. Carey Wood)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Mrs Elizabeth Tremblay

(a) Residence. No. Carey Wood St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Tremblay

6. DATE OF BIRTH (month, day, and year): Jan 10 1874

7. AGE: Years 59 | Months 1 | Days 9 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.Y.

FATHER
13. NAME: O'Brien
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Stewart
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): John Tremblay, Carey Wood

18. BURIAL, CREMATION, OR REMOVAL Place: Westmond Date: Feb 22 1933

19. UNDERTAKER (Address): Turnbull Co, Sandpoint Idaho

20. FILED Feb 20, 1933 Viola Allen, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Heart disease)	

Other contributory causes of importance:

Cholecystitis (chronic)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Sandpoint Idaho

RECEIVED MAR 7 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82483

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 14

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Shirley Caven

(a) Residence. No. Selle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d Alene
(State or country) Idaho

FATHER

13. NAME John Caven

14. BIRTHPLACE (city or town)
(State or country) N D

MOTHER

15. MAIDEN NAME Jennie Blum

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Chas Blum
(Address) Selle

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Date 2/26, 1933

19. UNDERTAKER Turnbull Co
(Address) Sandpoint

20. FILED Feb. 26, 1933 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1933, to Feby 24, 1933

I last saw her alive on Feby 24, 1933: death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of neck, arms, chest, abdomen & back also lips & thighs.	Feby 23 1933
Other contributory causes of importance:	

Name of operation no Date of

What test confirmed diagnosis? Sight Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/23, 1933

Where did injury occur? Selle, Bonner Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Lighted match ignited clothing

Nature of injury severe burns

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm H Tyler, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82484
State File No.

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robt. Utley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clara Utley

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Day Labor

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME John Utley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) B. J. Lunn Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida. Date 3/2, 1933 Lakeview Cem.

19. UNDERTAKER (Address) L. G. Moon Sandpoint Idaho.

20. FILED March 2, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feby 5, 1933, to Feby 28, 1933.
I last saw him alive on Feby 27, 1933: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Several months duration.

Other contributory causes of importance:

Goitre	

Name of operation Goitre operation Date of 1932
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Wm. F. Tyler, M.D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82485

PLACE OF DEATH
County of Bonner
City of Sagle Point

Registration District No. 78 &1
Primary Registration District No. 2155
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilson A. Long.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy Long

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1866

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) Jan. 1933
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Long
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Roy Long Sagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Westmond, Idaho Date 3/3, 1933

19. UNDERTAKER (Address) L. C. Moon Sandpoint, Idaho.

20. FILED Mar. 3, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933, to Feb 28, 1933
I last saw h-- alive on Feb 28, 1933: death is said to have occurred on the date stated above, at 1:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrage	
Other contributory causes of importance:	
Arterio Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. B. Alcorn, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82486

PLACE OF DEATH
County of Bonneville
City of Osgood

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 2f.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Samuel Moroni Williams

(a) Residence. No. Osgood, Idaho - St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Esther Susan Williams

6. DATE OF BIRTH (month, day, and year) August 8, 1854

7. AGE Years 78 Months 6 Days 0 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Council Bluffs - Iowa

FATHER
13. NAME Stephen Williams
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Hibbard
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Alma Williams, Osgood, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Emery, Utah Date Feb. 13, 1933

19. UNDERTAKER (Address) Jack A. Wood, Idaho Falls, Idaho.

20. FILED Feb 11, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1930 to Feb 8, 1933.
I last saw him alive on Jan, 1933: death is said to have occurred on the date stated above, at 11:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs.

Other contributory causes of importance:

Gastric Ulcer ?	2 yrs.
Asthma	2 yrs

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82487

Registration District No. 73
Primary Registration District No. 2 1 1 0
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Nanetta Jensen

(a) Residence. No. 544 J Street St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27, 1865

7. AGE Years 68 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oslo, Norway

FATHER
13. NAME Peter Jensen
14. BIRTHPLACE (city or town) (State or country) Oslo Norway

MOTHER
15. MAIDEN NAME Helena Olsen
16. BIRTHPLACE (city or town) (State or country) Oslo Norway

17. INFORMENT (Address) Mrs. Joseph Morley Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb 14, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED Feb 1[illegible], 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 11, 1933

I last saw her alive on Feb 10, 1933: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 Year prior

Other contributory causes of importance:

Chronic Nephritis	1 Year prior

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82488

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arlan Jay Madison

(a) Residence. No. ..... St. Idaho Falls #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2, 1933

7. AGE Years Months 8 Days 9 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME J. L. Madison
14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER
15. MAIDEN NAME Sadie Cook Barton
16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMENT J. L. Madison
(Address) Idaho Falls Rt #1

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Feb 13 1933

19. UNDERTAKER Jack G. Ward
(Address) Idaho Falls Idaho

20. FILED Feb 1 V, 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 10-15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 8/33
No medical attendance	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82489

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Eva Sophia Sautter

(a) Residence. No. 1302 Blvd. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of D. G. Sautter

6. DATE OF BIRTH (month, day, and year) Jan 10, 1871

7. AGE: Years 62 | Months 0 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany N.Y. New York

FATHER
13. NAME Levi S. Harvey
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMENT (Address) D. G. Sautter Sr. Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date Feb 3, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED Feb 4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 25, 1933
I last saw her alive on Jan 25, 1933: death is said to have occurred on the date stated above, at 11:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	

Other contributory causes of importance:
Renal Insufficiency

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls Ida

RECEIVED MAR 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82490

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 37
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Elvon Merrett.

(a) Residence. No. 790 Shoupe Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1928

7. AGE: Years 4 | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls.

FATHER

13. NAME J. M. Merritt.
14. BIRTHPLACE (city or town) (State or country) Bedford Wyo.

MOTHER

15. MAIDEN NAME Leora Barnes
16. BIRTHPLACE (city or town) (State or country) Fairview Wyo

17. INFORMENT (Address) J. M. Merritt Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 2/15, 1933
19. UNDERTAKER (Address) J. F. McHaye Idaho Falls Ida.
20. FILED 2-11-33, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13 1933.
22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1933, to Feb. 13, 1933
I last saw him alive on Feb. 13, 1933: death is said to have occurred on the date stated above, at 3:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis - General peritonitis -	2/8/33

Other contributory causes of importance:
Acute Follicular Tonsillitis - 5 days previously

Name of operation Appendectomy & drainage Date of 2/10/33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry R. Wilson, M. D.
(Address) Idaho Falls, Ida.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82491

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2137
Local Registrar's No. 33

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118b

2. FULL NAME Ray Joseph Hogan

(a) Residence. No. Idaho Falls Rt #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma Hogan

6. DATE OF BIRTH (month, day, and year) March 30, 1886

7. AGE Years 46 Months 10 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockchester New York

FATHER
13. NAME James Hogan
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Emma Hogan Idaho Falls Rt #1

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb 14 1933

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Idaho

20. FILED 2/10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933, to Feb 10, 1933
I last saw him alive on Feb 10, 1933: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Jan 7-33
Other contributory causes of importance:	
Post operative adhesions	May 1932

Name of operation Severing of adhesions Date of Feb 3-33
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82495

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 2 1 1 0
Local Registrar's No. 37
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joy Beus

(a) Residence. No. 24
(Usual place of abode) St. Rigby, Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 Mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	—	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho

FATHER
13. NAME Rulon E. Beus
14. BIRTHPLACE (city or town) (State or country) Hooper, Utah

MOTHER
15. MAIDEN NAME Hope Spencer
16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

17. INFORMENT (Address) Rulon E. Beus, Rigby, Ida.
18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Salt Lake City, Utah Date Feb. 18 1933
19. UNDERTAKER (Address) Jack A. Wood, Idaho Falls, Ida.
20. FILED 3 1 10, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Feb. 17 1933
22. ~~I~~ HEREBY CERTIFY, That I attended deceased from Feb 17, 1933 to Feb 17, 1933
I last saw ~~her~~ alive on Feb 17, 1933: death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci	
Spinal Meningitis	6 days

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Spinal puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
3/18/33 (Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82498

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 2140 Local Registrar's No. 40
(No. Spencer)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Oscar Linder
(a) Residence. No. Yellow Stone Hi Way N of Town.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Charlotta Linder
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: about 80 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): S. Ed. Johnson Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL. Place: Idaho Falls Date: 2/21, 1933
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida.
20. FILED: Feb 23, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 19 1933.
22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933, to Feb 19, 1933
I last saw him alive on Feb 19, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 8-33

Other contributory causes of importance:
Senility.

Name of operation: None Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82499

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Frank Fairfield Nye.

(a) Residence. No. 120 W. 18th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Nye

6. DATE OF BIRTH (month, day, and year): Nov 17, 1848

7. AGE: Years 84 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Miller &.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Justice of Peace. Flour.

10. Date deceased last worked at this occupation (month and year): March 1, 1936

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Madison Wisconsin.

FATHER

13. NAME: Sewell Nye.

14. BIRTHPLACE (city or town) (State or country): Maine. Unknown.

MOTHER

15. MAIDEN NAME: Ann.

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs Mary L. Nye Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 3/5, 1933

19. UNDERTAKER (Address): V. F. McHan. Idaho Falls Ida.

20. FILED 3/6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to March 1, 1933

I last saw him alive on Feb. 28, 1933; death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 yrs

Other contributory causes of importance:

Senility

Name of operation: none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry L. Willson, M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82500

PLACE OF DEATH—
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2640 Local Registrar's No. 24
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Margret Gardner
(a) Residence. No. St. Dubois, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) January 26 1933
7. AGE Years Months Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

FATHER
13. NAME David I. Gardner
14. BIRTHPLACE (city or town) (State or country) West Jordan, Utah

MOTHER
15. MAIDEN NAME Abigayle Pond.
16. BIRTHPLACE (city or town) (State or country) Grace, Idaho

17. INFORMENT (Address) David I. Gardner Dubois, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb. 1, 1933
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.
20. FILED Feb 1, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 31 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1933, to Feb 31, 1933.
I last saw her alive on Feb 1, 1933: death is said to have occurred on the date stated above, at 9 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	5 days

Other contributory causes of importance:
Premature Birth 8 months

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M.D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82501

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 J-0
Local Registrar's No. 21 —

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 b

2. FULL NAME Charles Henry Haynes

(a) Residence. No. Rt. #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Emily Haynes

6. DATE OF BIRTH (month, day, and year) March 7, 1859

7. AGE Years 73 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Steam shovel Engineer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME ? Haynes
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Mrs. Edith George Rt. #1 Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Feb. 6, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.

20. FILED Feb 6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Co medical attendance	
Reported pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82502

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2310
Local Registrar's No. 26
(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

480

2. FULL NAME John Olof Elg.
(a) Residence. No. P.O. Idaho Falls Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male ~~Female~~
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 17 1915

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: John E Elg.
14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER
15. MAIDEN NAME: Olga Johnson.
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): John E Elg. Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date 3/12, 1933
19. UNDERTAKER (Address): V. F. McHan Idaho Falls. Idaho
20. FILED Mar 10, 1933 C. A. Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 8 1933.
22. I HEREBY CERTIFY, That I attended deceased from 2-1-33, 1933, to 2-8, 1933
I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at 11:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic - Nephritis	
Uremic Convulsions	

Other contributory causes of importance:
Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edwin Clark, M. D.
(Address) Bonded Sheets

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82504

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No.
Primary Registration District No. 58
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME Douglas Eugene Rowland

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Idaho

FATHER

13. NAME Wallace Thomas Rowland

14. BIRTHPLACE (city or town) (State or country) Fairfield Idaho

MOTHER

15. MAIDEN NAME Loella Lavon Finch

16. BIRTHPLACE (city or town) (State or country) Fairfield Idaho

17. INFORMENT (Address) W. T. Rowland

18. BURIAL, CREMATION, OR REMOVAL Place Fairfield Date Feb 4, 1933

19. UNDERTAKER (Address) W. E. Haney Fairfield Idaho

20. FILED Feb 10, 1933 W. W. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1933 to Feb 1, 1933.
I last saw him alive on Feb 1, 1933: death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Jan 26 1933

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82505

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2006 Local Registrar's No. 21

(No. 9th East St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Martha M Beatty

(a) Residence. No. ~~1524 Fairview~~ St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1 - 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mercer Co
(State or country) Penn

FATHER

13. NAME Jackson Mumford

14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER

15. MAIDEN NAME Margaret Johnston

16. BIRTHPLACE (city or town)
(State or country) Penn

17. INFORMENT H E Beatty
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Mch 2, 1933

19. UNDERTAKER D. V. Peckham
(Address) Caldwell Idaho

20. FILED 3-4, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1930, to Feb. 26, 1933

I last saw h[illegible] alive on Feb. 24, 1933: death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho. Pneumonia.	Feb 17-33

Other contributory causes of importance:

Age. and. Myocarditis	1930

Name of operation No. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David E Baird, M. D.

(Address) Caldwell Ida.

Huntington Ave.

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82506

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 27

(No. 2216 - 3rd St. So. St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Clarence Griffetts

(a) Residence. No. 2216 - 3rd St. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hortense Griffetts

6. DATE OF BIRTH (month, day, and year): July 2nd 1897

7. AGE: Years 35 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Common

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Friendsville Tennessee

FATHER

13. NAME: Ambrose Griffetts

14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER

15. MAIDEN NAME: Luzina Jones

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMENT (Address): Mrs Ambrose Griffetts

18. BURIAL, CREMATION, OR REMOVAL: Place Nampa, Idaho Date 3-5, 1933

19. UNDERTAKER (Address): Wm. D. Talley Nampa, Idaho.

20. FILED Mar. 6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to March 2, 1933

I last saw h-- alive on Mar 2, 1933: death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. E. Mangan M. D.

(Address) Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82507

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1236
Local Registrar's No. 21

(No. 212-12th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Callie H. Miller

(a) Residence. No. 212½-12th Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Doris Miller

6. DATE OF BIRTH (month, day, and year) April 8th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vanoretta Oklahoma

FATHER

13. NAME Samuel David Miller

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Mattie Barnett

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Mrs. Mattie Barnett Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kohlerdawn Nampa Date 2—, 193

19. UNDERTAKER Wm D. Talley (Address) Nampa, Idaho

20. FILED Mar 6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933 to Feb 12, 1933

I last saw him alive on Feb 12, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs ago

Other contributory causes of importance:

(Quartz miner)

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. P. Ross, M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82508
State File No.

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 24
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME June Goodman

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed, or~~ divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baker City, Ore.

FATHER

13. NAME W.D.Watt

14. BIRTHPLACE (city or town) (State or country) Union, Ore.

MOTHER

15. MAIDEN NAME Jane Measel

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs H.E. Hall, Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date 2-17-, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Mar 6, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Feb 15, 1933
I last saw her alive on 2-15, 1933: death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Salpingitis	

Name of operation Rep. Drain Date of 2/14/33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Horace Belknap, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REMARK

FORM V. S. [illegible] RECEIVED MAR 9 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Canyon
City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1006
(No. 412 - 11 Ave S St.)

File No. 82509
Registered No. 23

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albin Hallberg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married (Write the word.)

6. DATE OF BIRTH. March (Month) 6 (Day) 1867 (Year)

7. AGE 65 Yrs. 11 Mos. ~~23~~ 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Sweeden

10. NAME OF FATHER E. C. Hallberg

11. BIRTHPLACE OF FATHER (State or Country) Sweeden

12. MAIDEN NAME OF MOTHER Helena M. Lustig

13. BIRTHPLACE OF MOTHER (State or Country) Sweeden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William Hallberg
(Address) 412 - 11 Ave So

15.
Filed Mar. 6 1933 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

49

16. DATE OF DEATH 2 (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/17 1932, to 1/7 1933, that I last saw him alive on 1/7 1933, and that death occured on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Right Kidney

(Duration) 2 Yrs. 10 mos. ds.
Contributory (Secondary) Influenza
(Duration ..... yrs. 1 mos. 8 ds.
(Signed) F. H. Thurston M. D.
2/11 1933 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 7 yrs. 1 mos. 11 days. In the State 47 yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? Same
Former or usual residence Same

19. PLACE OF BURIAL OR REMOVAL: Reynolds Creek Cemetery
DATE OF BURIAL: 2-14 1913

20. UNDERTAKER: F. K. Robinson
ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[illegible] - YORK CO., PTRS. & DRES. 24658

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82510

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 20
(No. 523 - 8 ave S
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Clara Dawson Jennes

(a) Residence. No. 523 - 8 ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ned Jennes

6. DATE OF BIRTH (month, day, and year) 10-22-59

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME J. A. Dawson

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Melissa Cornish

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMENT (Address) Ned Jennes Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 2-3, 1933

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED Mar 6, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933, to Feb 1, 1933

I last saw her alive on Feb 1, 1933; death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis about Jan 7th 1933 - Partial affecting speech & right side of body.	

Other contributory causes of importance Chronic heart affection Myalgia -

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Murray, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82511

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lenna Clefton

(a) Residence. No. Nampa Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-14-42

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Frank Scott
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date 2/2, 1933

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED Mar 6, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 — 1 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Feb 1, 1933.
I last saw h alive on Jan 31, 1933: death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. C. Bell M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82512

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 28
(No. Semloh Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Ruben R. Northop
(a) Residence. No. Semloh Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) May 3, 1842
7. AGE: Years 89 Months 9 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Norman Northrop
14. BIRTHPLACE (city or town) (State or country) Pendleton New York

MOTHER
15. MAIDEN NAME Celia Allen
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mr. Hartshorn

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa Date 3-5, 1933

19. UNDERTAKER (Address) Wm. D. Talley Nampa, Idaho

20. FILED Mar. 6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933, to March 2, 1933.
I last saw him alive on Mar 2, 1933: death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Pelvis & General Debility	

Other contributory causes of importance: Old age

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) V. C. Bellman M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82513

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 17

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Pete Elisburu

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 26, 93

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheephearder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alusti Spain

FATHER

13. NAME Francisco Elisburu

14. BIRTHPLACE (city or town) (State or country) Alusti Spain

MOTHER

15. MAIDEN NAME Dominga Arrisabalaga

16. BIRTHPLACE (city or town) (State or country) Alusti Spain

17. INFORMENT (Address) Marie Arte Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date Feb. 3 1933

19. UNDERTAKER F.K. Robinson (Address) Nampa 11Av. South.

20. FILED Feb. 26, 1933 Lyda Rudgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to Feb 1, 1933

I last saw him alive on Feb 1, 1933; death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Pancreas & Liver	

Other contributory causes of importance:

Name of operation Drain Gall Bladder Date of 7/11/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace P Belknap, M. D.

(Address) Nampa Ida

RECEIVED MAR 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82514

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Jefferson Frymire
(a) Residence. (Usual place of abode) No. 312 — 7 Ave S St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/28/61

7. AGE Years 71 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME John Frymire
14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER
15. MAIDEN NAME Griffey
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs Lena Frymire Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Ida Date 2/20, 1933

19. UNDERTAKER (Address) F. L. Robinson Nampa Ida

20. FILED Mar 6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933, to Feb 18, 1933
I last saw him alive on Feb 16, 1933: death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:
Had paralytic stroke about Feb 12 1933
Left side affected
Not conscious while I saw him.

Date of onset

Other contributory causes of importance:
Only saw him once & do not know the contributory causes.

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Paralysis Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) J. H. Murray, M. D.
(Address)

m

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82515

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 15
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Elmer Leroy Shanks
(a) Residence. No. Bowmont Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) —
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) 10-20-17
7. AGE Years 15 Months 3 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME H. G. Shanks
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Chamberger
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) H. G. Shanks Bowmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida Date 2-8, 1933

19. UNDERTAKER (Address) F. R. Robinson Nampa Ida

20. FILED Feb. 25, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1933, to Feb 5, 1933
I last saw him alive on Feb 5, 1933: death is said to have occurred on the date stated above, at 3:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgation and Infarcts.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W C Holt M D, M. D.
(Address) Nampa, Ida

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82516

PLACE OF DEATH

County of Canyon

City of —

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME John Daugherty

(a) Residence. No. — St. Rural
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 3/17/57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Wm Daugherty

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Bellvail.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) B. M. Fawley. Nilba Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kenyon Cem. Date 2/19, 1933

19. UNDERTAKER F. E. Robinson (Address) Nampa Ida

20. FILED Mar. 6, 1933 Hyde Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to time of death, 1933.

I last saw h alive on Jan 20, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Right Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. R. Proctor M.D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82517

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205 b

2. FULL NAME Peter Thiel

(a) Residence. No. Nampa Rural St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 5 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
58	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Jacob Thiel
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Henry Thiel Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 2-5-33 193

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED Feb. 25, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 193..., to Feb 1, 1933.
I last saw him alive on ~~Feb~~, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed	
Probable Heart trouble	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. C. Wolter M.D., M. D.
(Address) Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 19[illegible]

PLACE OF DEATH

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82518

Registration District No. 7

Primary Registration District No. 2206

Local Registrar's No. 29

(No. Wendilin Schey)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Wendilin Schey

(a) Residence. No. Three miles east of Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Baltus Schey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ---------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs W. Schey Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 3/27 1933

19. UNDERTAKER F. K. Robuck Nampa Ida
(Address)

20. FILED Mar 6, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Feb 25, 1933
I last saw him alive on Feb 25, 1933: death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	
Other contributory causes of importance:	
None	

Name of operation None Date of ~

What test confirmed diagnosis? Evident Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193~
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ~

(Signed) J. T. Meservey, M. D.
(Address) Nampa Ida

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82519

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Edwin J. Dickinson

(a) Residence. No. 1719 No 7" Boise Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1 1853

7. AGE: Years 79 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Janesville
(State or country) Wis

FATHER

13. NAME E C Dickinson

14. BIRTHPLACE (city or town) Mass
(State or country)

MOTHER

15. MAIDEN NAME Sarah Jehu

16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMENT H.H. Dickinson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 3-4-33, 193

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 3-2-, 1933 - J.S. Meyer - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 2-33 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933, to March 2, 1933

I last saw him alive on March 2, 1933 death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	several years
Other contributory causes of importance:	
Chronic nephritis	not known

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82520

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 18

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME W H Barnett
(a) Residence. No. 622 Chicago St St. Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Mayme Barnett

6. DATE OF BIRTH (month, day, and year): Jan 10-1871

7. AGE: Years 62 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 48 yrs

12. BIRTHPLACE (city or town) (State or country): Logansport Ind

FATHER
13. NAME: Harrison Barnett
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Emma Bellville
16. BIRTHPLACE (city or town) (State or country): Cincinnati Ohio

17. INFORMENT (Address): Mrs Mayme Barnett Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Caldwell Ida Date: 2-24, 1933

19. UNDERTAKER (Address): Paul L. Case Caldwell Idaho

20. FILED 2-21, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 20-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15-, 1933, to 2-20-, 1933
I last saw him alive on 2-19-, 1933: death is said to have occurred on the date stated above, at 8.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of the heart.	2-20-33

Other contributory causes of importance:
Carcinoma of the liver

Name of operation: None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. A. Killoy, M. D.
(Address) Nampa, Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82521

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Barrena Wiseman

(a) Residence. No. 1509 - 9th (Usual place of abode) Caldwell St. R#3 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Davenport (State or country) Iowa

FATHER

13. NAME Joseph Barrena

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Peterson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Alonzo Wiseman Caldwell Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date 2-15, 1933

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 2-27, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-13-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
no physician in attendance	
Patient totally blind	
For physical condition	
and getting lines & bile	
Cantle.	
Other contributory causes of importance:	
Flu	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. V. Peckham M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82522

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel S. Potter 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Stella Potter

6. DATE OF BIRTH (month, day, and year) Feb 1 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
42	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Toronto

FATHER
13. NAME Jabez S. Potter
14. BIRTHPLACE (city or town) (State or country) Calloway Mo.

MOTHER
15. MAIDEN NAME Abbie Elizabeth Fuscett
16. BIRTHPLACE (city or town) (State or country) Christian Co. Mo

17. INFORMENT (Address) J. S. Potter Wilder, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date Feb. 12, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 2-17, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1930, 1933 to Feb. 9, 1933
I last saw him alive on Jan 24, 1933; death is said to have occurred on the date stated above, at 2:15 a.m.
Keep in touch with him by telephone
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Cardiac Dilatation	1933 Feb 9
Chronic Bronchial Asthma	
Heart attack followed a severe	
Other contributory causes of importance: attack of Asthma	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. M. Kaley, M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED AR 11 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005 Local Registrar's No. 15

DO NOT WRITE IN THIS SPACE
82523
State File No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Ann Robbins

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 18-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
79	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton Ohio.
(State or country)

FATHER

13. NAME G. F. W. Brown

14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER

15. MAIDEN NAME Jane Powell

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMENT Mrs Minnie Fleming
(Address) Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 2-9, 1933

19. UNDERTAKER C. T. Peckham
(Address) Caldwell Idaho

20. FILED 2-17, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Feb 6, 1933

I last saw her alive on Feb 6, 1933: death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Caldwell Ida ....., M. D.

(Address) Dr Montgomery

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82524

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 5
Primary Registration District No. 2005
Local Registrar's No. 19
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Abner Francis Gibson

(a) Residence. No. Nampa RF#2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Millie Gibson

6. DATE OF BIRTH (month, day, and year) Nov 4-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oswego (State or country) Kansas

FATHER
13. NAME Abner Gibson
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Lucy Crain
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT Millie Gibson (Address) Nampa, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date Mch 1, 1933

19. UNDERTAKER C. A. Deephaven (Address) Caldwell Idaho

20. FILED 3-4, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933, to Feb 7, 1933
I last saw him alive on Feb 7, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	14 yrs

Other contributory causes of importance:
Pyorrhea very bad
Refused to have teeth pulled

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. R. Whittenberger M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82525

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Irvin Merrello Baldwin.
(a) Residence. No. 1303 Arlington Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Baldwin
6. DATE OF BIRTH (month, day, and year) Aug. 11-1853
7. AGE Years 79 Months 6 Days 14 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germin, N.Y.

FATHER
13. NAME Oren H Baldwin
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Jane E Birdlebaugh
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. J. Baldwin Caldwell Ida
18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 2-28, 1933
19. UNDERTAKER (Address) C. V. Peckham Caldwell, Idaho
20. FILED 3-4, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-25 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932 to Feb 25, 1933
I last saw him alive on Feb 9, 1933; death is said to have occurred on the date stated above, at 3:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Nov 25, 1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. R. Whittenberger D.O., M.D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82526

PLACE OF DEATH
County of Canyon
City of Huston

Registration District No. 3
Primary Registration District No. 2006
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Bessie Clare Kirkpatrick

(a) Residence. No. Huston, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ralph R. Kirkpatrick

6. DATE OF BIRTH (month, day, and year) April 19, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME N. C. Harper

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Frances May Brownlee

16. BIRTHPLACE (city or town) Monmouth (State or country) Illinois.

17. INFORMENT (Address) Ralph R. Kirkpatrick Huston

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3-5, 1933

19. UNDERTAKER Paul L. Case (Address) Caldwell, Ida.

20. FILED 3-6, 1933 John A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1932, to Feb. 28, 1933,
I last saw her alive on Feb. 26, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Nov. 32,

Other contributory causes of importance:

Interglandular Peritonitis with Ascites (General)	Joint TB 1928 Jan. 33
thus began in January,	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. Haley, M. D.
(Address) Caldwell Ida

RECEIVED JAN 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82527

County of Canyon
City of Greenleaf
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Anner D. Benedict

(a) Residence. No. Greenleaf Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 28-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wayne Co Ohio

FATHER

13. NAME Egesa Benedict

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ruth Gidley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. H. Benedict Greenleaf Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Idaho Date 2-8, 1933

19. UNDERTAKER S. V. Buckman (Address) Caldwell Ida

20. FILED 2-17, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1933, to Feb 5, 1933

I last saw he alive on Feb 5, 1933: death is said to have occurred on the date stated above, at 11-45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. M. Montgomery M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82528

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 25
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jackson Baldwin Breeze
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marrie Breeze.

6. DATE OF BIRTH (month, day and year) Mar. 19 - 1870

7. AGE Years 62 Months 10 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS
10. NAME OF FATHER David Breeze.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Eliza Baldwin
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill.

14. Informant (Address) My Marrie Breeze Burley Idaho

15. Filed Feb 17, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 15 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw him alive on Feb 14, 1933
and that death occurred, on the date stated above, at 3:20 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) G. G. Espe, M. D.
....., 19.... (Address) .....

19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 2-19 1933

20. Undertaker D. E. Johnson Address Burley

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82529

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 26

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Ethel Flowers

(a) Residence. No. North Almo St.

(Usual place of abode.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Jim Flowers.

6. DATE OF BIRTH (month, day and year) Nov. 7- 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeping
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hagerman Idaho

PARENTS

10. NAME OF FATHER Frank McEvers

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Blair Nebraska

12. MAIDEN NAME OF MOTHER Mary Poulton

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Hagerman Idaho

14. Informant (Address) Mrs. Jim Flowers. North Almo ave.

15. Filed Feb 21, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 20, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1933, to Feb. 20, 1933
that I last saw her alive on Feb. 20, 1933
and that death occurred, on the date stated above, at 11:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Puerperal Fever.

(duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ....yrs. ....mos. 16 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hugh W. Dean, M. D.

....., 19.... (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley City Cemetery	2/24/1933
20. Undertaker	Address
J. C. Johnson	Burley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82530

PLACE OF DEATH
County of Cassia
City of Oakley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 27
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Mecham
(a) Residence No. Oakley, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Matilda Tuttle Mecham

6. DATE OF BIRTH (month, day and year) Feb. 16-1850

7. AGE Years 83 Months Days 12 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Woodbine-Harrison Co. Iowa

PARENTS
10. NAME OF FATHER Mecham
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Eldon Mecham Burley, Idaho.

15. Filed Feb 29, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933, to Feb. 27, 1933
that I last saw him alive on Feb. 12, 1933
and that death occurred, on the date stated above, at 5:00 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Thrombosis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis
Hypotension (duration) 20 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Beymer, M. D.
3-6, 1933 (Address) Burley, Idaho.

19. Place of Burial, Cremation, or Removal Oakley City Cemetery Date of Burial 3/3 1933

20. Undertaker H. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82531

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2126
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mathew Alexander Pratt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single, Married, Widowed,~~ or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wynne Mary

6. DATE OF BIRTH (month, day, and year) June 25-1870

7. AGE: Years 62 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Agriculture

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Box Co Tex

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Box Co Miss

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Alva Pratt Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Cem Date 3-20, 1933

19. UNDERTAKER (Address) Jas P Pepper Burley Ida

20. FILED Feb 18, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933 to Feb 18, 1933

I last saw him alive on Feb 18, 1933: death is said to have occurred on the date stated above, at 7:00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	Feb 14

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh E Dewey, M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82532

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Thelma May Winward

(a) Residence. No. North Moulta ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Winward

6. DATE OF BIRTH (month, day, and year) May 20, 1903

7. AGE Years 29 Months 9 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jimestown Ida

FATHER
13. NAME Henry Stoddard
14. BIRTHPLACE (city or town) (State or country) Hooper Utah

MOTHER
15. MAIDEN NAME Rhoda Cannon
16. BIRTHPLACE (city or town) (State or country) Hooper Utah

17. INFORMENT (Address) Dell Winward Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weyburn Date 3-1, 1933

19. UNDERTAKER (Address) Jos. P. Pargne

20. FILED Feb 25, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1933, to 2-24, 1933

I last saw her alive on 2-24, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: mitral regurgitation

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G. G. Espe, M. D.

(Address) Burley

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82533

PLACE OF DEATH
County of Cassia
City of Declo

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 20

(No.) 146
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME De Ette L. Rytting
(a) Residence. No. Declo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Douglas Rytting
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 26 Months 2 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salem Utah

FATHER
13. NAME: Isaac J. Larsen
14. BIRTHPLACE (city or town) (State or country): Salem Ut.

MOTHER
15. MAIDEN NAME: Delila J. Mitchell
16. BIRTHPLACE (city or town) (State or country): Salem Ut.

17. INFORMENT (Address): Douglas Rytting Declo Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Burley Date: 2-21, 1933
19. UNDERTAKER (Address): S. T. Layne Burley Ida
20. FILED Feb 18, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to Feb 17, 1933
I last saw her alive on Feb 17, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows: Femoral Thrombosis Sepsis — Date of onset
Other contributory causes of importance: gangrene of the foot
Name of operation: none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify Puerperal
(Signed) Fayre H. Kenagy, M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82535

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 22
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Louise Joll
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) April 1-1918
7. AGE Years 14 Months 9 Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS
10. NAME OF FATHER Theadore E Joll
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill
12. MAIDEN NAME OF MOTHER Birdie Blake
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Colorado

14. Informant (Address) N S Joll Burley Ida.
15. Filed Feb 10, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 8 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1933, to Feb. 8, 1933
that I last saw her alive on Feb. 8, 1933
and that death occurred, on the date stated above, at 8 P. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) Joseph Hemstad M. D.
Feb 10, 1933 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial Feb 11 1933
20. Undertaker W. E. Johnson Address Burley

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82536

PLACE OF DEATH

County of Cassia
City of Oakley

CERTIFICATE OF DEATH

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Littlefield
(a) Residence. No. Oakley Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Littlefield

6. DATE OF BIRTH (month, day and year) June 29-1881

7. AGE Years 51 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mason
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Canville
(State or country) Utah

PARENTS

10. NAME OF FATHER David Littlefield
11. BIRTHPLACE OF FATHER (city or town) Kirkland
(State or Country) Ill.
12. MAIDEN NAME OF MOTHER Louisa Riggs
13. BIRTHPLACE OF MOTHER (city or town) Kirkland
(State or County) Ill.

14. Informant (Address) Mrs. Mary Littlefield Oakley Idaho

15. Filed Feb 10, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1930, to Feb. 8, 1933
that I last saw him alive on January 26, 1933
and that death occurred, on the date stated above, at 6 30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Arthritis
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Chas. S. Beymer, M. D.
Feb. 10, 1933 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Oakley Ida. Date of Burial 2/10/33
20. Undertaker D. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED MAR 13 1933

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82537

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Edward Huber

(a) Residence. No. North Hansen St. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Joseph C. Huber

6. DATE OF BIRTH (month, day and year) Sept. 22-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) Paris
(State or country) France

PARENTS

10. NAME OF FATHER Joseph C. Huber

11. BIRTHPLACE OF FATHER (city or town) Paris
(State or Country) France

12. MAIDEN NAME OF MOTHER Mary Ann Slack

13. BIRTHPLACE OF MOTHER (city or town) France
(State or County)

14. Informant Geo. Huber
(Address) North Hansen ave.

15. Filed Feb 11, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1933, to Feb 4, 1933 that I last saw him alive on Feb. 4, 1933 and that death occurred, on the date stated above, at 8:30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio. sclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hugh E Deacon, M. D.

Feb 11, 1933 (Address) Burley Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley City Cemetery	2/8/1933
20. Undertaker D. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82538

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 10

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

M4a

2. FULL NAME Emma Gordon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femal	white	Widowe

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7 186/

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentuckey

FATHER

13. NAME D. Rickey ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Mr Schmidt Weippe

18. BURIAL, CREMATION, OR REMOVAL Place Red Wing Minn Date ....., 193..

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED Feb 27, 193.. W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Feb 27, 1933

I last saw her alive on 2-27-33, 193.., 9.30A; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-27-33

Other contributory causes of importance:

asthma of many years duration	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A.B. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82539

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 11

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William F. Heller

(a) Residence. No. ..... St. Kellogg, Idaho -
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) October 5, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newsvendor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver Colorado

FATHER

13. NAME Frank A. Heller

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Elizabeth Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery, St. Hosp. No. Date March 1, 1933

19. UNDERTAKER F. A. Billberg, Hosp. Attat. (Address) Orofino - Idaho

20. FILED 3/2 8, 1933 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1931, to February 28, 1933

I last saw him alive on February 27, 1933: death is said to have occurred on the date stated above, at 5 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Alcoholic psychosis	

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho -

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82540

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 9
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME John Berglund
(a) Residence. No. Orofino Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 8 mos. ds. How long in U. S. if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Berglund

6. DATE OF BIRTH (month, day and year) Sept 3 - 1857

7. AGE Years 75 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor all
(c) Name of employer kinds

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10. NAME OF FATHER John Berglund
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Unascertained
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Axel Berglund Orofino Ida

15. Filed 2/25, 19 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 23 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-22-, 1933, to 2-23-, 1933
that I last saw him alive on 2-22-, 1933
and that death occurred, on the date stated above, at 3:50 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma - Peritonium ~~Metastasis~~ also bladder and prostate. (Metastatic) unknow
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) W. H. Robertson, M. D.
2/25, 1933 (Address) Orofino Idaho

19. Place of Burial, ~~Cremation, or Removal~~ Orofino Ida. Date of Burial 2-25 1933

20. Undertaker Orofino Mortuary Address Orofino Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82541

PLACE OF DEATH
County of Custer
City of Mackay
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 168
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Marker 160
(a) Residence. No. Mackay, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant
6. DATE OF BIRTH (month, day and year): Feb. 2, 1933
7. AGE: Years | Months | Days 4 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (city or town) (State or country): Mackay, Idaho

PARENTS
10. NAME OF FATHER: Earl J. Marker
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Idaho
12. MAIDEN NAME OF MOTHER: Viola Stout
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Idaho

14. Informant (Address): Earl J. Marker, Mackay, Ida
15. Filed Feb. 15 1933 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 6 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1933, to Feb. 5, 1933
that I last saw him alive on Feb. 5, 1933
and that death occurred, on the date stated above, at 1.30 a.m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Congenital Heart
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. A. Jensen, M. D.
....., 19.... (Address) Mackay

19. Place of Burial, Cremation, or Removal: Mt. McColeb Cemetary
Date of Burial: 2-7- 1933
20. Undertaker: none
Address: .....

RECEIVED MAR 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82543

PLACE OF DEATH
County of Custer
City of Bonanza.

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 150
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME JACK J. WILSON

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1860

7. AGE Years 72 Months X Days X If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) RESTAURANT AT RIRIE IDAHO
(c) Name of employer SELF

9. BIRTHPLACE (city or town) (State or country) SAN FRANCISCO

PARENTS
10. NAME OF FATHER X
11. BIRTHPLACE OF FATHER (city or town) (State or Country) X
12. MAIDEN NAME OF MOTHER X
13. BIRTHPLACE OF MOTHER (city or town) (State or County) X

14. Informant (Address) Paul F Schmoldt. Bonanza IDA

15. Filed Feb. 28, 1933 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH SECOND (Month) TENTH (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 12 45 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

SICKNESS and OLD AGE

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis?
(Signed) No Dr in attendance, M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal BONANZA
Date of Burial FEB 16 1933

20. Undertaker [illegible]
Address Challis Ida

Copy [illegible]

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82546

PLACE OF DEATH

County of Franklin
City of Dayton

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 10
(No.) 10
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Darreld Davis Taylor

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 30 1933

7. AGE Years Months Days 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dayton, Idaho

PARENTS

10. NAME OF FATHER James O. Taylor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dayton
12. MAIDEN NAME OF MOTHER Velma Davis Velma Davis
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dayton Ida.

14. Informant (Address) James O. Taylor Dayton, Idaho

15. Filed Mar 8, 1933 G. W. Staters Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 8 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 8, 1933
that I last saw him alive on Feb 8, 1933
and that death occurred, on the date stated above, at 5 20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature - 7½ mo

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Orson L. Dames M. D.
Feb 9, 1933 (Address) Preston

19. Place of Burial, Cremation, or Removal Dayton, Idaho. Date of Burial Feb. 10 19

20. Undertaker M. W. Hendricks Address Preston, Ida.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82547

PLACE OF DEATH

County of Franklin
City of Fairview

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 9
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. **FULL NAME** Van Haslam Wiser

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day and year) Oct 15, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fairview Idaho

PARENTS

10. NAME OF FATHER Wm. H. Wiser
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lewiston Utah
12. MAIDEN NAME OF MOTHER Emma Haslam
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wellsville Utah

14. Informant (Address) Wm. H. Wiser

15. Filed Mar 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 1, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Feb 1, 1933
that I last saw alive on Feb 1, 1933
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Measles

(duration) — yrs. — mos. 2 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) G. W. States, M. D.
Feb 2, 1933 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewiston Utah	Feb. 4, 1933
20. Undertaker: None	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82548

PLACE OF DEATH

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Carol June Bowden

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 10 yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 30 1933

7. AGE Years	Months	Days	If LESS than 1 day,
		10	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CHILD
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

PARENTS

10. NAME OF FATHER Robert John Bowden
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lewiston Utah
12. MAIDEN NAME OF MOTHER Eva Bertha Worston
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Preston Idaho

14. Informant Robert J. Bowden
(Address) Preston Idaho

15. Filed Mar 8, 1933 G. W. States Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 9, 1933
that I last saw her alive on Feb 9, 1933
and that death occurred, on the date stated above, at 4:40 a m.
The CAUSE OF DEATH* was as follows:
Patent Ductus Arteriosus
with Myocardial Decompensation
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Orson A. Dance M. D.
Feb 9, 1933 (Address) Preston Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewiston Utah	Feb 9 1933
20. Undertaker M. W. Hendricks	Address Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82549

PLACE OF DEATH

County of Franklin

City of ~~Preston~~ Dayton

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mary Ekvira Perkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 40 yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Naphi Perkins

6. DATE OF BIRTH (month, day and year): Sept 3 1868

7. AGE: Years 64 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Dayton Idaho

PARENTS

10. NAME OF FATHER: George M. Mendenhall

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Del.

12. MAIDEN NAME OF MOTHER: Celestia Ann Mecham

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Iowa

14. Informant: A. J. Mendenhall brother
(Address) Richmond Ut.

15. Filed Mar 8, 1933 G. W. Stokes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-3-32, 19..., to 2-15-, 1933

that I last saw her alive on Feb. 15, 1933

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cholelithiasis

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. R. Cutler, M. D.

....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Dayton Idaho | Date of Burial: Feb 18 1933

20. Undertaker: M. W. Hendricks | Address: Preston Idaho

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82550

PLACE OF DEATH

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 3119
Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

916

2. FULL NAME Harriett Emaline Johnson

(a) Residence. No. ..... St. .....
(If nonresident give city or town and State)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Johnson

6. DATE OF BIRTH (month, day and year) Feb 23 1862

7. AGE	Years	Months	Days	If LESS than 1 day,
	70	II	26	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Lehi Utah

PARENTS

10. NAME OF FATHER Suel Lamb
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Elizabeth Zimmerman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penn.

14. Informant James Johnson husband
(Address) Preston Idaho

15. Filed Mar 4, 1933 G. M. State Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 19 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 of, 1932 to Jan 19, 1933
that I last saw h[er] alive on Jan 19, 1933
and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:
General arterio sclerosis
Chronic Myocarditis
Uremia
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. R. Cutler, M. D.
....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	Feb 22 1933

20. Undertaker	Address
M. W. Hendricks	Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82551

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119

Local Registrar's No. 14

(No.) 88 L
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ole Taylor

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Taylor

6. DATE OF BIRTH (month, day and year) July 13 1884

7. AGE	Years	Months	Days	If LESS than 1 day,
	48	6	28	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

PARENTS

10. NAME OF FATHER John H. Taylor

11. BIRTHPLACE OF FATHER (city or town) England
(State or Country)
Mother OleAnna Olsen

12. MAIDEN NAME OF MOTHER Place of birth Norway

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant Mary Taylor wife
(Address) Preston Idaho

15. Filed Mar 8, 1933 G. W. Slates Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 11 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1932, to Feb. 11, 1933
that I last saw h[illegible] alive on Feb. 11, 1933
and that death occurred, on the date stated above, at 10 20 p.m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis with Decompensation
(duration) 8 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Orson L. Daines M. D.
Feb. 14, 1933 (Address) Preston, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	Feb 15 1933
20. Undertaker	Address
M. W. Hendricks	Preston Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82552

PLACE OF DEATH

County of FREMONT
City of MARYSVILLE

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JESSE, ESQUIRE CORDINGLEY

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word.)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN. H. CORDINGLEY

6. DATE OF BIRTH (month, day and year) NOV. 27th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	-	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) HEBER CITY
(State or country) UTAH

PARENTS

10. NAME OF FATHER E.W.JONES

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) D.K.

12. MAIDEN NAME OF MOTHER JANE PIERCE

13. BIRTHPLACE OF MOTHER (city or town) GLASCOW
(State or County) SCOTLAND

14. Informant JOHN .H. CORDINGLEY
(Address) MARYSVILLE IDAHO

15. Filed 2/28/33, 19.....
Registrar. Lewis Kiser

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2-27-'33
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
2-11-'33, 19..., to 2-27-'33, 19...
that I last saw h.er alive on 2-25-'33, 19...
and that death occurred, on the date stated above, at 2:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1. Acute myocardial failure
2. Bronchial pneumonia
3. Chronic thyrotoxicosis
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) 1. Chr. Myocarditis.
2. Marasmus. (duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? None.

(Signed) N. W. Daly, M. D.
2/28/33, 19... (Address) Ashton, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
ASHTON IDAHO	3/2/33 19
20. Undertaker	Address
LEWIS KISER ASHTON	IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82553

PLACE OF DEATH

County of FREMONT
City of ASHTON

CERTIFICATE OF DEATH

Registration District No. 102
Primary Registration District No. 6 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME SAMUEL, MAINE COLLIER.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
MALE	WHITE	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2/21/33.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	—	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) ASHTON IDAHO
(State or country)

PARENTS

10. NAME OF FATHER SAMUEL COLLIER
11. BIRTHPLACE OF FATHER (city or town) SPENCER IDAHO
(State or Country)
12. MAIDEN NAME OF MOTHER CLARA MONT CHESTER
13. BIRTHPLACE OF MOTHER (city or town) IDAHO
(State or County)

14. Informant SAMUEL COLLIER
(Address) ASHTON IDAHO

15. Filed 2/25.33, 19 Lewis Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

2-24-'33

16. DATE OF DEATH 2-24-'33, 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-21-'33, 19, to 2-24-'33, 19
that I last saw him alive on 2-24-'33, 19
and that death occurred, on the date stated above, at 11: PM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
1. Delayed Cerebral Hemorrhage.
(Birth Injury)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) N. W. Daty, M. D., M. D.
2/24/33, 19 (Address) Ashton, Idaho

19. Place of Burial, Cremation, or Removal ASHTON IDAHO
Date of Burial 2/25/33 19
Address Ashton Idaho

20. Undertaker Lewis Kiser

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82554

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME John Hurst Pitt

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year) Mar. 2-1917

7. AGE: Years 15 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho.

FATHER
13. NAME John Hurst
14. BIRTHPLACE (city or town) (State or country) Logan, Utah

MOTHER
15. MAIDEN NAME Laura Mace
16. BIRTHPLACE (city or town) (State or country) Fillmore, Utah

17. INFORMENT (Address) Mrs Laura Pitt St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date 2/25/33 193

19. UNDERTAKER (Address) W. M. Hansen St. Anthony, Idaho

20. FILED March 4, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1933, to Feb. 22, 1933
I last saw him alive on Feb. 19, 1933: death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:
Acute Brights

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....
(Signed) P. M. Kelly, M.D.
(Address) St. Anthony, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82555

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Fannie Emeline Clark

(a) Residence. No. St. Anthony Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE OF J. P. L. Clark

6. DATE OF BIRTH (month, day, and year) June 18-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Edward Bowles

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Margaret Litz

16. BIRTHPLACE (city or town) Ill
(State or country)

17. INFORMENT William Clark
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date Jan. 23 193 3

19. UNDERTAKER
(Address) St. Anthony, Idaho

20. FILED March 4, 1933 Sarah V. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1933, to Jan 20, 1933
I last saw her alive on Jan 20, 1933; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Chronic myocarditis and endocarditis with decompensation	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
ND If so, specify

(Signed) J. A. Allyson, M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82556

PLACE OF DEATH
County of Fremont
City of Wilford
Registration District No. 99
Primary Registration District No. 9977
Local Registrar's No. 67

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Edison Smith

(a) Residence. No. St. Anthony Idaho Route 1 St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary E. Layton Smith

6. DATE OF BIRTH (month, day, and year) Oct. 29 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
59	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as ~~w~~k mill, saw mill, bank etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Farmington Utah
(State or country)

FATHER

13. NAME Thomas E. Smith

14. BIRTHPLACE (city or town) Farmington
(State or country) Utah

MOTHER

15. MAIDEN NAME Elizabeth Udy

16. BIRTHPLACE (city or town) Farmington
(State or country) Utah

17. INFORMENT Mrs Thomas E. Smith
(Address) St. Anthony Idaho Route 1

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date Feb. 8, 1933

19. UNDERTAKER F. M. Hansen
(Address) St. Anthony Idaho

20. FILED Feb 9, 1933 Sara Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to Dec. 15, 1932
I last saw him alive on Dec. 13, 1932; death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. M. Kelly, M.D.
(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82557

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 9177 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Donna Jean Jenkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): July 14/32

7. AGE: Years | Months: 6 mo | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): St. Anthony, Ida

FATHER
13. NAME: Franklin Edward Jenkins
14. BIRTHPLACE (city or town) (State or country): Egin, Ida.

MOTHER
15. MAIDEN NAME: Edith Maxine Cottom
16. BIRTHPLACE (city or town) (State or country): Rupert, Ida.

17. INFORMENT (Address): Father

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address)

20. FILED Feb 4, 1933 Sarah [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1933, to Feb. 4th, 1933
I last saw her alive on Feb. 4, 1933: death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
not known	
(Probably throat obstruction)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) P. M. Kelly M. D.
(Address) St. Anthony, Idaho.

RECEIVED FEB 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82558

PLACE OF DEATH
County of Fremont
City of Island Park

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2052

2. FULL NAME Fred Winmore

(a) Residence. No. Ashton, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	XXX	XXX	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Prince Abbert Island
(State or country) Canada

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) .....
(State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country) Not Known

17. INFORMENT
(Address) St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Riverview Date Jan. 22, 193 3

19. UNDERTAKER H. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Jan 22, 193 3 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death now known	
(Found dead in Cabin Jan. 18th, 1933	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Co. Coroner, M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 21 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Fremont State _____ Registered No. 82558

Township _____ or Village _____ or

City Island Park No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Fred Winmore

(a) Residence: No. _____ St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 72 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19__

19. UNDERTAKER (Address)

20. FILED _____, 19__ _____ *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h____ alive on _____, 19__; death is said to have occurred on the date stated above, at _____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of death not known	
Found dead in cabin Jan. 18,	1933.

Other **contributory causes** of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. M. Hansen Co Coroner, M.D.

(Address) St. Anthony Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

C11—3184

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82559

PLACE OF DEATH
County of Gooding
City of Bliss

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 215

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack Nickola

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): unknown
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: about 13 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Date , 193
19. UNDERTAKER (Address)
20. FILED 3-1-, 1933 J. A. Crowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1933
22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide.	
by Gun shot.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury Rifle Wound

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) A. E. Manuel Coroner, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 3 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82560

PLACE OF DEATH
County of GOODING
City of GOODING
Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 215
(No. 105)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILLIS ELMA CROMWELL

(a) Residence. No. 7TH. & OREGON ST. St. GOODING, IDA.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of J. H. CROMWELL. M.D.

6. DATE OF BIRTH (month, day, and year) 12-4-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) FEB. 17. 33
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) PLEASANT HILL
(State or country) PIKE CO. ILLINOIS

FATHER
13. NAME JAMES R. BERRY
14. BIRTHPLACE (city or town) PLEASANT HILL
(State or country) ILLINOIS

MOTHER
15. MAIDEN NAME MARGARET BUTLER
16. BIRTHPLACE (city or town) MARTINSBURG
(State or country) ILLINOIS

17. INFORMENT (Address) J. H. Cromwell Gooding, Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place ELMWOOD Date MAR 1ST 1933
19. UNDERTAKER A.E. THOMPSON
(Address) GOODING, IDA.
20. FILED 3-1-, 1933 J. H. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-26 1933
22. I HEREBY CERTIFY, That I attended deceased from 1928, 193__, to 2-26-, 1933
I last saw her alive on 2-26-, 1933: death is said to have occurred on the date stated above, at 12:32 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHIAL ASTHMA	1928
Other contributory causes of importance:	
PARALYTIC ILEUS	2-20-33

Name of operation NONE Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 193__
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify
(Signed) J. H. Cromwell M. D.
(Address) Gooding Idaho

RECEIVED MAR 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82562

PLACE OF DEATH

County of Idaho

City of Kooskia

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

12

2. FULL NAME William D. Johnson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eliza Jane Grantham

6. DATE OF BIRTH (month, day, and year) April 19-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Green Co. Missouri

FATHER

13. NAME Berlon Johnson

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMENT (Address) Floyd Harrison Kooskia - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kamiah Date Feb 20, 1933

19. UNDERTAKER Geo. Freeman (Address) Kooskia - Idaho

20. FILED Mr 20, 1933 J M Verbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Feb 18, 1933

I last saw b alive on Feb 1, 1933.: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Sclerosis	
Chronic Interstitial Nephritis	
Chronic Bronchitis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Verbeck M. D.

(Address) Kooskia - Idaho

RECEIVED MAR 15 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82563

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 346

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Betsy Ann Hovey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Wesley Hovey

6. DATE OF BIRTH (month, day, and year): September 9-1847

7. AGE: Years 85 | Months 5 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Bath - Maine

FATHER

13. NAME: John Sargent

14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER

15. MAIDEN NAME: Sarah Cole

16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMENT (Address): Mrs Maud McClarkey, Kooskia - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: ~~February 18~~ Kooskia Date: Feb 18, 1933

19. UNDERTAKER (Address): Geo Freeman, Kooskia - Idaho

20. FILED: Feb 18, 1933 J M Verbeekmoes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): February 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Feb 16, 1933

I last saw her alive on Feb 16, 1933; death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J M Verbeekmoes, M. D.

(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82564

County of Idaho
City of Kamiah (Rural)
Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Kessler

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: David Kessler

6. DATE OF BIRTH (month, day, and year): Dec. 17, 1849

7. AGE: Years 83 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: ~~Housewife~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maine

FATHER

13. NAME: Marvin Higgins
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Abie Brown
16. BIRTHPLACE (city or town) (State or country): not Known

17. INFORMENT (Address): Mrs. M. E. McCalye, Kamiah, Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow, Ida. Date: Mar. 1, 1933
19. UNDERTAKER: W. P. Short (Address): Moscow, Ida.
20. FILED 3-11, 1933 Nell Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 27 1933

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1933, to 2/27—, 1933.
I last saw h[illegible] alive on 2/26—, 1933: death is said to have occurred on the date stated above, at 1 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral - insufficiency -	

Other contributory causes of importance:

Fractured femur	

Name of operation: Reduction of fract. Date of: 12/6/32
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: 12/6, 1932
Where did injury occur? Moscow - Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home -
Manner of injury: Fall
Nature of injury: Fract. hip.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Kamiah - Idaho.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82565

PLACE OF DEATH

County of Jaho

City of Riggins

Registration District No. 108

Primary Registration District No. 2181

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Christ Arnold.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-14-1849

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Denny D. Standish

18. BURIAL, CREMATION, OR REMOVAL Place Riggins Ida. Date 2-12- 1933

19. UNDERTAKER (Address)

20. FILED 3-9, 1933 B. C. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1933, to -2-10-, 1933

I last saw ~~him~~ alive on , 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorrhage	2-7-33
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. O. Chipman, M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

N. B...WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82566

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 10 3
Primary Registration District No. 1001
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Baker Himmelspak 88 5

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/17/1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baden Germany

FATHER

13. NAME Nebemuk Himmelspak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine - - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Maude E Bygrave

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date March 2 1933

19. UNDERTAKER Ed Thomas
(Address) Grangeville Ida

20. FILED 3-9-, 1933 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1- , 1932, to Feb 27- , 1933
I last saw h alive on Feb 27 , 1933; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) B Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82567

PLACE OF DEATH
County of Idaho
City of Grangeville Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 8

(No.) 183
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George William Heinecke

(a) Residence No. Grangeville St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gwendolyn Heinecke

6. DATE OF BIRTH (month, day, and year) 11/11/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burr Oak Wisconsin

FATHER

13. NAME Frank Heinecke

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME Minnie —

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Gwendolyn Heinecke

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Date Mar 26, 1933

19. UNDERTAKER (Address) E A Hammett Grangeville Idaho

20. FILED 3-9, 1933 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1933, to 2-21, 1933.

I last saw h alive on 2-11, 1933: death is said to have occurred on the date stated above, at 7.45 C m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound thru right lung	

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-21, 1933

Where did injury occur? Grangeville Idaho Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Neighbor's Farm

Manner of injury Accidental discharge of gun

Nature of injury Gunshot wound in R. Lung.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. W. Hengry, M. D.

(Address) Coroner Ida. Co. Kooskia Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82568

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 7
(No.) 179
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Alvina Griner

(a) Residence. No. Stites, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 9 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
one	one	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Stites, Idaho
(State or country)

PARENTS

10. NAME OF FATHER Phillip Griner
11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)
12. MAIDEN NAME OF MOTHER Ada Violet Collins
13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country)

14. Informant Phillip Griner
(Address) Stites, Idaho

15. Filed 3-9, 1933. B.C. Chipman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February, 16, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933, to Feb 16, 1933
that I last saw her alive on Feb 15, 1933
and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:
Toxemia from extensive third degree burns on limbs and body.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) J.S. Hancock, M. D.
Feb 16, 1933 (Address) Grangeville, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kooskia, Idaho	2-18-33 19
20. Undertaker	Address
Hancock	Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 193[illegible]

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82569

Registration District No.

Primary Registration District No. Local Registrar's No. 5

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Gilman Fenn

(a) Residence. No. Grangeville Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) June 13, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	00	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 12 1935

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) New York City, Calif.

FATHER

13. NAME Stephen Fenn

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Roda Gilman

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMENT (Address) Keith Fenn Grangeville, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Idaho Date Feb14, 193[illegible] Burial

19. UNDERTAKER (Address) Ailor Mortuary Grangeville, Idaho

20. FILED 3-9, 193[illegible] B Chipman. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 12 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 2-12-, 193[illegible], to 2-12-, 193[illegible]

I last saw h[illegible] alive on 2-12-, 193[illegible]: death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Chipman, M. D.

(Address) Grangeville Ida

FORM V. S. No. 5-25 M. 1-11

RECEIVED MAR 7 19..

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information. Our Lady of Consolation Hosp.

Registration District No. 105

Primary Registration District No. 2183

(No. ..... St.)

File No. .....

Registered No. 82570

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Holmer Graham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Divorced (Write the word.)

6. DATE OF BIRTH: October 6th (Month) (Day) 1898 (Year)

7. AGE: 34 Yrs. 4 Mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ottawa, Iowa.

10. NAME OF FATHER: Edward Graham

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER: Ella M. Ritnor

13. BIRTHPLACE OF MOTHER (State or Country): Adams Co. Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Graham

(Address) Grangeville, Idaho

15. Filed Feb. 28 1933 W. F. Orr, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 28. (Month) (Day) 1933 (Year) 117

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1933, to Feb. 28 1933 that I last saw him alive on Feb. 28 19.. and that death occurred on the date stated above, at 5:33 P. M.

The CAUSE OF DEATH* was as follows:

General Peritonitis due to Acute Perforative Appendicitis

..... (Duration) ..... Yrs. ..... mos. 5 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

Mar. 1 1933 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grangeville Ida

DATE OF BURIAL: Mar. 2 1933

20. UNDERTAKER: Glenn Ailor

ADDRESS: Grangeville Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82571

PLACE OF DEATH

County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Betty Marie Mains.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 1, 1931

7. AGE

Years	Months	Days	If LESS than 1 day,
1	3	1	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho.

PARENTS

10. NAME OF FATHER John Dewey Mains.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentuckey.
12. MAIDEN NAME OF MOTHER Zella Irene Johnston.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake City, Utah.

14. Informant J D Mains
(Address) Rigby, Idaho.

15. Filed 3-3, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 3 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1933, to Mar 3, 1933
that I last saw her alive on Mar 3, 1933
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Accident Poisoning
Strychnine
..... (duration) ..... yrs. 3 hours ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) C A Marin, M. D.
3-3, 1933 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Idaho Falls, Idaho. Date of Burial: 3/4/33 19

20. Undertaker A B Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82572

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Zechariah Ballantyne

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Jane Ballantyne. Rachel Ballantyne.

6. DATE OF BIRTH (month, day and year) October 13, 1856

7. AGE: Years 76 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Coal Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah

PARENTS

10. NAME OF FATHER: Richard Ballantyne.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland.

12. MAIDEN NAME OF MOTHER: Mary Pearce.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England.

14. Informant: Mrs. Wesley Gibson
(Address) Roberts, Idaho.

15. Filed 2-23, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 23 1933 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932 to Dec 2, 1932
that I last saw him alive on Dec 2, 1932
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? X ray
(Signed) [signature], M. D.
Feb 28, 1933 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. | Date of Burial: 2/27/33 19

20. Undertaker: A B Eckersell | Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82573

PLACE OF DEATH
County of Jefferson
City of Monteview.

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 14

164

2. FULL NAME Freeman Allen Rising.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Ella O. Rising.

6. DATE OF BIRTH (month, day and year) Dec. 20, 1857

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Warren, Illinois.

PARENTS

10. NAME OF FATHER Allen Rising.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Conn.
12. MAIDEN NAME OF MOTHER Malissa Tisdel.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio.

14. Informant Chas Rising
(Address) Monteview, Idaho.

15. Filed 2-21, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 19, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ did not see him, 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows: Senility; Myocarditis.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ✓

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) H. A. Anderson, ~~M.D.~~
Feb 21, 1933 (Address) Rigby Idaho
Health Officer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Camas, Idaho.
Date of Burial: 2/22/33 19

20. Undertaker: A B Eckersell
Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82574

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 13
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Charley Stoddard Robbins.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Louisa Margaret Robbins.

6. DATE OF BIRTH (month, day and year) March 25 1867

7. AGE	Years	Months	Days	If LESS than 1 day,
	65	11	14	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Brigam City, Utah.

PARENTS

10. NAME OF FATHER Daniel S. Robbins.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Anna Brown.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant Hattie Williams
(Address) Rigby, Idaho.

15. Filed 2-12 1933 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 11 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Feb 11, 1933
that I last saw him alive on Feb. 11, 1933
and that death occurred, on the date stated above, at 7:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis Chronic
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.
2-13, 1933 (Address) Rigby

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 2/14/33 19

20. Undertaker A B Eckersell Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82575

PLACE OF DEATH

County of Jefferson
City of Menan

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John William Dougan.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 12 yrs. 8 mos. 1 ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June. 3. 1920.

7. AGE: Years 12 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Menan, Idaho.

PARENTS

10. NAME OF FATHER: James Dougan.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England.
12. MAIDEN NAME OF MOTHER: Margaret Martin.
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Utah.

14. Informant (Address): James Dougan
Roberts, Idaho. Star R.

15. Filed 2-6, 1933 A B Echorsell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 4 (Day) 1933, 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/1, 1933, to 2/3, 1933
that I last saw him alive on 1/3, 1933
and that death occurred, on the date stated above, at 9:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pericarditis - Endocarditis
following influenza
(duration) ..... yrs. ..... mos. about 20 ds.

CONTRIBUTORY (Secondary) Chronic Valvular
Heart condition
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) ....., M. D.
Earl Ofmer 2/6, 1933 (Address) Roberts, Idaho

19. Place of Burial, Cremation, or Removal: Annis, Idaho. Date of Burial: 2/6/33 19

20. Undertaker: A B Echorsell Address: Rigby

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82576

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Kootenai
City of Spirit Lake
Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 2
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. **FULL NAME** Mary E Fallis

(a) Residence. No. ____ St. ____
(Usual place of abode.)
Length of residence in city or town where death occured 43 yrs. 9 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Fallis

6. DATE OF BIRTH (month, day and year) February 26-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) Connorville
(State or country) Wisconsin

PARENTS

10. NAME OF FATHER Marshal Hutchinson
11. BIRTHPLACE OF FATHER (city or town) Oshawa
(State or Country) Canada
12. MAIDEN NAME OF MOTHER Priscilla Llerens
13. BIRTHPLACE OF MOTHER (city or town) ____
(State or County) Virginia

14. Informant George Fallis
(Address) Spirit Lake, Ida

15. Filed Jan 16, 1933. A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____
that I last saw her alive on Jan 16, 1933
and that death occurred, on the date stated above, at 3.30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of uterus
(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? Yes Date of 1931
Was there an autopsy? no
What test confirmed diagnosis? ____
(Signed) A. C. Spooner, M. D.
Jan 16, 1933 (Address) Spirit Lake, Ida

19. Place of Burial, Cremation, or Removal: Greenwood Cemetery Spirit Lake — Date of Burial: 1-18 1933
20. Undertaker: Farrell Funeral Home — Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82577

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No.
Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Abbie Ingersoll Thompson
(a) Residence. No. Spirit Lake Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl Thompson

6. DATE OF BIRTH (month, day and year): 1872 - Nov 5

7. AGE: Years 60 | Months 2 | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): In own home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): North Evans Erie Co. N. Y.

PARENTS

10. NAME OF FATHER: Horace P. Ingersoll
11. BIRTHPLACE OF FATHER (~~city~~ or town) (State or ~~Country~~): Evans N. Y. State
12. MAIDEN NAME OF MOTHER: Phebe Ann Smith
13. BIRTHPLACE OF MOTHER (~~city~~ or town) (State or ~~Country~~): Portiac N. Yatote

14. Informant: Sophia J. Sykes
(Address) 1965 - N. 6th Solem

15. Filed Jan 1, 1933 A C Spooner Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1st (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Jan 1st, 1933
that I last saw her alive on Jan 1st, 1933
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary): Arterio-sclerosis + ch. nephritis
(duration) several yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) A C Spooner, M. D.
Jan 1st, 1933 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Riverside Cemetery Spokane
Date of Burial: Jan 5 1933

20. Undertaker: Turnbull & Meroger
Address: Spokane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82578

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 20
Primary Registration District No. 2020 Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

168

2. FULL NAME Thomas T. Keel

(a) Residence. No. 736 W. Lakeside Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lola

6. DATE OF BIRTH (month, day, and year) Sept 22 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Manager
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y. City

FATHER
13. NAME Simon Keel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Sommerer
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs Keel C'd'A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest C. d. A. Date 3-28, 1933

19. UNDERTAKER Mooney Mortuary C. d. A.
(Address)

20. FILED 3-28, 1933 H. J. Stumpf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death by hanging.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. H. Reed Coroner, M. D.
(Address) .....

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82579

PLACE OF DEATH
County of Kootenai
City of Springston

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Baker Gladish

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Gladish

6. DATE OF BIRTH (month, day, and year) 1851-4-18

7. AGE Years 80 Months 10 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb. 20-1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Higginsville Mo.

FATHER
13. NAME Elijah Gladish
14. BIRTHPLACE (city or town) (State or country) Higginsville Mo.

MOTHER
15. MAIDEN NAME — — Cook
16. BIRTHPLACE (city or town) (State or country) Dont-Know.

17. INFORMENT (Address) Aubrey P. Gladish Springston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida. Date 2-28, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Idaho

20. FILED 2-26, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-25 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193...., to ....., 193....
I last ~~saw~~ did not have alive on ....., 193....: death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

Probably Influenza

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82580

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest L. Viebrock

(a) Residence. No. Port Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 23 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Port Falls

FATHER

13. NAME Henry Viebrock

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Violet Palmer

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Henry Viebrock Port Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Cemetery Date 2-21, 1933

19. UNDERTAKER Mears Mortuary C.D.A.
(Address)

20. FILED 2-25, 1933 H. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1933, to Feb 20, 1933.

I last saw him alive on Feb 18, 1933: death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	Feb 19 1933
Acute Bronchitis.	Feb 14, 1933

Other contributory causes of importance:

Was premature baby with decreased vitality

Name of operation — Date of —

What test confirmed diagnosis? Physical findings Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul L. Hanson, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82581

PLACE OF DEATH
County of Kootenai
City of Hayden Lake
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christ Leininger

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Leininger

6. DATE OF BIRTH (month, day, and year) 1850-5-11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fueling Co. Ohio

FATHER
13. NAME Michael Leininger
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) L. M. Leininger

18. BURIAL, CREMATION, OR REMOVAL Place Forest View Cemetery Date 3-10, 1933

19. UNDERTAKER Cossedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 3-28, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7- 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Influenza	
Other contributory causes of importance: Age	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. Seed, M. D. County Coroner
(Address) Coeur d'Alene Idaho

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82582

PLACE OF DEATH
County of Kootenai
City of Coeurd' Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Joseph Edward Meridith

(a) Residence. No. 1411 - N. 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mina Meridith

6. DATE OF BIRTH (month, day, and year) 1858-12-19

7. AGE Years 74 Months 1 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME — Meridith
14. BIRTHPLACE (city or town) (State or country) D I

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Dont-Know.

17. INFORMENT (Address) Mina Meridith

18. BURIAL, CREMATION, OR REMOVAL Place Forest-Cem. Coeurd'Alene Date 2-10, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeurd' alene

20. FILED 2-28, 193 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-5-, 1933, to 2-5-, 1933
I last saw her alive on Ed nal see found dead 193 : death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. H. Reed, M. D.
(Address) Coeurd Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82583

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 2050

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Nelson

2052

(a) Residence. No. 706 - 9th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Jack Nelson

6. DATE OF BIRTH (month, day, and year) June 19 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Denver Colorado

FATHER

13. NAME David W. Dryden

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Anna Beardsley

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Jack Nelson Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 2-14, 1933

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED 2-28, 1933 H. J. Stinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from did not, 193, to, 193

I last saw her alive on, 193; death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Heart disease or Pulmonary Thrombus.	

Other contributory causes of importance:

Excessive Menstruation and Nose bleed

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Teell Coroner M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82584

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 24
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

163

2. FULL NAME Verna Mae Shove

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 2 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) December 13-1932

7. AGE Years | Months 2 | Days 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Twin Lakes - Rathdrum Idaho

PARENTS

10. NAME OF FATHER Harry Shove
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn.
12. MAIDEN NAME OF MOTHER Dora Beyer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Deary Idaho

14. Informant (Address) Harry Shove Rathdrum Idaho

15. Filed 2-28, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 22 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb 22, 1933
that I last saw her alive on Jan 30, 1933
and that death occurred, on the date stated above, at 1:45 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Mal nutrition - Nutritional edema
Note) Mothers milk unsuitable
Baby wouldn't take formula - Lack of
Proper Nursing (duration) 0 yrs. 2 mos. 9 ds.
CONTRIBUTORY (Secondary) Pare responsible
for death (duration) 0 yrs. 2 mos. 9 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam and history
(Signed) F. F. Fleming M. D.
Feb 23, 1933 (Address) Rathdrum Idaho

19. Place of Burial, Cremation, or Removal: Pine Grove Cemetery Rathdrum
Date of Burial: 2-24 1933

20. Undertaker: Cassidy Funeral Home
Address: Rathdrum

RECEIVED AR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82585

PLACE OF DEATH
County of Kootenai
City of Post Falls

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 25
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Louisa Moore
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Moore

6. DATE OF BIRTH (month, day and year) Oct 5-1887

7. AGE Years 45 Months 4 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ontario Canada

PARENTS
10. NAME OF FATHER Benjamin Sevears
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Sarah Ann Adams
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) James W. Moore Post Falls Idaho

15. Filed 2-28, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933, to seen after death, 19
that I last saw her alive on I saw her after she died, 19
and that death occurred, on the date stated above, at 11 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Rheumatic Heart Disease - There was a typical history of Rheumatic heart disease - death occurred suddenly (No evidence of suicide or Homicide) (duration) 36 yrs. ? mos. ? ds.
CONTRIBUTORY (Secondary) Rheumatic fever - several attacks as child (duration) ? yrs. ? mos. ds.

18. Where was disease contracted if not at place of death? In childhood - place ?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? History - by brother and husband
(Signed) P. F. Hooning M. D.
Feb 17, 1933 (Address) Rathdrum Idaho

19. Place of Burial, Cremation, or Removal Evergreen Cemetery Post Falls
Date of Burial 2-18 1933

20. Undertaker Lacrosse Funeral Home
Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82586

PLACE OF DEATH

County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 26

742

2. FULL NAME Sarah Elizabeth Wright

(a) Residence. No. Twin Lakes Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 0 yrs. 4 mos. ds. How long in U. S., if ~~of foreign birth~~? life yrs. 73 mos. 8 ds. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Wright

6. DATE OF BIRTH (month, day and year) May 23 - 1859

7. AGE Years 73 Months ~~7~~ 7 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ky.

PARENTS

10. NAME OF FATHER Daniel Williams
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky
12. MAIDEN NAME OF MOTHER Nancy Wright
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ky.

14. Informant Mrs Katherine Townsend.
(Address) Twin Lakes Ida.

15. Filed 2-28, 1933 H. J. Sturges Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933, to Feb 7, 1933
that I last saw her alive on Jan 29, 1933
and that death occurred, on the date stated above, at 12:40 P.m.
The CAUSE OF DEATH* was as follows:
apoplexy
(duration) 0 yrs. 0 mos. 5 ds.
CONTRIBUTORY (Secondary) Coronary Heart disease
Hypertension (duration) 2 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Yes.
(Signed) F. F. Horning, M. D.
Feb 27, 1933 (Address) Rathdrum Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Riverside Park. Date of Burial Feb 9 1933

20. Undertaker Kazen & Jaeger. Address Spokane

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 1 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82587

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 28
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan J. Hankins
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert A. Hankins

6. DATE OF BIRTH (month, day and year) August 30, 1847

7. AGE Years 85 Months 5 Days 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tenn.

PARENTS
10. NAME OF FATHER --- Metlock
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Do not know
12. MAIDEN NAME OF MOTHER " " "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " " "

14. Informant (Address) F. A. Martin Rathdrum Ida.

15. Filed 2-28, 19 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 21, 1932, to Feb 25, 1933
that I last saw her alive on Feb. 23, 1933
and that death occurred, on the date stated above, at 12:34 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(duration) about 20 years yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility, Hypertension
(duration) several yrs. yrs. mos. ds.

18. Where was disease contracted if not at place of death? P
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) H. Nooning, M. D.
Feb 25, 1933 (Address) Rathdrum Idaho

19. Place of Burial, Cremation, or Removal Pine Grove Cemetery - Rathdrum
Date of Burial 2-27 1933

20. Undertaker Cassady Funeral Home
Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 18 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82588

County of Latah
City of West of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Francis Marcelia Reiniger

(a) Residence. No. St. Palouse Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William A. Reiniger

6. DATE OF BIRTH (month, day, and year) Sept. 11. 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own home

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Decatur
(State or country) Mich.

FATHER

13. NAME Edmund Ingalls

14. BIRTHPLACE (city or town) Oswego
(State or country) N.Y.

MOTHER

15. MAIDEN NAME Calisla Potts

16. BIRTHPLACE (city or town) Cherry Valley
(State or country) N.Y.

17. INFORMENT Francis McCullough
(Address) Palouse Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Wash. Date Jan. 3, 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Jan 4th, 1933 T. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Jan 1, 1933, to —, 1933
I last saw h alive on Jan 1, 1933: death is said to have occurred on the date stated above, at 1030 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes due to age.	Jan 1- 1933
Angina Pectoris	" "
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. K. Hoge, M. D.
(Address) Palouse Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED FEB 18 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82589

PLACE OF DEATH
County of Latah
City of Freeze
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lyman Clark

6. DATE OF BIRTH (month, day, and year) March 30.1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elma Mich.

FATHER

13. NAME Abraham Eckert

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Amanda Courter

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) V.J.Clark Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Ida. Date Jan 10, 193 3

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED Jan 9th, 193 3 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 7 193 3

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 193 3, to Jan. 7th, 193 3
I last saw her alive on Jan 3rd, 193 3: death is said to have occurred on the date stated above, at 720p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Bladder	Sept 1932

Other contributory causes of importance:

Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. Thompson, M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82590

PLACE OF DEATH

County of Latah

City of Princeton

Registration District No. 65

Primary Registration District No. 2141

Local Registrar's No.

(No. 742)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebecca Ellen Weaver

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of King E. Weaver

6. DATE OF BIRTH (month, day, and year) Feb. 25. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Issac Lowe

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia Williams

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Marian Weaver Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Ida. Date Jan. 29, 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Jan. 30th, 1933. F. J. Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1933, to Jan 27th, 1933

I last saw h[illegible] alive on Jan 20th, 1933: death is said to have occurred on the date stated above, at 225 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 22 1933
[illegible]	

Other contributory causes of importance:

Senility	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

RECEIVED FEB 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82591

PLACE OF DEATH

County of Latah

City of Hampton

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.) 88b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Adison Thrasher

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Thrasher

6. DATE OF BIRTH (month, day, and year) May. 16. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own

10. Date deceased last worked at this occupation (month and year) Sept. 1925

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Bloomington
(State or country) Indiana

FATHER

13. NAME William Thrasher

14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER

15. MAIDEN NAME Eliza Carroll

16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMENT
(Address) Ida Thrasher Princeton Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Ida. Date Feb. 8., 1933

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash.

20. FILED Feb 6th, 1933 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27th, 1933, to Feb 5th, 1933

I last saw him alive on Feb 3rd, 1933; death is said to have occurred on the date stated above, at 1230 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. W. Thompson, M. D.

(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82592

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Edward Bachman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3-1858

7. AGE Years 74 Months 4 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Not Kown
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Not Kown
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Mrs Ed Bachman

18. BURIAL, CREMATION, OR REMOVAL Place Westdale Date Feb 4, 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED March 6, 1933 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to Feb 1st, 1933
I last saw him alive on Jan 21, 1933: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Senile Palsy	1920

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. J. Meyer, M. D.
(Address) Troy Idaho

RECEIVED MAR 15 193

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82593

PLACE OF DEATH
County of Latah
City of Cove Station

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Edward Franklin Ringo

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5.1882

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farm
10. Date deceased last worked at this occupation (month and year) Feb. 1933
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Clarks Oregon

FATHER
13. NAME Herbert C. Ringo
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Martha Todd
16. BIRTHPLACE (city or town) (State or country) Calf,

17. INFORMENT (Address) Mrs, Owens Portland Ore.

18. BURIAL, CREMATION, OR REMOVAL Place Portland Ore. Date , 193

19. UNDERTAKER (Address) D. D. Kimball Palouse Wash.

20. FILED 2/2, 1933 [signature] Registrar.

D. J. W. Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1933

22. I HEREBY CERTIFY, That I attended deceased from on 2/21, 1933, to —, 193—
I last saw him alive on 2/21, 1933: death is said to have occurred on the date stated above, at 135 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	3/2-33

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) E. K. Wolfe, M. D.
(Address) Palouse Wash.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82594

PLACE OF DEATH

County of Latah

City of Viola

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Wesley Williams

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Williams

6. DATE OF BIRTH (month, day, and year): April 10.1857

7. AGE: Years 75 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Owner

10. Date deceased last worked at this occupation (month and year): Feb. 1932

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Grass Creek Mo.

FATHER

13. NAME: John C. Williams

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Nellie Nally

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): Nellie Williams, Missoula Mont.

18. BURIAL, CREMATION, OR REMOVAL Place: Rosalia Wash. Date: Feb. 27, 1933

19. UNDERTAKER (Address): D. D. Kimball, Palouse Wash.

20. FILED: March 1st, 1933 Dr. J. W. Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1932, to Feb. 24, 1933.

I last saw h alive on Feb. 24, 1933: death is said to have occurred on the date stated above, at 955 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance:

Name of operation: None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Armstrong, M. D.

(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82595

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

743

2. FULL NAME Lucas Martin McFeron

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret McFeron

6. DATE OF BIRTH (month, day, and year) Dec. 10. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Builder

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Branson
(State or country) Mo.

FATHER

13. NAME Robert McFeron

14. BIRTHPLACE (city or town) .....
(State or country) Illinois

MOTHER

15. MAIDEN NAME Lucy Misner

16. BIRTHPLACE (city or town) .....
(State or country) Illinoise

17. INFORMENT Margaret McFeron
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Wash. Date Feb. 15, 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Feb 13th, 1933 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1933, to Feb 13, 1933

I last saw he alive on Feb 13th, 1933: death is said to have occurred on the date stated above, at 730 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	Feb 7th

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82596

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 8

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Robert Drummond

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and mountaineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milan
(State or country) Kansas

FATHER

13. NAME Robert Drummond

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Gillia Ann Paterson

16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMENT Harold Drummond
(Address) Kellogg, Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Moscow Date 2/7, 1933

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 3-4-, 1933 John Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in head	
Suicidal	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H.R. Short Coron., M.D.

(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82597

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Clow

(a) Residence. No. ..... St. Bovill Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date 3/10, 1933

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED 3-4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-21 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. R. Short Coroner, ~~M. D.~~

(Address) H. R. Short

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82598

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 10

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Eli Spitler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ~~Si ##~~ Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1845

7. AGE: Years 88 | Months | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Joseph Spitler
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME ~~Emma Keeney~~
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Miss. Emma Keeney

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 3/1, 1933

19. UNDERTAKER (Address) F. R. Short Moscow

20. FILED 3-4, 1933 Harry Einhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/22/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933, to Feb 20, 1933
I last saw him alive on Feb. 20, 1933: death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Hypertensive Cardio-Vascular Renal disease	
With Cardiac decompensation	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Joseph G. Wilson, M.D.
(Address) Urquhart Bldg. Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82599

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Axel F. Rydholm

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): Mar. 4, 1870

7. AGE: Years 62 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): 8/32
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Andrew F. Peterson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Marie Anderson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Andrew V. Rydholm, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Moscow Date: 2/28, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED 3-4, 1933 J. Harry Enthouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2/26/33 193

22. I HEREBY CERTIFY, That I attended deceased from 2/22/33, 193..., to 2/25/33, 193...
I last saw him alive on 2/25/33, 193...: death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure due to hypertention

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Doyle M Loehr, M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82600

PLACE OF DEATH

County of Latah
City of Juliaetta
Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.
(No.) 740
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Carl Johns

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma May Johns

6. DATE OF BIRTH (month, day, and year) July 6, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. Emma Johns Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 2/9, 1933

19. UNDERTAKER (Address) H. R. Stout Moscow Ida

20. FILED Feb 9, 1933 B. F. Neibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932, to Feb 7, 1933.
I last saw him alive on Feb 5, 1933: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	Sept 27, 32
Cerebral hemorrhage	Sept 29, 32
Cerebral hemorrhage	Jan 25, 33

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. A. Christensen, M. D.
(Address) Kendrick Idaho

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82601

PLACE OF DEATH
County of Latah
City of Juliaetta

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John P. Behrens

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth 51 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Behrens

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Behrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ploag

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Louise Behrens Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date 2/13, 1933

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED Feb 13, 1933 B. A. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to Feb. 10, 1933.
I last saw him alive on Feb. 10, 1933.: death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suspected carcinoma of stomach	May 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. C. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82602

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Jemima Leland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Leland

6. DATE OF BIRTH (month, day, and year) June 4, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chalfont
(State or country) England

FATHER

13. NAME William Cawdery

14. BIRTHPLACE (city or town) Chalfont
(State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Barnes-Purcell

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Ruth A. Leland
(Address) Kendrick, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Kendrick Date Mar. 2, 1933

19. UNDERTAKER J. G. Pickard
(Address) Troy, Idaho

20. FILED Mar 1, 1933 B. F. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1933, to Feb. 28, 1933.
I last saw her alive on Feb. 25, 1933: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 Oyrs.
Arteriosclerosis	30 yrs.

Other contributory causes of importance:
old age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82603

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Christina Anderson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22-1865

7. AGE — Years: 67 | Months: 5 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: John Humpason
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Nettie Anderson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Paul Anderson Troy Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Dry Creek Date: Jan 23 1933

19. UNDERTAKER (Address): John J. Pickard

20. FILED: March 6, 1933 Lucy M Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Jan 19, 1933
I last saw her alive on Jan 10, 1933: death is said to have occurred on the date stated above, at 10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronic myocarditis	June 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82604

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 3

(No.) 91 b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Losina Warner Adair

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W.A. Adair M.D.

6. DATE OF BIRTH (month, day, and year) July 2, 1862

7. AGE: Years 70 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~####~~ Swan Ind.

FATHER
13. NAME Cordon Warner
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Lydia Simons
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs/ Boyd Cornelison Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL ~~##########~~ Place Moscow, Ida. Date 1/19, 1933

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 2-3-, 1933 J. Harry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/18/33 193

22. I HEREBY CERTIFY, That I attended deceased from 12/28/32, 193, to 1/18/33, 193
I last saw her alive on 1/18/33, 193: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery disease	

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Doyle M Lochy, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82605

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Sterling Price Davis

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ransom Davis

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) Elmwood (State or country) Mo.

FATHER

13. NAME Melvin Davis

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Sarah Livengood

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMENT (Address) Mrs. S.P. Davis Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 1/3, 1933

19. UNDERTAKER H.R. Short (Address) Moscow

20. FILED 2-3-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/1/33 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1932, to Dec. 27, 1932

I last saw him alive on Dec. 24, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bowel.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82606

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 6

(No. County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Sweetland 50

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) County Records Latah County Home

18. BURIAL, CREMATION, OR REMOVAL Place MOSCOW Date 3-10, 1933

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 2-3-, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH Jan. 27

21. DATE OF DEATH (month, day, and year) Jan. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1933, to 1/27, 1933.
I last saw him alive on 1/27, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumors in both occipital lobes.	
Location in occipital lobe in the beginning evidently. Probably malignant but no microscopic examination made.	
Other contributory causes of importance: Bronchopneumonia right lung.	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph D. Wilson, M. D.
(Address) Idaho First Bldg. Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 23 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 82607

Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Robert F Bighams

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20-1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Thomas Bighams

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME Jane Davidson

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Robert W Bighams Boville Ida

18. BURIAL, CREMATION, OR REMOVAL American Ridge Date Jan 26 1933

19. UNDERTAKER John J Pickard (Address) Troy Ida

20. FILED 2-2-, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/24/33 193

22. I HEREBY CERTIFY, That I attended/deceased from 1/19/33, 193, to 1/24/33, 193

I last saw him alive on 1/24/33, 193: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old age with Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Doyle M Evelyn, M. D.

(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 23 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82608

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Edwin Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ida Johnson

6. DATE OF BIRTH (month, day, and year) Nov. 2, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Downs (Township) McClean, Co. Ill.

FATHER

13. NAME William C. Johnson

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Jones

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. Ida M. Johnson Moscow, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow Date Feb. 1, 1933

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 2-3-, 1933 Jane Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to Jan 29 Jan, 1933
I last saw he alive on Jan 29, 1933 death is said to have occurred on the date stated above, at 6:30 A. m. 30th
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	1931

Other contributory causes of importance:

Progressive Obs of Duodenum and Common duct. Complete for 2 wks - Inanition	1931

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. R. Magee, M. D.
(Address) Moscow.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82610

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Robert Lyle Hicks

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: American
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Hicks

6. DATE OF BIRTH (month, day, and year): April 17, 1850

7. AGE: Years 82 Months 10 Days [illegible] If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sep. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marietta Ohio

FATHER
13. NAME: Jacob Hicks
14. BIRTHPLACE (city or town) (State or country): Fredrick Co. Virginia

MOTHER
15. MAIDEN NAME: Harriet Hall
16. BIRTHPLACE (city or town) (State or country): Dent known

17. INFORMENT (Address): V. L. Hicks Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Gooding Ida Date , 193

19. UNDERTAKER (Address): Wm C. Doebler Salmon Ida

20. FILED , 193 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2-17" 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Feb 17, 1933

I last saw him alive on Feb. 15, 1933; death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Do not know

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Hammer, M. D.

(Address) Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82611

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No. Salmon General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Robert Reddington

(a) Residence. No. Court House St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
masculine	White	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Alma Reddington

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.
	53	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year) 9 mon. 1932.

11. Total time (years) spent in this occupation All of life

12. BIRTHPLACE (city or town) (State or country) Kansas City Missouri

FATHER

13. NAME Milton Lloyd Reddington

14. BIRTHPLACE (city or town) (State or country) Dupo Illinois

MOTHER

15. MAIDEN NAME Julia Elizabeth Irwin

16. BIRTHPLACE (city or town) (State or country) Dupo Illinois

17. INFORMENT (Address) Alma Reddington Salmon, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salmon Date 1/29/, 1933

19. UNDERTAKER Wm. Doebler (Address) Salmon, Idaho

20. FILED March 4, 1933 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/27 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933, to January 27, 1933

I last saw him alive on January, 1933: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	
Other contributory causes of importance:	
Influenza	

Name of operation Pneumo Chest Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. S. Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82612

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.
(No.) 167
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Given Blood

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 15, 1933

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon Ida
(State or country)

FATHER
13. NAME Enos B. Blood
14. BIRTHPLACE (city or town) Juvere county Utah
(State or country)

MOTHER
15. MAIDEN NAME Lizzy Ames
16. BIRTHPLACE (city or town) Bingham Co Utah
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date Feb 16, 1933

19. UNDERTAKER Frew & Gribble
(Address) Salmon

20. FILED March 8, 1933 Elis B. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Feb 15, 1933
I last saw h. alive on Feb 15, 1933; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart (Blue baby)	
Other contributory causes of importance: (Chickenpox 8 days)	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. S. Hughes, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82613

PLACE OF DEATH
County of Lemhi
City of May
Registration District No. 4
Primary Registration District No. 216
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Perry Martin

(a) Residence. No. May, Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katherine Martin

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 1-29-33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER
13. NAME J. F. Martin
14. BIRTHPLACE (city or town) Massachusetts
(State or country)

MOTHER
15. MAIDEN NAME Alma Martin
16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMENT (Address) A. M. Church May Ida.

18. BURIAL, CREMATION, OR REMOVAL Place May Ida. Date 1-31, 1933

19. UNDERTAKER Mike Heeala
(Address) Leadore Ida.

20. FILED March 2 1933 Alva C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1½ P m.
The principal cause of death and related causes of importance were as follows: Natural Causes, had no Medical attention probably Valvular heart attack.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William C. Doebler Coroner
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82614

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 164
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tony Decatur Miller

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widdowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widdowed

6. DATE OF BIRTH (month, day, and year): July 28" 1856

7. AGE: Years 77 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: John Miller
14. BIRTHPLACE (city or town) (State or country): Penn,

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Chas S. Miller Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Date: , 193

19. UNDERTAKER: Wm C Noble
(Address): Salmon Idaho

20. FILED March 8, 1933 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2-6" 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1929, to July 6, 1933.
I last saw him alive on July 6, 1933: death is said to have occurred on the date stated above, at 12-5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of old age	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) F J Wright M.D.
(Address) Salmon Idaho

FORM V. S. No. 5-A—25 M—19

RECEIVED MAR 15 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Lewis

City of Kamiah

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49

Primary Registration District No. 2127

(No. ..... St.)

File No. 82615

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Betty Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word.)

6. DATE OF BIRTH: 11 (Month) 13 (Day) 1852 (Year)

7. AGE: 80 Yrs. 2 Mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Central Indiana

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rose Sweet

(Address) Kamiah Idaho.

15. Filed 3-11 1933 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

129

16. DATE OF DEATH: 2 (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 30 1933, to 2/2 1933, that I last saw her alive on 2/1 1933, and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 7 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Influenza

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) [signature] M. D.

2/2 1933 (Address) Kamiah Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah Ida

DATE OF BURIAL: 2-4 1933

20. UNDERTAKER: Kamiah Funeral Home

ADDRESS: Kamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

FORM V. S. RECEIVED MAR 15 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 49
Primary Registration District No. 2127
File No. 82616
Registered No.

1. PLACE OF DEATH

County of Kootenai
City of Kamiah
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ella M. Dissmore

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 1

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 8 (Day) 1 (Year)

7. AGE: 78 Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wis.

10. NAME OF FATHER: Wm R. Mead

11. BIRTHPLACE OF FATHER (State or Country): N. Y.

12. MAIDEN NAME OF MOTHER: Jones

13. BIRTHPLACE OF MOTHER (State or Country): N Y

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs A Dissmore
(Address) Kamiah Ida

15.
Filed 3.11 1933 Nell Robertson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 5 1932 to 1/28 1933
that I last saw her alive on January 25th 1933,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... Yrs. 2 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

1/29 1933 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah — DATE OF BURIAL: Jan 17 1933

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED [illegible]

Collins.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82617

PLACE OF DEATH
County of Lewis
City of Nezperce
Registration District No. 60
Primary Registration District No. 2129
Local Registrar's No. 4
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward J. Sterns

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Sterns
6. DATE OF BIRTH (month, day and year): Aug 6-1847
7. AGE: Years 85 | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Ohio

PARENTS
10. NAME OF FATHER: Silas J. Sterns
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Zilpha Finnel
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown.

14. Informant (Address): Everett Sterns Dayton Wash.
15. Filed 2/4, 1933 R. Duncan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2. (Month) 4 (Day), 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1933 to Feb. 4, 1933
that I last saw him alive on Jan. 28, 1933
and that death occurred, on the date stated above, at 6 A.M.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ? yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings
(Signed) K. H. Collins, M.D.
Feb 4, 1933 (Address) Craigmont Ida.

19. Place of Burial, Cremation, or Removal: Dayton Wash. Date of Burial: 2/6 1933
20. Undertaker: Orofino Mortuary Address: Orofino Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED FEB 23 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Lewis

City of Nezpere Idaho

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. ....., ... St.)

File No. 82619

Registered No. 173

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Agustus Stephin Boughton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH. Dec (Month) 21 (Day) 1846 (Year)

7. AGE 86 Yrs. 1 Mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Mass.

10. NAME OF FATHER Natonal S Boughton

11. BIRTHPLACE OF FATHER (State or Country) Michigon

12. MAIDEN NAME OF MOTHER dont Know

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eugene Boughton
(Address) Nez Perce Idaho

15. Filed Feb 20 1933 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

193.

16. DATE OF DEATH Jan (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...., that I last saw h..... alive on ..... 191...., and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Crawled out a window & window droped down hung him by the foot this position & exposure to cold frozen death
(Duration) Yrs. mos. ds.
Contributory (Secondary)
(Duration) Albert Huff yrs. mos. ds.
(Signed) Coroner M. D.
..... 19..... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence Nez Perce Idaho with Fr

19. PLACE OF BURIAL OR REMOVAL: Nezpere Cemety

DATE OF BURIAL: Jan 31 1933

20. UNDERTAKER: Albert Huff

ADDRESS: Nezpere Idaho

SYMS - YORK CO., PTRS. & BDRS. 24654

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82620

PLACE OF DEATH
County of Madison
City of Pesburg

Registration District No. 100
Primary Registration District No. 2175 Local Registrar's No. 6
(No.) 113
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darlene Higley

(a) Residence. No. Pesburg St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 18-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hibbard Ida

FATHER
13. NAME Howard Leg Higley.
14. BIRTHPLACE (city or town) (State or country) Salem.

MOTHER
15. MAIDEN NAME Daisy Scott.
16. BIRTHPLACE (city or town) (State or country) Antelope Ida.

17. INFORMENT (Address) Howard Leo Higley Pesburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pesburg Ida Date Feb 2, 1933

19. UNDERTAKER Victor J. Keller (Address) Pesburg Ida.

20. FILED Feb 2, 1933 Pesburg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-31 193

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1933, to 1-31, 1933.
I last saw her alive on 1-31, 1933.: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute enteritis	1-24-32
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? (No) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Sutherland, M. D.
(Address) Pesburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 82621

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Wayne Gilbert Briggs

(a) Residence. No. Menan Idaho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pupil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Menan Idaho

FATHER

13. NAME Henry A. Briggs

14. BIRTHPLACE (city or town) (State or country) Lyndon Idaho

MOTHER

15. MAIDEN NAME Ester Sorenson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Henry A. Briggs Menan Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Burton Idaho Date 2-28, 1933

19. UNDERTAKER (Address) A. E. Eckersell Sugar City Ida.

20. FILED Mar 2 1933 J. P. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 24, 1933

I last saw h alive on Feb 24, 1933: death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	Feb 10
with effusion	1933
Other contributory causes of importance: Rheumatic fever	1931
Endocarditis.	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louise Finch, M. D.

(Address) Rexburg Idaho

2/27/33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82622

PLACE OF DEATH
County of Madison
City of Rexburg #2

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Archibald Allen

(a) Residence. No. Rexburg #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Freda Rindlesbacker Allen

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1903

7. AGE Years 29 Months 1 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smoot, Wyoming

FATHER
13. NAME Joseph Allen
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Annie Harwood
16. BIRTHPLACE (city or town) (State or country) Heber Utah

17. INFORMENT (Address) Mrs. David A. Allen Rexburg Ida. #2

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho Date Feb. 11th 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED Mar 2, 1933 J. Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Saw him, 193..., to after death, 193...
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Dilitation	
Was found dead in the road on the snow.	
Was warm when found	
Other contributory causes of importance:	
Lagrippe	Few days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Parley Nelson, M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg, #3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 12

DO NOT WRITE IN THIS SPACE
State File No. 82623

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 D

2. FULL NAME Shirla Dee Rawson

(a) Residence. No. Rexburg, #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct, 30th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Egin, Idaho

FATHER

13. NAME Joseph Leo Rawson

14. BIRTHPLACE (city or town) (State or country) Union, Oregon

MOTHER

15. MAIDEN NAME Grace Hanna Airhart

16. BIRTHPLACE (city or town) (State or country) Marysville, Idaho

17. INFORMENT (Address) Mr J L Rawson Rexburg, #3 Idaho

18. BURIAL, CREMATION, OR REMOVAL Place [redacted], Idaho Date Feb 11, 1933

19. UNDERTAKER (Address)

20. FILED Mar 2, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb, 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1933, to Feb. 8, 1933.
I last saw her alive on Feb 8, 1933: death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-5-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Rexburg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82624

PLACE OF DEATH

County of Madison Registration District No. 100

City of Rexburg Primary Registration District No. 2178 Local Registrar's No. 13

(No.) 1612

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Emma Egbert

(a) Residence. No. Tetonia Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 12, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ½ hrs. or ½ min.
			½ hrs. or ½ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rexburg (State or country) Idaho

PARENTS

10. NAME OF FATHER Robert A Egbert

11. BIRTHPLACE OF FATHER (city or town) Utah (State or Country)

12. MAIDEN NAME OF MOTHER Alice Strong

13. BIRTHPLACE OF MOTHER (city or town) Utah (State or County)

14. Informant Robert A. Egbert
(Address) Tetonia Idaho.

15. Filed Mar 2 1933 J Ryorsing Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933 to Feb. , 1933
that I last saw her alive on Feb. 12, 1933
and that death occurred, on the date stated above, at 11:9 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Premature, only lived ½ hr.
Toxemia (from mother)
(Induced labor)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) A B Pugsley, M. D.
Feb 13, 1933 (Address) Rexburg

19. Place of Burial, Cremation, or Removal	Date of Burial
Tetonia Idaho	2-15 1933

20. Undertaker None Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82625

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 6

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Violet Noble

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 15th 33

7. AGE Years Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Ida

FATHER
13. NAME Monroe C. Noble Jr
14. BIRTHPLACE (city or town) (State or country) Rupert Ida

MOTHER
15. MAIDEN NAME Lucille A. Hansen
16. BIRTHPLACE (city or town) (State or country) Parker Ida

17. INFORMENT (Address) Monroe C. Noble Wendell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Date , 1933

19. UNDERTAKER (Address) Jas. T. Payne Burley

20. FILED 3-4, 1933 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to March 4, 1933.
I last saw her alive on Mar 3, 1933: death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	

Other contributory causes of importance:
facial erysipelas

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Fayre H. Kenagy, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82626

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME P. E. Ashenfelter

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of May S 1861

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME David Ashenfelter

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Gelnett

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT Mrs Maud Champion (Address) White Water Kan

18. BURIAL, CREMATION, OR REMOVAL Place White Water Kan Date , 193

19. UNDERTAKER (Address)

20. FILED 3-4, 1933 E. R. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Febr. 4, 1933, to Mar. 1, 1933.

I last saw h alive on Feb 28, 1933: death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J B Kenagy, M. D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1933

STATE OF IDAHO F.K.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82627

PLACE OF DEATH
County of Minidoka
City of Paul

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 b

2. FULL NAME Mary A. Keck

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6 1856

7. AGE Years 76 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Halpin
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) H. H. Keck Paul Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Marysville Date Cal, 1933

19. UNDERTAKER (Address) W. A. Goodman

20. FILED 3-1, 1933 E. W. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933, to Feb 21, 1933
I last saw her alive on Feb 21, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:
Auricular fibrillation

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) Fayre H. Kenagy, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82628

PLACE OF DEATH
County of Minidoka
City of Paul

Registration District No. 19
Primary Registration District No. 2016
Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgeana R. Stocking

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jno. R. Stocking

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Jardin Utah

FATHER
13. NAME John G. Wright
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ruth J. Mitchell
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) Jno. R. Stocking Paul Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Hey Burn Date 2-16, 1933

19. UNDERTAKER (Address) Jno. P. Payne Burley Ida.

20. FILED 2-14, 1933 E. H. Elsasore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1933, to Feb. 12, 1933
I last saw her alive on January 29, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1929
Brain & Spinal Cord	
Other contributory causes of importance:	
Paresis Larynx & Esophagus	2 wks.

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify None
(Signed) Charles B. Beymer, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82629

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob M Bailey

(a) Residence, No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date , 193

19. UNDERTAKER W. G. Goodman
(Address) Rupert Idaho

20. FILED 2-20, 1933 Eff Edmunds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Feb 16, 1933

I last saw him alive on Feb 15, 1933; death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ter. Carditis	
Other contributory causes of importance:	
Dog Lumbago	10 d.

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Virgil E Dawson, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82630

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. 1417 7th, Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Marian Warren Otto.

(a) Residence. No. 1417 7th, Avenue. ~~Sx~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White/	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1st, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
----.	----.	4.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER
13. NAME T. W. Otto.
14. BIRTHPLACE (city or town) (State or country) Meridian, Idaho.

MOTHER
15. MAIDEN NAME Muriel Pierstorff.
16. BIRTHPLACE (city or town) (State or country) Grangeville, Idaho.

17. INFORMENT (Address) T. W. Otto Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 2/6/33., 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 3-6, 1933 JM. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1933, to Feb. 5, 1933
I last saw him alive on Feb. 4, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth.	
approximated 6 1/2 months	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify JM. Lyle
(Signed), M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82631

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Harry Thomas Clemens.

(a) Residence. No. St. Craigmont, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. *How long in U. S., if of foreign birth?* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9th, 1901.

7. AGE: Years 31. Months 9. Days 24. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lacross, Wisconsin.

FATHER
13. NAME John E. Clemens.
14. BIRTHPLACE (city or town) (State or country) Marysville, Tenn.

MOTHER
15. MAIDEN NAME Ellen Francis Clemens,
16. BIRTHPLACE (city or town) (State or country) Marysville, Tenn.

17. INFORMENT (Address) John E. Clemens Orofino, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Walla Walla, Wash. Date Feb. 6th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 2/4, 1933. J. M. Lyle by A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Feb. 3, 1933
I last saw him alive on Feb. 2, 1933 death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Basal Skull fract.

Date of onset

Other contributory causes of importance:

auto truck injury

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/27, 1933
Where did injury occur? Near Sweetwater Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On public highway
Manner of injury Truck left road
Nature of injury Skull fract.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Lyle, M.D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82632
State File No.

PLACE OF DEATH

County of Nez Perce.

City of Lapwai.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 155

(No. Near Lapwai, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora Mae Phillips.

(a) Residence. No. Lapwai, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. P. Phillips.

6. DATE OF BIRTH (month, day, and year) Jan. 11th, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.	0.	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon.

FATHER

13. NAME John Watkins.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Nancy Rouse.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) A. P. Phillips Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Feb. 5th, 1933.

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED 2/6, 1933 W. M. Ryle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Feb 3rd, 1933

I last saw h alive on Dec 7, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma Bones	1932
Other contributory causes of importance: Carcinoma Breast	1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. W. Broadbent M. D.

(Address) Lewiston, Idaho.

Dr Clark

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82633

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Mrs Annie D. Redheart

(a) Residence. No. Lenore Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Red	Divorsed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Jess Redheart Lenore Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lenore Idaho Date 2/4/33, 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED 2/27, 1933. J. M. Lyle Registrar.
Mary A. Sh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933 to Feb 1, 1933

I last saw h alive on Feb 1, 1933: death is said to have occurred on the date stated above, at 7.30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance:

Intestinal obstruction

Name of operation Abdominal Date of 2/1/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. O. Clark, M.D.

(Address) Lewiston Idaho

RECEIVED MAR 15 1933

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82634

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Rebecca J. Wilson

(a) Residence. No. 8th & Libby St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of B.W. Wilson

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1867

7. AGE Years 65 Months 2 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milton, Oregon

FATHER

13. NAME Louis Lakey

14. BIRTHPLACE (city or town) (State or country) Springfield, Mo.

MOTHER

15. MAIDEN NAME Phoebie Foster

16. BIRTHPLACE (city or town) (State or country) Springfield, Mo.

17. INFORMENT (Address) Maude Marston Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wn Date 3/3/33, 193

19. UNDERTAKER (Address) H.R. Merchant Clarkston, Wash.

20. FILED 3-10, 1933 J.M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to Feb 28, 1933

I last saw her alive on Feb 27, 1933: death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma L Breast	Feb 1932

Other contributory causes of importance:

Name of operation Amputation L Breast Date of Jan 25-33

What test confirmed diagnosis? microscopic Where an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E.J. Broadock, M.D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82635

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn E. Scott.

(a) Residence. No. Near Lewiston, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26th, 1887.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45.	7.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Americus,
(State or country) Kansas.

FATHER

13. NAME Chas. Scott,

14. BIRTHPLACE (city or town) Not obtainable
(State or country)

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) Not obtainable
(State or country)

17. INFORMENT Mrs Glenn E. Scott
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pendleton, Oregon. Date 2/24/33, 193

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED 2/24, 1933 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 23rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in head.	2/23/33.
Suicide.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide. Date of injury 2/23, 1933.
Where did injury occur? Near Lewiston, NezPerce Co. Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. M. Brower Coroner, Nez Perce County
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82636

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 9C
Primary Registration District No. 1009
Local Registrar's No.
(No. North Lewiston.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Smith Peters.

(a) Residence. No. North Lewiston. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12th, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74.	10.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired stockman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Henry Peters.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Elizabeth Ansley.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Chas. R. Inman Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 2/23/33, 193

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 3-6-, 193 3 J.M. Lyle. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Feb 21, 1933.
I last saw him alive on Feb 19, 1933.: death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arterio Sclerosis	
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

McRae

DO NOT WRITE IN THIS SPACE

State File No. 82637

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME George Mathias Henderson.

(a) Residence. No. 1132 Idaho St. Lewiston, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 10th, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.	6.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME John Allen Henderson.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Matilda York.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Vande Henderson, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 2/18/33, 193

19. UNDERTAKER Brower-Vann Company. (Address) Lewiston, Idaho.

20. FILED 3-6, 1933 J. M. Style Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 16th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1933, to 2-16, 1933.

I last saw him alive on 2-16, 1933: death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	2-16-33

Other contributory causes of importance:

Arteria sclerosis & High blood pressure Long standing	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical findings. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. McRae, M. D.

(Address) Lewiston, Idaho.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82638

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Mrs Ellen Wheatcroft Canter

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of H. A. Canter

6. DATE OF BIRTH (month, day, and year) Mar 28 1878

7. AGE: Years 54 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Derbyshire England

FATHER
13. NAME Samuel Wheatcroft
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Rebecca Eason
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mr. H. A. Canter Lewiston Orchards

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 2/17/33 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewison Idaho.

20. FILED 2/27, 1933. J. M. Lyle Chy. A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1933, to Feb 15th, 1933.
I last saw her alive on Feb 15th, 1933: death is said to have occurred on the date stated above, at 1.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	Feb 1st 33

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carssow, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

Dr Carssow.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82639

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Francis O'Brien
(a) Residence. No. Raparia Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nellei T O'Brien
6. DATE OF BIRTH (month, day, and year): Mar 12 1868
7. AGE: Years 64, Months 11, Days 2, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Telegraph
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Railway
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Winsted Conn

FATHER
13. NAME: Matthew O'Brien
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Virgina Crow
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Mrs Nellie T.O'Brien Raparia Wash

18. BURIAL, CREMATION, OR REMOVAL Place: Thompsonville Conn Date: 2/18/33 193

19. UNDERTAKER (Address): Vassar Mortuary Inc Lewiston Idaho

20. FILED 2/16, 1933. J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/14/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Feb 14, 1933
I last saw him alive on Feb 14, 1933: death is said to have occurred on the date stated above, at 4.20P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	+ yrs

Other contributory causes of importance:
Probably liquor

Name of operation: none Date of —
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carssow M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Carssow.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82640

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Marie Morscheck

(a) Residence. No. St. Genesee, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Herman Morscheck

6. DATE OF BIRTH (month, day, and year): Jan. 28, 1858

7. AGE: Years 75 | Months | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mulsum Germany

FATHER
13. NAME: Jacob Lubme
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Boerfiendt
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Henry Morscheck Genesee, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Genesee Date: 2/17, 1933

19. UNDERTAKER (Address): H. R. Short Moscow Ida.

20. FILED Feb. 16, 1933 F. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Feb 14, 1933.
I last saw her alive on Feb 14, 1933: death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated left Inguinal Hernia	Feb 10th
Toxaemia due to intestinal Stasis	Feb 13

Other contributory causes of importance:

Name of operation: Herniotomy Repair of infected bowel Date of: Feb 13-33
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Corrected

DO NOT WRITE IN THIS SPACE

State File No. 82641

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dellos Schwandt.

(a) Residence. No. Upper Tammany. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. F. Schwandt.

6. DATE OF BIRTH (month, day, and year) June 18th, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	7.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER

13. NAME J. J. Davis.

14. BIRTHPLACE (city or town) (State or country) Sacremento. California.

MOTHER

15. MAIDEN NAME Susie Randolph.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) W. F. Schwandt. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 2/19/33., 193

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 3-6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1933, to Feb 13 1933

I last saw h alive on Feb 13 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	Feb 11th 33

Other contributory causes of importance:

Acute Paremohymalon
kephrotes

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Pearson, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82642

PLACE OF DEATH
County of NezPerce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No. 178
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph William Akins

(a) Residence. No. 217-2nd Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Akins

6. DATE OF BIRTH (month, day, and year) May 5 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Willard Battery

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 8yrs

12. BIRTHPLACE (city or town) (State or country) Asotin Washington

FATHER

13. NAME Sage Akins

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mamie Robinett

16. BIRTHPLACE (city or town) (State or country) Dayton Washington

17. INFORMENT (Address) Sage Akins Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 2/15/33 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED 2/27, 1933. J. M. Lysle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/12/33 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 193 3, to Feb 12, 193 3

I last saw him alive on Feb 12, 193 3: death is said to have occurred on the date stated above, at 9.10 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inhalation of flames + smoke into lungs	Feb 12 1933
Other contributory causes of importance:	
Oedema Lungs	Feb 12 1933

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-12, 193 3

Where did injury occur? Lewiston Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury In Inhalation of Flames+Smoke

Nature of injury Burns Lungs Legs, arms face

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw Bradsock, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Braddock.

RECEIVED MAR 15 1933

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82643

Registration District No. 96

Primary Registration District No. 1009

Local Registrar's No. 1002

(No. North Lewiston)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Wesley Jr Curtis

(a) Residence. No. North Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 24 1932

7. AGE Years 0 Months 3 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME William Curtis

14. BIRTHPLACE (city or town) (State or country) Starbuck Washington

MOTHER

15. MAIDEN NAME Dolly Michealson

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) William Curtis

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 2/14/33 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewison Idaho.

20. FILED 2/27, 1933. J. M. Lyle Chief Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/12/33 193

22. I HEREBY CERTIFY, That I attended deceased from 1/29/33, 193, to 2/12/33, 193

I last saw him alive on Feb. 11/33, 193 : death is said to have occurred on the date stated above, at 3 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2/10/33

Other contributory causes of importance:

Pertussis

Name of operation ..... Date of .....

What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William P. H. Habel, M. D.

(Address) Lewiston Ida.

Dr Habel

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82644

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Charles Melkhart.

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17th, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.	----.	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired stockman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Theodore Melkhart,
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs. C. W. Monson Spokane, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 2/13/33, 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 3-6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan-, 1933, to Feb-11, 1933
I last saw him alive on Feb-8, 1933 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:
Chronic ~~nephritis~~ cystitis following prostatectomy

Name of operation Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82645

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 96
Primary Registration District No. 1009
Local Registrar's No.
(No. 922 4th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John H. Little.

(a) Residence. No. 922 4th, Street. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31st, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.	8.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bath,
(State or country) Illinois.

FATHER

13. NAME T. A. Little.

14. BIRTHPLACE (city or town)
(State or country) Illinois.

MOTHER

15. MAIDEN NAME Mary E. Bramley.

16. BIRTHPLACE (city or town)
(State or country) Illinois.

17. INFORMENT Mrs. J.H. Little
(Address) Moscow, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date 2/14/33, 193

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED 3-6, 1933 J.M. Lytle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 11, 1933
I last saw him alive on Feb 11, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 9-33
Had an attack 8 month before	
Other contributory causes of importance:	
Angina Pectoris	1 yr

Name of operation — Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82646

PLACE OF DEATH

County of Nez Perce.

City of Lewiston. Registration District No. 96

Primary Registration District No. 1009 Local Registrar's No.

(No. Snakeriver Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Harder Green.

(a) Residence. No. Snakeriver Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2nd, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79.	9.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME John Campbell.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 2/10/33. 193

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED 3-6, 1933 J.M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Feb-7, 1933
I last saw h[illegible] alive on Feb-7, 1933. death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J.M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82647

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Caroline Syron Crippen
(a) Residence. No. 622- 2nd St. Clarkston, Wash.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde M Crippen

6. DATE OF BIRTH (month, day and year) Jan 19, 1897

7. AGE Years 36 Months Days 20 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nezperce Idaho

PARENTS

10. NAME OF FATHER Charles W Syron
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sheridan, Oregon
12. MAIDEN NAME OF MOTHER Laura Slager
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pittsburg Calif

14. Informant (Address) Janett M Crippen 829-6th St Clarkston, Wash.

15. Filed 2/14, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Feb 8, 1933
that I last saw her alive on Feb 8, 1933
and that death occurred, on the date stated above, at 9 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Organic heart disease

(duration) years yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Paul W Johnson, M. D.
Feb 14, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Clarkston, Wash Date of Burial 2/10/33 19

20. Undertaker H.R.Merchant Address Clarkston Wn

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82648

PLACE OF DEATH

County of Nezperce
City of Lewiston

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No. [illegible] Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 162

2. FULL NAME Verlee Althea Lelridge

(a) Residence. No. ..... St. Clarkston, Wn.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): —

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Feb 7 - 33

7. AGE: Years | Months | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston
(State or country) Ida

PARENTS

10. NAME OF FATHER John Lelridge
11. BIRTHPLACE OF FATHER (city or town) Springfield
(State or Country) Missouri
12. MAIDEN NAME OF MOTHER Mildred McCoy
13. BIRTHPLACE OF MOTHER (city or town) Viola
(State or County) Ida

14. Informant (Address) M. J. Lelridge Clarkston Wa.

15. Filed 2/14, 1933 J. M. Lyle by A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 — 14 — 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-7, 1933, to 2-14, 1933
that I last saw him alive on Feb 14, 1933
and that death occurred, on the date stated above, at 8 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Status Lymphaticus

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Cardinal Symptoms
(Signed) E. L. White, M. D.
2-14, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal: Viola, Idaho | Date of Burial: Feb. 15 1933

20. Undertaker: H. R. Merchant | Address: Clarkston Wn.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82649

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

PLACE OF DEATH

County of Nezperce
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009 ; Local Registrar's No.
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oda Berdan Walton

(a) Residence. No. 10 th.st. St. Clarkston, Wash
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate H.Campbell

6. DATE OF BIRTH (month, day and year) Nov.23 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10. NAME OF FATHER (?) Walton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Katie Palmer

13. BIRTHPLACE OF MOTHER (city or town) Albany (State or County) New York.

14. Informant Miss.Lillian Campbell
(Address) Clarkston,Wash.

15. Filed Feb. 15, 1933 J. M. Doyle City Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb.8 (Month) (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st., 1933, to Feb 8, 1933
that I last saw him alive on Feb.8, 1933
and that death occurred, on the date stated above, at 2/30 pm.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis (Acute Dilatation)

(duration) ....yrs. ....mos. 8 ds.
CONTRIBUTORY (Secondary) Chronic hypertrophy of Prostate and Arteriosclerosis.
(duration) 5 yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Jan 10-33
Was there an autopsy? No
What test confirmed diagnosis? Cardinal Symptoms
(Signed) E. L. White M. D.
Feb 8, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Clarkston, Wash.	2/10 1933
20. Undertaker W. R. Merchant	Address Clarkston Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 23 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82650
State File No.

County of Nez Perce
City of near Lapwai Idaho

Registration District No. 128
Primary Registration District No. Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205 Fr

2. FULL NAME David Abrams

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 1-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Abrams

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Andrew Abrams Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 1-18-, 1933

19. UNDERTAKER (Address) Brower-Wagner Lewiston Idaho

20. FILED Jan., 1933 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-17-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Died Suddenly	
No Doctor in	
attendance.	
Coroner gave	
Permission to	
Other contributory causes of importance:	
make return	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac Idaho.

RECEIVED FEB 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82651

PLACE OF DEATH
County of Nez Perce
City of near Spalding Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205b

2. FULL NAME Louis Austin Harris

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 26-1868

7. AGE 65 Years | Months ~~16~~ | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cream City Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Edward Williams Spalding Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 1-11-, 1933

19. UNDERTAKER (Address) Brower-Wann Lewiston

20. FILED Jan., 1933 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-10- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
unknown	
Died suddenly	
No Doctor in attendance	
Coroner gave permission to make return	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82652

PLACE OF DEATH
County of Nez Perce
City of near Cuddeback Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amos Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian 4/4	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Tah ves like taya

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Es qua mokes

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Sam Williams Cuddeback Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Home Ranch Date 1-14-, 1933

19. UNDERTAKER Brewer-Mayo
(Address) Lewiston Idaho

20. FILED Jan-, 1933 George Gaesser M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-13- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1932, to 1-13-, 1933
I last saw him alive on 1-12-, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis	1-20-33
Other contributory causes of importance: General Edema	12-20-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaesser, M. D.
(Address) Cuddeback Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82654

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 7069
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Richard E. Thomas

(a) Residence. No. ..... Malad Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah Peterson

6. DATE OF BIRTH (month, day, and year) Feb 11 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation Life

12. BIRTHPLACE (city or town) Jamestown
(State or country) Utah

FATHER

13. NAME Richard Thomas

14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMENT David W. Thomas
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Malad Cem. Date Mar 1, 1935

19. UNDERTAKER J. Guy Hansen
(Address) Garland Idaho

20. FILED 3/28, 1935 J. M. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 26, 1935.
I last saw h... alive on Feb 26, 1935; death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	
Enlarged Prostate	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. M. Evans, M. D.
(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82656

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2064 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Nan Brisky Mabey

(a) Residence. No. Bancroft Ida St. Bancroft Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William A Mabey

6. DATE OF BIRTH (month, day, and year): February 20 1891

7. AGE: Years 42 | Months | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Since Marriage

12. BIRTHPLACE (city or town) (State or country): Alabama

FATHER
13. NAME: Nicholas Brisky
14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER
15. MAIDEN NAME: -- -? -- Moore
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): W A Mabey Bancroft Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Bountiful Utah Date: Feb 28, 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 2/28, 1933. J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933 to Feb 24, 1933
I last saw her alive on Feb 24, 1933; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Dec 1933

Other contributory causes of importance:

Name of operation: Vaginal drainage Date of: Jan 29 33
What test confirmed diagnosis? above Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W A Mabey, M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

LEWIS WILLIAMS, COMMISSIONER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
LAVA HOT SPRINGS - - - - - LAVA
IDAHO SOLDIERS' HOME - - - BOISE
STATE HOSPITAL NORTH - - OROFINO
STATE SCHOOL AND COLONY - NAMPA
STATE HOSPITAL SOUTH - BLACKFOOT

C. BEN ROSS, GOVERNOR

December 4, 1933.

Dr. O. H. Mabry,
Malad, Idaho.

Dear Dr. Mabry:

The information requested below is needed by the Government in their tabulation of death certificates. Please give us the information by return mail using this sheet for your notes.

Sincerely,

Lewis Williams,

Commissioner of Public Welfare.

Nan Brisky Mabey: Died February 24, 1933, cause of death being given as Septicemia, please state the primary seat of the disease?

Your immediate attention will oblige.

Cervisitis followed by pelvic abscess, then general Septicemia

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82657

PLACE OF DEATH
County of Owyhee
City of near Jordan Valley Ore.
Registration District No. 43
Primary Registration District No. 2120
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth MacKenzie 112

(a) Residence. No. South Mountain St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Barbara MacKenzie

6. DATE OF BIRTH (month, day, and year) Jan 9 - 1858

7. AGE Years 75 Months — Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Norman MacKenzie
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Helen McCrae
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) N. J. MacKenzie Jordan Valley Oregon

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date Feb. 5, 1933 Morris Hill Cemetery

19. UNDERTAKER (Address) Schreiber & McCann Boise, Idaho

20. FILED 2-4, 1933 R. H. Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-1- 1933

22. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ came to his death February 1933
~~I last saw him alive on~~ ....., 193.. ; death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows: No Doctor in attendance according to Statement of his son was feeling as usual Tuesday evening, and after supper got a acute attack of Indigestion and died early Wednesday morning. On account of snow storm unable to call a Doctor
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury No Inquest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Grete Corner of Owyhee Co, ~~M.D.~~
(Address) Silver City Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82658

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 7

PLACE OF DEATH
County of Payette
City of Payette

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. N. A. Jacobsen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Jacobsen

6. DATE OF BIRTH (month, day, and year) Oct 6 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. fruit-grower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Erich Jacobsen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Belle Swr Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Date 2-13-, 1933

19. UNDERTAKER Glenn C. Landon
(Address) Payette Idaho

20. FILED Feb 14 1933, 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1933, to 2-9, 1933.
I last saw him alive on 2-10, 1933; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular renal disease	
Other contributory causes of importance:	
senility	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Catron M.D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

GLENN C. LANDON
FUNERAL DIRECTOR AND LICENSED EMBALMER
PAYETTE, IDAHO

Payette Idaho.
May 1 - '33

Lewis Williams
Commissioner of Public Welfare.
Boise. Idaho.

Dear Sir.

In the place checked please change the name of Annie Jacobsen to Annie Jacobsen I'm sorry if I didn't write the name in plain. Respectfully.

Glenn C. Landon.
Payette. Idaho.

RECEIVED MAR 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82659

PLACE OF DEATH
County of Gayette
City of Gayette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer C. Bensay

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy Bensabaugh

6. DATE OF BIRTH (month, day, and year) Mar 12 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
47	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerburg Ohio

FATHER
13. NAME Henry Bensay
14. BIRTHPLACE (city or town) (State or country) Crolon Ohio

MOTHER
15. MAIDEN NAME Jane Merredith
16. BIRTHPLACE (city or town) (State or country) Centerburg Ohio

17. INFORMENT (Address) Daisy Bensay Gayette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gayette, Idaho. Date 2-14-, 1933

19. UNDERTAKER Glenn C. Landon (Address) Gayette Idaho

20. FILED Feb 14 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to Feb. 10, 1933
I last saw him alive on Feb. 10, 1933; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Merrill L. [illegible], M. D.
(Address) Gayette Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82660

PLACE OF DEATH
County of Payette
City of New Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Ida Almena Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Walter O. Brown

6. DATE OF BIRTH (month, day, and year): Nov. 18, 1859

7. AGE: Years 74 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: Edward Banks
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Ida Barnes
16. BIRTHPLACE (city or town) (State or country): Michigan

17. INFORMENT (Address): Maude Conger, New Plymouth Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Ida Date: Jan 7, 1933

19. UNDERTAKER (Address): C. C. Adkins, Payette Idaho.

20. FILED: Jan 6, 1933 J. C. Woodward, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to Jan 5, 1933
I last saw her alive on Jan 5, 1933: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec 16, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Merritt R. Lot M.D., M.D.
(Address) Payette Ida

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82661

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Drvogart

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 W

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of died Jan. 10 - 1933

6. DATE OF BIRTH (month, day, and year) Feb 28 1892

7. AGE Years 40 Months 10 Days 12 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clark Co. Ill.

FATHER
13. NAME George Clark.
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Mae Smith
16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMENT (Address) Lester Drvogart.

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Ida Date Jan 16 1933

19. UNDERTAKER (Address) R. L. Stow Kellogg Ida

20. FILED Feb. 1, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Bronchi Pneumonia
both lungs.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [signature] M. D.
(Address) Wallace Coroner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82662

PLACE OF DEATH
County of Shoshone
City of Burke

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 119

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Patrick H. Sullivan

(a) Residence. No. Burke Idaho St. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mollie Sullivan

6. DATE OF BIRTH (month, day, and year) Sept. 3-1865

7. AGE: Years 67 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Osage Iowa

FATHER
13. NAME Timothy Sullivan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Johanna
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Fred Sullivan Burke Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida. Date Feb. 2, 1933

19. UNDERTAKER (Address) J. A. Bever Ward's Und Co Wallace Ida

20. FILED Jan 31st, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to Jan 20, 1933
I last saw him alive on August, 1932; death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify mines
(Signed) E. J. Fitz Gerald, M. D.
(Address) Wallace Idaho

RECEIVED FEB 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82663

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 11L

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Marshall Delora

(a) Residence. No. Murray Ida St. Murray Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr-9-1882

7. AGE Years 50 Months 8 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Hospital Records Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date 193

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co.) Wallace Ida.

20. FILED Jan 6th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Jan 4, 1933
I last saw him alive on Jan 3, 1933: death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/23/32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) James R Bean, M. D.
(Address) Wallace

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82664

PLACE OF DEATH

County of Shoshone

City of Wallace

County Hospital

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Belle Maitland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 30, 1931

7. AGE Years 2 Months — Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME W. L. Maitland

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Kerr

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) W. L. Maitland Medimont Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Medimont Date Feb 7, 1933

19. UNDERTAKER (Address) N. C. Thornfield Kellogg Idaho

20. FILED Feb 5th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1933 to Feb 4th, 1933

I last saw her alive on Feb 4th, 1933: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Meningitis
Influenza origin not Epidemic

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify [signature]

(Signed) Kellogg, M. D.

(Address) Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82665

PLACE OF DEATH

County of Shoshone
City of Mullan

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 1011
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 122

161

2. FULL NAME Mitchel Leslie Manier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day and year) Jan 27 1933

7 AGE Years | Months | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED —
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mullan, Idaho

PARENTS
10 NAME OF FATHER Earl Isa Manier
11 BIRTHPLACE OF FATHER (city or town) (State or country) Stanley, Wis.
12 MAIDEN NAME OF MOTHER Dorthy Batt
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sand Point, Ida

14 Informant F W Rolfe MD
(Address) Mullan Ida

15 Filed March 1st, 1933 C S Stone
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb (Month) 5 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Feb 4, 1933
that I last saw him alive on Feb 3, 1933
and that death occurred, on the date stated above, at 3:30 a m
The CAUSE OF DEATH* was as follows:
Premature Birth of a little over 7 mo.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) F W Rolfe, M. D.
Mar 1, 1933 (Address) Mullan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Mountain View Cemetery Mullan Ida
Date of Burial: Feb 5 1933
20. Undertaker
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82666

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 125

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Leo Frost. 38

(a) Residence. No. Mullan, Ida St. Mullan, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct-10-1882
7. AGE Years 50 Months 3 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teamster.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12 years.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubuque. Iowa.

FATHER
13. NAME Ralph Frost.
14. BIRTHPLACE (city or town) (State or country) Not Known.

MOTHER
15. MAIDEN NAME Mary Bockslider
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Mr John McLeod Mullan Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Phillipsburg Mont Date Feb 17, 1933.
19. UNDERTAKER (Address) J A Bwyn (Ward Und Co). Wallace Ida.
20. FILED Feb 10, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933, to Feb 8, 1933
I last saw him alive on Feb 6, 1933: death is said to have occurred on the date stated above, at 8:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	unknown
Chr Diffuse nephritis	"
Uremia	Feb 7

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul Ellis, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82667

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Wallace Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Myklebust

(a) Residence. No. Near Wallace St. Near Wallace
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Jan - 22 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mines

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER
13. NAME Rasmus Myklebust.
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Johana Eide.
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Mrs Lena Wick. Seattle Wash.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida Date Feb 14, 1933

19. UNDERTAKER (Address) J A Bowen (Ward and Co) Wallace Ida

20. FILED Feb 16TH, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Feb 11, 1933
I last saw him alive on July 10, 1933; death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Fibrous Pulmonary Tuberculosis + Pneumoconiosis	
Chr Myocarditis with decompensation	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Pneumoconiosis (Miner)
(Signed) Paul M Ellis, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82668

PLACE OF DEATH
County of Shoshoni
City of Wallace
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Providence Hospital
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Kivela
(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? 22 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 48 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1932
11. Total time (years) spent in this occupation 11 years
12. BIRTHPLACE (city or town) (State or country) Ruovesi, Finland

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Gust Aro Mullan Ida
18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193
19. UNDERTAKER (Address) Worstell Company Wallace Ida
20. FILED Feb 18th, 1933 C. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb-15 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1933, to , 193
I last saw him alive on Feb 15, 1933 death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Several days

Other contributory causes of importance:
Tuberculosis Pulmonary Several yrs.

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. Mowery, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

PLACE OF DEATH

County of Shoshone

City of Black Bear

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82669

Registration District No. 76

Primary Registration District No. 1011

Local Registrar's No. 124

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Al Hastings

(a) Residence. No. Black Bear St. Black Bear
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) ~~WIFE of~~ Mrs Al Hastings.

6. DATE OF BIRTH (month, day, and year) Jan 23-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) Feb 32

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash.

FATHER

13. NAME Henry Hastings.

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Sarah Hubbard.

16. BIRTHPLACE (city or town) (State or country) Arkansas.

17. INFORMENT (Address) Richard Hastings. Mullan, Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida. Date Feb 24, 1933

19. UNDERTAKER (Address) J. A. Bower Ward Mort Co. Wallace Ida.

20. FILED Feb 22nd, 1933 C. A. Strom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Feb 19, 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First Lead Nephritis Chronic Appendicitis Peritonitis Instant	
Other contributory causes of importance Hypostatic Pneumonia Chronic Myocarditis Degeneration Days Ill 6	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. O. Mowry Coroner M. D.

(Address) Wallace Ida.

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82670

PLACE OF DEATH
County of Shoshone
City of Kingsville
Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 13

1. (No. 164) (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Louis Kalangnian
(a) Residence. No. Kingsville Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? 1886 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Mrs. Kalangnian

6. DATE OF BIRTH (month, day, and year) Oct 26 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belfort France

FATHER
13. NAME August Kalangnian
14. BIRTHPLACE (city or town) (State or country) Belfort France

MOTHER
15. MAIDEN NAME Dreyer
16. BIRTHPLACE (city or town) (State or country) Belfort France

17. INFORMENT (Address) Mrs. H. S. Davenport
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Spokane Wash. Date Feb 17, 1933
19. UNDERTAKER (Address) Kellogg Ida
20. FILED Mar. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 1933
22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to ..., 193..
I last saw him alive on Feb 15, 1933 death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Died after returning	
home from hospital	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state
(Signed) Wm. Wood Greene M.D.
(Address) Wallace Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ...AR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82671

PLACE OF DEATH
County of Shoshone
City of Kellogg.

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Brennan

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1884

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, and year) Apr 10 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dickenson N. Dak.
(State or country)

FATHER
13. NAME Brennon
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Annie Ames
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Grace Brennon
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place ~~Ken.~~ Mt. Hope Cemetery Date Kellogg Ida., 1933

19. UNDERTAKER [illegible] Court
(Address) Kellogg Idaho

20. FILED Mar. 9, 1933 Mrs. Helen M. Brenke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h~~im~~ alive on 2/9, 1933; death is said to have occurred on the date stated above, at 1:30 ~~m.~~
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Complicated by Acute Alcoholism	

Other contributory causes of importance:
Caught under a car while drunk

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 9, 1933
Where did injury occur? Yard of Bunker Hill & Sullivan Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Struck by Locomotive
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. Howard Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82672

PLACE OF DEATH
County of Shoshone
City of Near Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Simeon Nease

204

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): no inf.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): no inf.

7. AGE: Years 71 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): No inf

FATHER
13. NAME: "
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): "

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Feb 17, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg Ida

20. FILED Mar. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently Heart failure found dead on trail	

Other contributory causes of importance:
arteriosclerosis
Old age

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exterior causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193
Where did injury occur? Pine Creek (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Trail home
Manner of injury Exhaustion
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify
(Signed) H. C. Mowery Coroner M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82673

PLACE OF DEATH
County of Shoshone
City of Avery

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME John Forest Logan

(a) Residence. No. Avery - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. - mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 9 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mine Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) About 1929

11. Total time (years) spent in this occupation No information

12. BIRTHPLACE (city or town) (State or country) Mount Sterling Kentucky

FATHER

13. NAME No information

14. BIRTHPLACE (city or town) (State or country) No information " "

MOTHER

15. MAIDEN NAME Susan Rogers

16. BIRTHPLACE (city or town) (State or country) No information No information

17. INFORMENT (Address) Erwin Brown Avery - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St. Maries, Ida Date ....., 193..

19. UNDERTAKER Mitchell Undertaking Co
(Address) St. Maries, Idaho

20. FILED Feb 25, 1933 C Bruny
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Feb 24, 1933, to ....., 193..
I last saw him alive on Feb. 24, 1933: death is said to have occurred on the date stated above, at 10:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Unknown
Other contributory causes of importance: Chronic myocardial insufficiency	

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Bruny, M. D.
(Address) Avery - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82674

PLACE OF DEATH

County of Teton
City of Tetonia

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** David Sarenson
(a) Residence. No. Tetonia, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
✓ HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 1st 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63			11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER S. Sarenson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) Wm M. Hanson St Anthony, Idaho

15. Filed 1-15-, 1933 Elsie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 9 9 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Heart Trouble

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John Cowan Corner, M. D.
1-15-, 1933 (Address) Teton County Ida

19. Place of Burial, Cremation, or Removal Elsinora Utah
Date of Burial Jan. 17 1933

20. Undertaker W. M. Hanson Address St. Anthony Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82675

PLACE OF DEATH

County of Teton.
City of Driggs.

Registration District No. 24 77
Primary Registration District No. 2176
Local Registrar's No. 7
(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Robert Owen Aland.

(a) Residence. No. Driggs Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 31 - 29

7. AGE	Years	Months	Days	If LESS than 1 day,
	3	6	9D	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs Idaho.

PARENTS

10. NAME OF FATHER Owen David Aland
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bloomington Ida
12. MAIDEN NAME OF MOTHER Beatrice Turpin
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Texas.

14. Informant Pearl Sievers
(Address) Driggs Idaho.

15. Filed 2-10-1933 Alice M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 9 - (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb 9 - 1933
that I last saw him alive on Feb 9 1933
and that death occurred, on the date stated above, at 1 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Nephritis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Scarlet fever (duration) yrs. mos. 9 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. T. Parkinson M.D.
, 19 (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal: Driggs, Idaho — Date of Burial 19
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82676

PLACE OF DEATH
County of Teton
City of Clawson

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Jean Carol Daniels
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 30 - 1933

7. AGE Years Months Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Clawson
(State or country) Idaho

PARENTS
10. NAME OF FATHER Owen Daniels
11. BIRTHPLACE OF FATHER (city or town) Park City
(State or Country) Utah
12. MAIDEN NAME OF MOTHER Sadie May Forbush
13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls
(State or County) Idaho.

14. Informant (Address) Owen Daniels
Tetonia R.D. Idaho

15. Filed 2-20, 1933 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1933, to Feb. 13, 1933
that I last saw her alive on Jan. 30, 1933
and that death occurred, on the date stated above, at 3:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia
(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) L. R. Reeves, M. D.
Feb. 14, 1933 (Address) Dupp, Idaho.

19. Place of Burial, Cremation, or Removal Bates Idaho
Date of Burial 2-16-1930

20. Undertaker
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82677

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Teton

City of Driggs

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 9

(No. 126)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Gerald McCracken

(a) Residence. No. Teloma Idaho. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 20 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	4	30	—

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER James Henry McCracken

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Smithfield Utah

12. MAIDEN NAME OF MOTHER Violet Douglass

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Smithfield Utah.

14. Informant (Address) James Henry McCracken Teloma Idaho.

15. Filed 2-20- 1933 Effie M Greene. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 19 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1933 to Feb. 19 1933
that I last saw him alive on Feb. 19 1933
and that death occurred, on the date stated above, at 7 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis Dextra (right) (duration) yrs. mos. 1½ ds.

18. Where was disease contracted if not at place of death? At a Dance Hall near Teloma
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical history

(Signed) L. T. C. Peters, M. D.
2-20, 1933 (Address) Driggs Idaho

19. Place of Burial, Cremation, or Removal: Harden Cemetary — Date of Burial: Feb. 22 1933

20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82678

PLACE OF DEATH
County of Teton
City of Driggs, R.D.1 Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 10
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cloe Alice Wilson 92
(a) Residence. No. Driggs R.D#1, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Ross Wilson

6. DATE OF BIRTH (month, day and year) Nov 24-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	3		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Colorado

PARENTS
10. NAME OF FATHER John P. Larson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Alice Datson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) J. Ross Wilson Driggs, R.D.1 Idaho.

15. Filed 2-28-, 1933 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~March~~ Jan 1, 1933, to Feb 23, 1933
that I last saw h~~er~~ alive on Feb 15, 1933
and that death occurred, on the date stated above, at 5P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

~~Phlebitis~~
Embolic of coronary artery Sudden
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Phlebitis
(duration) yrs. 1 mos. 23 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) L. L. Parkinson M. D.
2-25-, 1933 (Address) Driggs Ida

19. Place of Burial, Cremation, or Removal: Pratt Cemetery Driggs — Date of Burial: 2-26-1933
20. Undertaker: Lewis Kiser Ashton, Ida. — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Filer, Ida.

R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE
State File No. 82679

Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Converse Griffin

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Addie Griffin

6. DATE OF BIRTH (month, day, and year): June 15 1854

7. AGE: Years 78 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Blacksmith
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shelbyville Ill

FATHER
13. NAME: Wm Griffin
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Martha Carroll
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): J. R. Sackett Filer, Ida

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place: Ramsey, Ida. Date: 2/19, 1933

19. UNDERTAKER (Address): Evans & Johnson Twin Falls, Ida. E. Johnson

20. FILED: Feb. 18, 1933 J. H. Bentley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 17-Feb—, 1933, to ....., 193...
I last saw him alive on 17-Feb—, 1933: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Enclanged heart which decompensated

Other contributory causes of importance:

Name of operation: 0 Date of: 0
What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ?, 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No
(Signed) J. W. MacNamara, M. D.
(Address) Buhl, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82680

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 887
(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Mrs Rebecca E. Swaine

(a) Residence. No. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Samuel C Swaine

6. DATE OF BIRTH (month, day, and year) Aug 25-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Loraine, Ill
(State or country)

FATHER
13. NAME Chas Barger
14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER
15. MAIDEN NAME Katherine Hanna
16. BIRTHPLACE (city or town) Penn
(State or country)

17. INFORMENT Marguerite Cunningham
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl Cemetery Date 2-14, 1933

19. UNDERTAKER Evans & Johnson
(Address) J. E. Schmidt

20. FILED Feb. 15, 1933 J. T. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1932, 193, to Jan. 31, 1933, 193
I last saw her alive on Jan. 31, 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-carditis, chronic with dilatation of the heart	about 4 years.
Oedema, general lower extremities.	1 year.

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Duncan L. Alexander, M. D.
(Address) Twin Falls, Idaho

Alexander

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2081

DO NOT WRITE IN THIS SPACE

State File No. 82682

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elvin Wayne Wyman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Gertrud Rawley

16. BIRTHPLACE (city or town) (State or country) Colo

17. INFORMENT (Address) C. A. Wyman Kimberly

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place L. F. Cemetery Date 2/7, 1933

19. UNDERTAKER (Address) J. E. Drake Twin Falls

20. FILED 2/8, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Feb 3, 1933.

last saw h in alive on Feb. 3, 1933: death is said to have occurred on the date stated above, at 7-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
both lobes of left lung.	

Other contributory causes of importance:

Myocarditis	

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Langenwalter, M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82683

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 24

(No. 127 - 10th Ave E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Gilbert Minor Hall

(a) Residence. No. 127 - 10th Ave E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Flora Jane Hall

6. DATE OF BIRTH (month, day, and year) July 15 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Irrigation Expert
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charlton (State or country) N. Y.

FATHER
13. NAME James Hall
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Minerva Marvin
16. BIRTHPLACE (city or town) Charlton (State or country) N. Y.

17. INFORMENT (Address) Mrs. J. M. Hall 127 E 10th Ave E.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 2 - 8, 1933

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho.

20. FILED 2/8, 1933 George C. Dally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1933, to Feb. 5, 1933
I last saw him alive on Feb. 4, 1933: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan. 30
Other contributory causes of importance: Chronic Interstitial Nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles R. Scott, M. D.
M.D. (Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82684

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 25
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Julia Belle Dorward
(a) Residence. No. St. Kimberly Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND or~~ (or) WIFE of G. B. Dorward
6. DATE OF BIRTH (month, day, and year) May 1 - 1879
7. AGE Years 53 Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Rose Missouri

FATHER
13. NAME Jerard Stephenson
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) G. B. Dorward Kimberly Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place T. F. Cemetery Date 2/9, 1933
19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho
20. FILED 2/9, 1933 George C. Halley M.D. Act. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan-18, 1933, to Feb 6, 1933
I last saw her alive on Feb, 1933: death is said to have occurred on the date stated above, at 4.25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Lung. (metastatic)	about Jan-1931
Other contributory causes of importance: Carcinoma Rt. breast (removed	1930

Name of operation Date of
What test confirmed diagnosis? Lab + clinical Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. N. Davis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82685

PLACE OF DEATH

County of Twin Falls,

City of Rogerson, Ida Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 26

(No. Rogerson, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME William Richard Helsley,

(a) Residence. No. Rogerson, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 0 Years	5 Months	19 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Idaho.

FATHER

13. NAME Richard Hlesley

14. BIRTHPLACE (city or town)
(State or country) Nev.

MOTHER

15. MAIDEN NAME Luceal Yates

16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT W.E. Yates
(Address) Rose Worth, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Ida. Date Feb. 13, 1933

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 2/15, 1933 George O. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 8Th. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1932, to Feb. 8, 1933, 193..

I last saw him alive on Feb. 5, 1933: death is said to have occurred on the date stated above, at 10.30 m. AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice infectous, acute with	
permanent obstruction common	Oct. 1932
duct.	
Other contributory causes of importance:	
Hemolysis, infectous.	Dec. 1932

Name of operation none Date of

What test confirmed diagnosis? lab. Was there an autopsy? no
x-ray, clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Duncan D. Alexander M. D.

(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82686

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 27
(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Mrs J M Black (Zora V.)
(a) Residence. No. ~~[illegible]~~ 394 Quincy St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct. 30 1859
7. AGE Years: 73 Months: 3 Days: 9 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER
13. NAME: Jacob Vestal
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Elizabet - Jackson
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMENT (Address): Mora Dahlstrom Twin Falls
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Twin Falls Date: Feb. 13, 1933
19. UNDERTAKER (Address): F. E. Drake Twin Falls
20. FILED: 2/14, 1933 George O. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 9 1933 12 o'clock
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Feb 9, 1933.
I last saw her alive on Feb 9, 1933: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fever of Hip	
Other contributory causes of importance:	
Pub. Embolism	2-9-33

Name of operation: none Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193
Where did injury occur? Twin Falls Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury Fever of Hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Sun Fall
City of Sun Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82688

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 29

(No.) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvin Meyer

(a) Residence. No. Tyler 325 St. 8 am
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 5/33

7. AGE Years — Months 1 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME L. L. Meyer
14. BIRTHPLACE (city or town) (State or country) N D

MOTHER
15. MAIDEN NAME Martha Klintz
16. BIRTHPLACE (city or town) (State or country) N D

17. INFORMENT (Address) L. L. Meyer Sun Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Sun Falls Date Feb 11, 1933

19. UNDERTAKER (Address) F. E. Drake Sun Falls

20. FILED 2/14, 1933 George C. Halley M.D. acd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 9 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Feb. 9, 1933, to ——, 193

I last saw him ~~alive~~ on Feb. 9, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	5 a.m.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) F. A. Dwight, M.D.
(Address) Filer, Idaho

Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 82689

Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Marie Rendla

(a) Residence. No. 203 Alexander St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 13 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME Adolph Rendla

14. BIRTHPLACE (city or town) (State or country) Hemingford Nebr

MOTHER

15. MAIDEN NAME Pauline Ropp

16. BIRTHPLACE (city or town) (State or country) Pawnee Okla

17. INFORMENT (Address) Adolph Rendla Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date Feb 14, 1933

19. UNDERTAKER Evans & Johnson (Address) Buhl Idaho

20. FILED 2/16, 1933 George C. Dalley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1933, to 2/11, 1933

I last saw her alive on 2/11, 1933; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	
Other contributory causes of importance: Acute rheumatism	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82690

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 31

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob N. Gergen

(a) Residence. No. Twin Falls Ida St. R.F.D. #3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. 6 mos. ds.

2055

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced -HUSBAND of ~~(or) WIFE of~~ Frances Gergen

6. DATE OF BIRTH (month, day, and year) 12-31-1861

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Gergen
14. BIRTHPLACE (city or town) (State or country) Luxem Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Frances Gergen Twin Falls.

18. BURIAL, CREMATION, OR REMOVAL Place 2 L Cem Date 2/15, 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED 2/16, 1933 George C. Halley MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 2 - 11, 1933

I last saw him alive on ....., 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Dead at the time I saw him Had been dead about 20 minutes probably due to Heart disease

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lamb, M.D.

(Address)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82691

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37 ~~39~~
Primary Registration District No. ~~2081~~ 2085
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 32

41

2. FULL NAME Mrs Iva B Cannon
(a) Residence. No. Castleford Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of J. W. Cannon
6. DATE OF BIRTH (month, day and year) Dec 7 1900
7. AGE Years 32 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Oakley Idaho

PARENTS
10. NAME OF FATHER Jos. J. McBride
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Elizabeth Wilson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant J. W. Cannon
(Address) Castleford Idaho

15. Filed Feb. 17, 1933. J. H. Murphy Registrar
act. George E. Halley M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932, to Feb. 16, 1933
that I last saw her alive on Feb. 16, 1933
and that death occurred, on the date stated above, at 3.30 P m.
The CAUSE OF DEATH was as follows:
Septicemia
(duration) yrs. 3 mos. 27 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Athome
Did an operation precede death? Yes Date of 2-13-33.
Was there an autopsy? No.
What test confirmed diagnosis? Clinical-Lab.
(Signed) J. H. Murphy, M. D.
Feb. 17, 1933. (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial 2/19 1933
20. Undertaker Newell D Rugg
Address Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82692

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Geo Edward Goff

(a) Residence. No. 242 7th ave North St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Kate Belleville Goff

6. DATE OF BIRTH (month, day, and year): Feb 7./1854

7. AGE: 79 Years -- Months -- Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... mnfg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Tho. Goff
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Martha Armstrong
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs Goff

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Feb. 19, 1933 Twin Falls

19. UNDERTAKER (Address): F E Drake Twin Falls

20. FILED 2/21, 1933 George C. Halley MD Acg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1916, to Feb 17, 1933
I last saw him alive on Feb 17, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1916

Other contributory causes of importance:

Chronic cystitis	1916
Aortic Stenosis	1932

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) H W Wilson, M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82693

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 34

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo N. Lavender

(a) Residence. No. Kimberly St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11 b
12-15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 4 1861

7. AGE: Years 72 Months 0 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Y

FATHER
13. NAME X Lavender
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. C. Lavender Berkeley Cal.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Berkeley Cal. Date ....., 193

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 2/23, 1933 George C. Hally M.D. Acts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933, to Feb 18, 1933
I last saw her alive on Feb. 18, 1933: death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/10/33
Other contributory causes of importance: Cardio Vasculas failure	1/14/33

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. N. Davis, M.D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 82694

Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Jean Beer

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female		

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 22/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Harry Beer

14. BIRTHPLACE (city or town) (State or country) Nebr

MOTHER

15. MAIDEN NAME Jane Pierce

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Harry Beer Twin Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Sego Date Feb 21, 1933

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 2/21, 1933 George C. Halley Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933, to Feb 20, 1933

I last saw her alive on Feb 20, 1933: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Feb 16-33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. W. Wilson, M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82695

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 36 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. M. Fahrenback (Edward M. Fehrenbach)

(a) Residence. No. Edward 506 2nd Str E St. weaver
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fahrenback

6. DATE OF BIRTH (month, day, and year) — 1857

7. AGE Years 76 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No

FATHER
13. NAME Fahrenback
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Fahrenback Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Feb 25, 1933

19. UNDERTAKER (Address) J. Drake Twin Falls

20. FILED 2/27, 1933 George C. Halley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to Feb. 23, 1933
I last saw him alive on Feb. 13, 1933: death is said to have occurred on the date stated above, at 4:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	(3)

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
M. D. (Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Filer, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2081

DO NOT WRITE IN THIS SPACE
State File No. 82696

Local Registrar's No. 37

204

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard H. Dexter,

(a) Residence. No. Filer, Idaho, Route #2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ruth Dexter

6. DATE OF BIRTH (month, day, and year) May 11, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER

13. NAME George Dexter

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Alice Crook

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT Ernest Dexter
(Address) Filer, Idaho, Route #2.

18. BURIAL, CREMATION, OR REMOVAL
Place Filer Date 2-28, 1933

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED 3/, 1933 George O. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patient dead when I saw him.	
Probably heart disease	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lamb M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 82697

Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1004

2. FULL NAME Laurel J. Howard

(a) Residence. No. 320 - 5th Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

FATHER

13. NAME Laurel C. Howard,

14. BIRTHPLACE (city or town) (State or country) Chester, Idaho.

MOTHER

15. MAIDEN NAME Julia Young,

16. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

17. INFORMENT (Address) Laurel C. Howard. 320 - 5th Ave. E.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 2-27, 1933

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls. Idaho.

20. FILED 3/1, 1933 George A. Talley M.D. Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb., 23, 1933 to Feb., 24, 1933
I last saw him alive on Feb., 24, 1933: death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Measles	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) H. O. Lamb, M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 37
Primary Registration District No. 2081
(No. ..... St.)

State File No. 82698
Local Registrar's No. 39

1. PLACE OF DEATH
County of Twin Falls
City of Kimberly
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wilbur John Kerby

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): S
6. DATE OF BIRTH: Feb. (Month) 24 (Day) 1933 (Year)
7. AGE: ✓ Yrs. ✓ Mos. ✓ ds.
IF LESS than 1 day how many 15 hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country) Kimberly Ida
10. NAME OF Father John Wilbur Kerby
11. BIRTHPLACE OF FATHER (State or Country) Eaton Colo.
12. MAIDEN NAME OF MOTHER Ada Hays
13. BIRTHPLACE OF MOTHER (State or Country) Seattle Wn
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wilbur Kerby
(Address) Kimberly
15. Filed 9/25 1933 George O. Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 25 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 2-24 1933 to 2-25 1933
that I last saw him alive on 2-24 1933,
and that death occurred on the date stated above, at 10 A M.
The CAUSE OF DEATH* was as follows:
Birth injuries
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) pulmonary collapse
(Duration) — yrs. ✓ mos. ..... ds.
(Signed) J. W. Evans M. D.
9/25 1933 (Address) Kimberly Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL mo. Rock Creek Ida — DATE OF BURIAL 9/26 1933
20. UNDERTAKER Evans & Johnson — ADDRESS Twin Falls
L. D. Johnson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 1 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82700

County of Washington
City of Cambridge
Registration District No. 88
Primary Registration District No.
Local Registrar's No. 740

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Abernathy

(a) Residence. No. Cove District St. Cambridge, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Emma M. Abernathy

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (city or town) (State or country) Wapello Iowa

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Records destroyed by fire

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Happy Smith (Daughter) Cambridge, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cambridge Date Feb. 27 1933

19. UNDERTAKER J. A. Huddleson - L. D. (Address) Cambridge, Ida.

20. FILED 2-28-, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 2-22-33, 193, to 2-25-33, 193
I last saw him alive on 2-24-33, 193: death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Arterio sclerosis.	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. ~~Was disease or injury in any way~~ related to occupation of deceased? No. If so, specify

(Signed) W. H. Lewis M. D.
(Address) Cambridge Ida.

RECEIVED MAR 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

C 82701

DO NOT WRITE IN THIS SPACE
State File No. 82701

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 10
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dudley W. Adams
(a) Residence. No. 214 E Conn. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Catherine Adams

6. DATE OF BIRTH (month, day and year) Oct. 13. 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10. NAME OF FATHER George Adams
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs Catherine Adams Weiser Ida

15. Filed March 4, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Feb 8, 1933, that I last saw him alive on Feb 8, 1933, and that death occurred, on the date stated above, at 10:20 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) F M Coats, M. D.
Feb 8, 1933 (Address) Weiser, Ida.

19. Place of Burial, Cremation, or Removal: Morris Creek — Date of Burial: 2-10-1933
20. Undertaker: R. C. Northam — Address: Weiser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

82702

RECEIVED MAR 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82702

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Franklin Lee Jones
(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Robinson

6. DATE OF BIRTH (month, day and year) July 3 - 1894

7. AGE Years 38 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) MONTPELIER, IDAHO

PARENTS
10. NAME OF FATHER Franklin Jacob Jones
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bloomington B. C. Mahon
12. MAIDEN NAME OF MOTHER May Lee
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Toolle Tooele

14. Informant (Address) Franklin J. Jones MONTPELIER, IDAHO

15. Filed Mar 15, 1933 H. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 30 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan 30, 1933
that I last saw him alive on Jan 30, 1933
and that death occurred, on the date stated above, at 3.17 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Septicaemia
(Accidental)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J. P. Gaertner, M. D.
Jan 31, 1933 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal MONTPELIER, IDAHO
Date of Burial Feb 3 1933

20. Undertaker [signature]
Address MONTPELIER, IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 29 1933

Pulmonary ✓

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8 82703

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 82

(No. Idaho Soldiers Home Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205a

2. FULL NAME Pearl Floyd George.

(a) Residence. No. Soldiers Home. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1884.

7. AGE Years 49. Months 0 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Veteran of the
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. World War.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME F.F. George.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) W.E. Waldrop. Idaho Soldiers Home.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date March. 24. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 3-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/21/33, 193..., to 3/21, 1933

I last saw him alive on 3/21, 1933 death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
occlusion	3/21/33

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury non none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. B. Evans-Lomb M. D.

(Address) 405 Eastman Bldg. Boise Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. Wahle

82704

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82704

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 92

(No. 1619 N 5)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Joseph McGuire

(a) Residence. No. 1619 No. 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena McGuire

6. DATE OF BIRTH (month, day, and year) Aug 20 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leavenworth
(State or country) Kan.

FATHER

13. NAME Edward McGuire

14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Ann Price

16. BIRTHPLACE (city or town)
(State or country) Georgia

17. INFORMENT Lena McGuire
(Address) 1619 N-5

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date 3/30, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-30-1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 28, 1933
I last saw him alive on March 28, 1933: death is said to have occurred on the date stated above, at 8P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonokonosis	
Pneumonokonosis	
Pneumonokonosis	
silicosis	
and chalicosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Stone cutter
(Signed) G. H. Wahle, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1933

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82706

PLACE OF DEATH

County of Kootenai

City of Cataldo

Registration District No. ~~123~~ 32

Primary Registration District No. ~~2201~~ 2049

82706

Local Registrar's No. ~~14~~ 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Samuel Savage

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sam Savage

6. DATE OF BIRTH (month, day, and year) Aug 22, 1889

7. AGE Years 43 Months 6 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

FATHER

13. NAME Louie Savage

14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER

15. MAIDEN NAME No Inf

16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMENT (Address) Mrs Sam Savage Cataldo, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date Mch 25, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED Mar 30, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to March 20, 1933

I last saw him alive on Mar 20, 1933: death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

acute dilatation of heart

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify Miner

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

Filed: Apr. 6 - 1933 - Walter Roberg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82707

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 37

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sidney T. Downey

(a) Residence. No. 1022 State Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Assayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date 4/8/33 Shipped 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 4-8, 1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933 to April 3, 1933

I last saw him alive on April 3, 1933; death is said to have occurred on the date stated above, at 5:55p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation cardiac, acute	

Other contributory causes of importance:

V. H. D. Mitral Stenosis;	
Myocarditis, chronic.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

8-2708

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82708

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

880

2. FULL NAME Isaac Isaksen

(a) Residence. No. St. Genesee, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Isaksen

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

FATHER

13. NAME Abraham Isaksen

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Mary Genesee Larson

16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMENT (Address) Mrs. Isaac Isaksen, Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Genesee, Idaho Date 3/30, 1933

19. UNDERTAKER F. B. Hunt (Address) Moscow Ida

20. FILED Mar 30, 1933 J. M. Lyle Registrar. By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/27- 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-19-1932, 193..., to 3/7-33, 193...
I last saw him alive on 3/27-, 193 3; death is said to have occurred on the date stated above, at 1:55 p. m..
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	

Other contributory causes of importance:

Chronic nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Pence, M. D., M. D.
(Address) Lewiston, Idaho.

RECEIVED APR 11 1933

C 2709

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82709

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 16

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

186

2. FULL NAME William George Brownlow

(a) Residence. No. 214 W. Pinesdale St. ..... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or WIFE of) Francis Maud,

6. DATE OF BIRTH (month, day, and year) Feb 12 - 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar. 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME George Brownlow

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Michelson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Frances J. Brownlow

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date Apr 6, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED Apr. 9, 1933 Mrs. Helen M. Brady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Apr 2, 1933

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at about 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	Apr 2
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? Shoshone Co Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Mining - mine

Manner of injury Fell in shute

Nature of injury Blow on head

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Hurt while at work

(Signed) Paul Wallis, M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

82710

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82710

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Alfred Ring. 44

(a) Residence No. 1212 - 7 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida C. Ring
6. DATE OF BIRTH (month, day, and year) 11-10-1865
7. AGE Years 67 Months 4 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner + saw
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill worker
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Gustaf Ring
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Annie ——
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Ida C. Ring. Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL
Forest Place C D Alene Date 4-3, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home C D Alene, Ida

20. FILED 4-2, 1933 A. D. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933, to March 31, 1933
I last saw him alive on March 30, 1933; death is said to have occurred on the date stated above, at 10 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Alexander Barclay, M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

82711

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82711

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Guy Wilson Robbins

(a) Residence. No. Grace, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wh
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lora Bennett Robbins

6. DATE OF BIRTH (month, day, and year) 9-22-92

7. AGE Years 40 Months 5 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) Mar 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Grace, Idaho

FATHER
13. NAME Milton Robbins
14. BIRTHPLACE (city or town) (State or country) Weston Idaho

MOTHER
15. MAIDEN NAME Sarah Rachael Hoopes
16. BIRTHPLACE (city or town) (State or country) Bennington Idaho

17. INFORMENT (Address) Mrs. Guy Robbins Grace, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher, Idaho Date 3-21-33, 193

19. UNDERTAKER (Address) Hendricks Preston, Idaho

20. FILED Mar. 31, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-19-33 193

22. I HEREBY CERTIFY, That I attended deceased from 3-16-33, 193, to 3-19-33, 193
I last saw him alive on 3-18-33, 193: death is said to have occurred on the date stated above, at 900 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-17-33
Other contributory causes of importance:	
Acute Endocarditis	3-16-33

Name of operation none Date of .....
What test confirmed diagnosis? hist & phy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) B. D. Zanning, M. D.
(Address) Grace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR [illegible]

82712

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82712

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 38

(No. Veterans Administration, Boise, Idaho) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward M. Christianson

(a) Residence. No. 342 West 3rd South St. Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Lily Christianson

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho Shipped

18. BURIAL, CREMATION, OR REMOVAL
Place Grand Forks Utah Date 4/9/33, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-10, 1933 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-8 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to April 8, 1933

I last saw him alive on April 8, 1933: death is said to have occurred on the date stated above, at 9:35a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary,	
chronic, active	

Other contributory causes of importance:

Myocarditis, acute, toxic	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82713

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. ~~10~~ 31
(No. Ada County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Hardisty

(a) Residence. No. St. Barber Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Alfred Hardisty

6. DATE OF BIRTH (month, day, and year) March 11 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Harpe
(State or country) Ill,

FATHER

13. NAME George Roller

14. BIRTHPLACE (city or town) Zanesville
(State or country) Ohio

MOTHER

15. MAIDEN NAME Rose Squires

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMENT (Address) Mrs. Erma Hardisty Barber Ida,

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 3/26, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida.

20. FILED 3-27, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 23, 1933
I last saw h... alive on March 22, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cervix	
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Conaway, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82714

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 30
(No. 1st & Ash)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Fred A. Gerling.

(a) Residence. No. 1st and Ash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Gerling.

6. DATE OF BIRTH (month, day, and year) July 13-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Celilo, Oregon.

FATHER

13. NAME Fred W. Gerling.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Mohle.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) Mrs. Ella Gerling. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/25/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 3-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/22/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to March 22, 1933
I last saw him alive on March 22 1933; death is said to have occurred on the date stated above, at 9.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	3-17-33
Related cause, a Chronic bronchial abcess	to 3-22-33

Other contributory causes of importance:
The Chronic bronchial abcess

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. R. Fraser, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82715

PLACE OF DEATH
County of Ada
near
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Joseph B. Nibler

(a) Residence. No. Riverside near Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 29-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Joseph Nibler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kohler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) George Nibler Route No. 1

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 3-13, 1933 St. John's

19. UNDERTAKER Schreiber & McLaury (Address) Boise, Ida.

20. FILED 3-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1933, to March 10, 1933

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo Collister, M. D.

(Address) .....

Dr. Geo Collister

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82716

County of Ada.
City of Brise.
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 28
(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME George J. May.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie. May.

6. DATE OF BIRTH (month, day, and year) March. 26. 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70.	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stewart Cpunty
(State or country) Indiana.

FATHER

13. NAME John May.

14. BIRTHPLACE (city or town)
(State or country) Indiana.

MOTHER

15. MAIDEN NAME Luama Stratton.

16. BIRTHPLACE (city or town)
(State or country) Indiana.

17. INFORMENT William. H. May.
(Address) 908. north. 23th street.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Mar. 21. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-30, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March. 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to March 19, 1933.
I last saw him alive on Mar. 18, 1933.: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	about 3-1-33

Other contributory causes of importance:
Bad Teeth & Faulty Elimination

Name of operation ——— Date of ———
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) M. Calloway, M. D.
(Address) .....

RECEIVED APR 10 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82717

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 26

(No. Boise, Idaho. Route #4.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Mrs. Flora Elizabeth Wolfe

(a) Residence. No. Boise, Idaho Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Oliver P. Wolfe.

6. DATE OF BIRTH (month, day, and year): Dec. 20-1884

7. AGE: Years 50, Months 2, Days 18. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ruby Hill, Nev.

FATHER
13. NAME: Edmond Morcom.
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Grace Rickard.
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Mrs. J. Uren. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 3/10/33, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 3-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/8/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1933, to March 8th, 1933.
I last saw her alive on March 5th, 1933: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) John Bouk, M. D.
(Address) Boise, Idaho.

RECEIVED APR 10 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82718

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 25
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katie Caldwell 75

(a) Residence. No. St. Orchard Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip J. Kirchgestner

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 64			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retired- Invalid
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME John Jeppeson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Lee Caldwell Orchard Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salina Utah Date 3-10, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-7 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to March 7, 1933
I last saw h-s alive on March 7, 1933: death is said to have occurred on the date stated above, at 6.13 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dandrup Paraglysis	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Calloway, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82719

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 24
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME A. L. McHenry

(a) Residence. No. Ada Co. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1860

7. AGE Years 72 Months 7 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) A. Schreiber Boise

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise Date 3-1, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise, Id.

20. FILED 3-8, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Feb 26, 1933
I last saw him live on Feb 26, 1933: death is said to have occurred on the date stated above, at 11:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	July 1930
Pyelitis and Chronic Myocarditis	

Other contributory causes of importance:

Toxaemia & Myocarditis	Dec 1932

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. N. Bergstan, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82720

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 22

(No. 183) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Donaldson Fruit

(a) Residence. No. ..... St. Ten-Mile Dist. Ada Co
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug. 18-1856
7. AGE — Years: 76 — Months: 6 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Sept 1932
11. Total time (years) spent in this occupation: 57

12. BIRTHPLACE (city or town) (State or country): Quincy Ills.

FATHER
13. NAME: John L. Fruit
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: America Roberts
16. BIRTHPLACE (city or town) (State or country): Quincy Ills.

17. INFORMENT (Address): Jesse B. Frank Meridian Ida
18. BURIAL, CREMATION, OR REMOVAL — Place: Morris Hill — Date: 3/2, 1933
19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho
20. FILED: 4-2, 1933 — W. W. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 27 1933
22. I HEREBY CERTIFY, That I attended deceased from ----------, 193..., to ----------, 193...
I last saw him alive on ----------, 193...: death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in New York canal	
Accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193...
Where did injury occur? Near Boise Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Jos. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82721

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 21
(No.) Idaho State Penitentiary 124
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Mc Lennan,

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ?

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1846

7. AGE: Years 87 | Months 4 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: R. R. Man
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): ? Kirtbourne

18. BURIAL, CREMATION, OR REMOVAL Place Kohler Funeral Home Date 3-2, 1933

19. UNDERTAKER (Address): Schreiber & McCausland

20. FILED 3-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to March 1, 1933
I last saw him alive on Feb 28, 1933: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Larynx	1931
Digenerat'n of Liver	

Other contributory causes of importance: Chronic nephritis

Name of operation none Date of
What test confirmed diagnosis? urin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. W. Almond, M. D.
(Address) Boise Ida

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82722

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 95

(No. 2317 Pleasanton Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mina Gill.

(a) Residence. No. 2317 Pleasanton Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Gill

6. DATE OF BIRTH (month, day, and year) ~~3/27/33~~ 10-11-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Thomas Gill. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/30/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 3-30, 1933 W. T. Rhodes. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/27/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to March 27, 1933
I last saw her alive on , 193 : death is said to have occurred on the date stated above, at 11:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Greenaway, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933 ------ OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82723

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 91

(No. St Luke s Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Paul Martin White.

(a) Residence. No. 1215. Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.1.1881.

7. AGE: Years 51. Months 11 Days 29. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Gardner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Concord
(State or country) North Carolina.

FATHER
13. NAME Allen. P. White.
14. BIRTHPLACE (city or town) North Carolina.
(State or country)

MOTHER
15. MAIDEN NAME Louise A. Alexander.
16. BIRTHPLACE (city or town)
(State or country) North Carolina.

17. INFORMENT A. B. White.
(Address) 1213. West Idaho Street.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date April.1, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-30, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-30 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to March 30, 1933
I last saw him alive on March 29, 1933; death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound of Head	

Other contributory causes of importance:

Name of operation Decompression Date of March 27
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide? Date of injury 3/27, 1933
Where did injury occur? Boise Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot wd. of head
Nature of injury Same

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harold W. Stone, M. D.
(Address) 317 Eastman Bldg
Boise, Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82724

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 50

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emil Butler Aultman.

(a) Residence. No. Boise, Idaho. Route #1. St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Aultman.

6. DATE OF BIRTH (month, day, and year) Jan. 10-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) Mrs. Mary E. Aultman. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/27/33 193

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho

20. FILED 3-29, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/25/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932 to March 25, 1933

I last saw him alive on March 24 1933: death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carditis and nephritis	Unknown

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. R. Graves, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82725

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 89

(No. Salvation Army Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Donna Lee Maypole

(a) Residence. No. 2620 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ----------

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16, 1933

7. AGE: Years 0 | Months 0 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Walter Maypole
14. BIRTHPLACE (city or town) Helena
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Isabel Wray
16. BIRTHPLACE (city or town) Manard
(State or country) Idaho

17. INFORMENT (Address) Chas B Boone 619 So 16th Boise Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 3/29, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 3-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933, to Mar. 28, 1933

I last saw her alive on Mar. 27, 1933: death is said to have occurred on the date stated above, at 8:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pylaric Stenosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P. M. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Calloway, M. D.

(Address) .....

RECEIVED APR 10 1933

Swindell ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82726

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 87

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Grace. S. Hall.

(a) Residence. No. 1208. Fort Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Almon. J. Hall.

6. DATE OF BIRTH (month, day, and year) Dec. 16. 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54.	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Thomas. A. Mann.

14. BIRTHPLACE (city or town) (State or country) Henry County Iowa.

MOTHER

15. MAIDEN NAME Matilda Jane Harmanson.

16. BIRTHPLACE (city or town) (State or country) Henry County. Iowa.

17. INFORMENT (Address) A. J. Hall. 1208. Fort Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date March. 26 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-25 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932, to March 22 1933.

I last saw her alive on March 22, 1933: death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	

Other contributory causes of importance:

Name of operation Exploratory Date of Dec 22, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. F. Swindell M. D.
(Address) 513 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82727

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 86

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME James Warren Smith.

(a) Residence. No. 1607. N. 14 th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December. 9. 1869.

7. AGE: Years 63 | Months 3 | Days 14. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem, New Jersey,

FATHER

13. NAME James. K. Smith.

14. BIRTHPLACE (city or town) (State or country) New Jersey.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) John. F. Colvin. 1512. N. 14 th Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date March 27 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho

20. FILED 3-25, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 11, 1933, to Mch 23, 1933.

I last saw h.....alive on Mch 23, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Intestinal obstruction - following Cholecystectomy + Choledochalomus - 8 days	3/17/33 P.O.
Other contributory causes of importance: Chronic Cholecystitis with obstruction	1932 Mch.

Name of operation Cholecystectomy Date of 3/11/33

What test confirmed diagnosis? Clinical + Lab Was there an autopsy? Yld

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) James K. Stewart, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82728

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 85

(No. St Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John Conley

(a) Residence. No. ..... St. Barber Ida,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh
(State or country) Penn.

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Lee

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT William Connoly
(Address) Ontairo Ore.

18. BURIAL, CREMATION, OR REMOVAL
Place St, John S Date 3/23, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 3-24, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1932, to March 22, 1933

I last saw him alive on March 21, 1933: death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with cerebral related hemorrhages	12-22-32
Related: Carditis and nephritis	" "

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. L. Finnegan, M. D.

(Address) 416 Eastman Building

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82729

84

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Thomas Foster

(a) Residence. No. 1400 E, Franklin St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Foster

6. DATE OF BIRTH (month, day, and year) Aug 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ditch Walker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tinhaley
(State or country) Ireland

FATHER

13. NAME William Foster

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT Paul J. Foster
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ST. John's Date 3/25, 193 3

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-24-3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 23 193 3

22. I HEREBY CERTIFY, That I attended deceased from January, 193 2, to March 23, 193 3
I last saw him alive on March 10, 193 3; death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of antrum	Oct, 1932
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold W. Love, M. D.
(Address) Eastman Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82730

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Mathewson Church.

(a) Residence. No. 2021. Harrison Blvd. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 4. 1854.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	10	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME David Mathewson.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Lucrecia Alger.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. David Laing 2021. Harrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date March. 24 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-24-33 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932, to March 22, 1933

I last saw h er alive on March 21, 1933 : death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Other contributory causes of importance: Cerebral Thrombosis	March 17, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Swendell, M. D.

(Address) 513 Eastman Bldg Boise Idaho

Dr Jack. 1

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82731

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 79

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1187

2. FULL NAME Charles Oscar Stockslager.

(a) Residence. No. Grand Hotel. for 2 Months, St. Shoshone, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Carrie. F. Stocklager.

6. DATE OF BIRTH (month, day, and year) Feb. 14. 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Attorney.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mockport Indiana.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Dr. Leslie. B. Stockslager Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Mar 18 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 3-18, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1933, to 3/16, 1933
I last saw him alive on 3/16, 1933, death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intest obstruction	

Other contributory causes of importance:

Senility	
Athermatous aorta	

Name of operation Enterotomy Date of 3/15/33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph Hall, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82732

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 78

(No. 422 South 14th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Nicholas O. Groesbeck.

(a) Residence. No. 422 South 14th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Groesbeck.

6. DATE OF BIRTH (month, day, and year) Mch. 27-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria, Ill.

FATHER

13. NAME Steven Groesbeck.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Mary A. Rummerfield.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Howard Eddy. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Dry Creek Cem. Date 3/18/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 3-18, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932 to March 16th, 1933

I last saw him alive on March 15th, 1933.: death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Hemiplegia on Left Side—Fracture of head of Femur—Caused great shock? senility—Phlebitis in Left Leg.—

Other contributory causes of importance: Hypertension.

Immediate cause of death being shock from cerebral hemorrhage

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Bonk M. D.

(Address) Boise, Idaho.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82733

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 77

(No. 209 Broad Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2555

2. FULL NAME William T. Sherman

(a) Residence. No. 209 Broad Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of May Sherman

6. DATE OF BIRTH (month, day, and year) Nov. 27-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mankato, Minn.

FATHER

13. NAME Isaac Sherman

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Kempton.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) Marcus Sherman. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 3/14/33 193

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho

20. FILED 3-14-, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/11/33 193

22. I HEREBY CERTIFY, That I attended deceased from ~~- - - -

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82734

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 76

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Charles August Larson.

(a) Residence. No. 1 3/4 Mile south of Ada County St. Hospital.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Amanda Larson.

6. DATE OF BIRTH (month, day, and year) April. 3.1861

7. AGE Years 71. Months 11. Days 9. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nereka Sweden.

FATHER

13. NAME Lars. P. Larson.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Anna Louisa.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) George. W. Larson. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date March. 14 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 3-14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to Mch 13, 1933

I last saw h... alive on Mch 12, 1933: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Senile exhaustion -	

Other contributory causes of importance:

Senile Gangrene right leg - (Obliterating arteritis) Feby. 21-33

Name of operation Amputation Rt. Leg Date of 3/7/33

What test confirmed diagnosis? Chemical Lab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) James L. Stewart, M. D.

(Address) Boise Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82735

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 75

(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Sarah M. Dodge

(a) Residence. No. 1716 N. 14 St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of H. E. Dodge

6. DATE OF BIRTH (month, day, and year) Feb. 7th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 64	0 11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Ohio

FATHER
13. NAME Daniel Pool
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Emil Dodge Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 3/5, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-7, 1933 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1932, to 3-3-, 1933
I last saw h alive on 3-3-, 1933: death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3-1-33
Other contributory causes of importance (1) Angina Pectoris	12-12-32
(2) Arteriosclerosis	(?)

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Emmett E. Lamborn, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 82736

Local Registrar's No. 74

(No. St. Alfphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Anderson Lord.

(a) Residence. No. Stag Rooms. 1014½ Main st. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.14.1861

7. AGE: Years 71 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts.

FATHER

13. NAME James B. Lord.

14. BIRTHPLACE (city or town) (State or country) Massachusetts.

MOTHER

15. MAIDEN NAME Sirena Shackley.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) Harry C. Dillon. 425. Jefferson st. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida. Date Mar. 8., 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho

20. FILED 3-8, 1933 W. V. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to 3/6, 1933

I last saw him alive on 3/6, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Myocardial degeneration	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Kellogg, M. D.

(Address) Boise Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82737

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 73

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Mrs. Mary Elizabeth Boyer.

(a) Residence. No. Star, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Samuel L. Boyer

6. DATE OF BIRTH (month, day, and year) Sept. 21-1881

7. AGE: Years 51, Months 5, Days 15, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Three Rivers, Mich

FATHER
13. NAME Joel Schock
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Caroline E. Ulsh.
16. BIRTHPLACE (city or town) (State or country) Beaver Springs, Pa.

17. INFORMENT (Address) Samuel L. Boyer.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3-9-33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 3-8, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6/33 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1933, to Mar. 6, 1933
I last saw her alive on Mar 6, 1933: death is said to have occurred on the date stated above, at 5:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Labor Pneumonia Rt. Longlobe	9/27/33

Other contributory causes of importance: none

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) James Stewart, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82738

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 72

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr. George M. Waterhouse.

(a) Residence. No. Weiser, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna V. Waterhouse

6. DATE OF BIRTH (month, day, and year) Oct. 7-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Physician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New London, Ohio.

FATHER

13. NAME Isarel Waterhouse.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME ------Stowe.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Anna V. Waterhouse. Weiser, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Weiser, Idaho. Date 3/8/33, 193

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 3-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6/33 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to March. 6, 1933.

I last saw him alive on March 6, 1933.: death is said to have occurred on the date stated above, at 1-24 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senile Senility	1932
Other contributory causes of importance:	
Chronic Nephritis	1932

Name of operation Cystotomy Date of Feb. 14, 1933

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 193...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel A. Newport, M. D.

(Address) Boise, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82739

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 71

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James W. Briggs.

(a) Residence. No. 620 Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

128

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Celesta Briggs.

6. DATE OF BIRTH (month, day, and year) May 5-.873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Field Representa-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tive for Credit Assn.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Liberty, Ind.

FATHER

13. NAME Robert W. Briggs.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Filda J. Irvin.

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. Celesta Briggs. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/8/33, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 3-7, 1933 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6/33 193

22. I HEREBY CERTIFY, That I attended deceased from January 1931, to March 6th, 1933

I last saw him alive on March 5th, 1933: death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance:

Cystitis.	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Fraser, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82740

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 70

(No. Died at St. Alphonus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

178

2. FULL NAME X Virginia Alice Chattin Groefsema

(a) Residence. No. Mt. Home, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 4 hours (If nonresident give city or town and state) long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clay Groefsema

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Feb. 27, 1933

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Rhea Springs, Tenn.

FATHER

13. NAME William Frederick Chattin

14. BIRTHPLACE (city or town) (State or country) Rhea Springs, Tenn.

MOTHER

15. MAIDEN NAME Annie Clack

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) J.B. Chattin Mtn. Home, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Mt. Home, Idaho. Date 3-1, 1933

19. UNDERTAKER (Address) C.C. Zacher Mt. Home, Idaho

20. FILED 3-6, 1933 W.W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1933, to 2/28, 1933

I last saw her alive on 2/28, 1933, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Due to burns received in destruction of home by fire	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt Lugden Justice of Peace

(Address) Mt Home Ida

Precinct 2.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Wahle

RECEIVED APR 10 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82741

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 69

(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Phoebe Jane White

(a) Residence. No. 701 - Franklin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Morden White

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE 80 Years 2 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Picton
(State or country) Prince Edward County Canada

FATHER

13. NAME Corey Spencer

14. BIRTHPLACE (city or town) Picton
(State or country) Prince Edward County Canada

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Floyd O. White
(Address) Elk City Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date 3/4, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-6, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Feb 27, 1933

I last saw her alive on Feb 27, 1933: death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance:

Probable mesenteric thrombosis. Ileus.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. H. Wahle, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82742

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 68
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thelma E McKie 31

(a) Residence. No. Meridian R 2 Ada Co Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 23 - 1908 ES

7. AGE Years 25 Months 2 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Idaho

FATHER
13. NAME Leonard McKie
14. BIRTHPLACE (city or town) (State or country) Nodway Co Missouri

MOTHER
15. MAIDEN NAME Etta Belle Crowford
16. BIRTHPLACE (city or town) (State or country) Spring Field Missouri

17. INFORMENT (Address) Leonard McKie Meridian Idaho R 2

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 3-5, 1933

19. UNDERTAKER (Address) W-S-Mateer Meridian Idaho

20. FILED 3-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1932, to March 1, 1933

I last saw her alive on March 1, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	
Any chronic action	
Tuberculous enteritis	
Tuberculous Laryngitis	
Tuberculous Mucoloiditis	

Other contributory causes of importance:
Tuberculous Meningitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Meigs
(Signed) Meigs Ward, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82743

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 80

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Treat Bloom.

(a) Residence. No. 1307. Washington street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily May Bloom.

6. DATE OF BIRTH (month, day, and year) Dec. 3. 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monroe
(State or country) Wisconsin.

FATHER

13. NAME William S. Bloom.

14. BIRTHPLACE (city or town)
(State or country) Maine.

MOTHER

15. MAIDEN NAME Mary Treat.

16. BIRTHPLACE (city or town)
(State or country) Maine.

17. INFORMENT Mrs. Emily May Bloom.
(Address) 1307 Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome, Idaho. Date Mar. 23. 193 3

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 3-21, 193 3 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March. 20 193 3

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 193 3, to 3/21/33 193

I last saw h[illegible] alive on 3/21, 193 3 death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/21/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Evans M. D.

(Address) 405 Eastman Bldg Boise Idaho

RECEIVED APR 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82744

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 83

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Kendall L. Colby

(a) Residence. No. 127 East Bannock St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12-1899

7. AGE: Years 33 | Months 9 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gardner, N. D.

FATHER
13. NAME Judson A. Colby.
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Helen Franklin.
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) Ned Colby. Seattle, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 3/24/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 3-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/23/33 193

22. I HEREBY CERTIFY, That I attended deceased from 11-23-32, 193 to 3-23-33, 193
I last saw him alive on 3/22, 1933: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria (Anuria) + Poly Cystic Kidney	11/25/32

Other contributory causes of importance:

Name of operation N. Phrectomy Date of 3/9/33
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Evans-Lombe M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82745

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 88
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1110

2. FULL NAME Seton Graves

(a) Residence. No. Emmett, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of -- Katie Graves
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 23 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lincoln Co. Missouri
(State or country)

PARENTS

10. NAME OF FATHER Thomas Graves
11. BIRTHPLACE OF FATHER (city or town) Randolph Co. Mo
(State or Country)
12. MAIDEN NAME OF MOTHER Mildred Garner
13. BIRTHPLACE OF MOTHER (city or town) -- Virginia
(State or County)

14. Informant Mrs. Katie Graves
(Address)

15. Filed 3-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 22, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from March 19, 1933, to March 22, 1933
that I last saw h/m alive on March 22, 1933
and that death occurred, on the date stated above, at 4 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Perforated Gastric Ulcer

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Gastric Ulcer
(duration) 14 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 3/19/33
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) W. A. Larsh, M. D.
3/26, 1933. (Address) Boise

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett, Idaho	March 24 1933
20. Undertaker	Address
C D Buckenum	Emmett, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 2 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82746

County of Ada
City of Eagle
Registration District No. 9 T 10
Primary Registration District No. 9 T 10
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME George Washington Clark.

(a) Residence. No. 4 miles west of Eagle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Clark.

6. DATE OF BIRTH (month, day, and year) Feb. 11. 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Boston
(State or country) Illinois.

FATHER

13. NAME Solomon Clark

14. BIRTHPLACE (city or town)
(State or country) Massachussetts.

MOTHER

15. MAIDEN NAME Hannah Stanard.

16. BIRTHPLACE (city or town)
(State or country) Massachusetts.

17. INFORMENT Mary Clark.
(Address) R. L. Eagle Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Joplin Cemetery Date Feb. 26, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.

20. FILED 3/25, 1933 [illegible] Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932 to Feb 24, 1933
I last saw h~~im~~ alive on Feb 23, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Carcinoma~~ Sarcoma of Left Antrum & Highmore	July 1932

Other ~~contributory~~ causes of importance: Toxaemia & Cachexia

Name of operation Deep X Rays Date of Oct 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J. M. Brayton, M. D.
(Address) Boise Idaho.

RECEIVED APR 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82747

PLACE OF DEATH
County of Ada
City of Star Ida
Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Johnston

(a) Residence. No. 164 St. Star Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. s. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jany 5 - 1849

7. AGE: Years 84 | Months 1 | Days 15 - | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: No
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia - West Virginia USA

FATHER
13. NAME Don't know
14. BIRTHPLACE (city or town) (State or country) No USA

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) (State or country) Don't know USA

17. INFORMENT (Address) Roscoe Johnston Star Ida

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery Date 2/23, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED Feb 1, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 20, 1933.
I last saw h[illegible] alive on July 20, 1933; death is said to have occurred on the date stated above, at 3.15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility -	
Heart	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Hall, M. D.
(Address) Star Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82749

PLACE OF DEATH

County of Ada

City of Eagle

Registration District No. 9+10

Primary Registration District No. 9+10

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John Edward Boyd.

(a) Residence. No. State Farm near Eagle. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24. 1894.

7. AGE: Years 38; Months 11; Days 12. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hailey, Idaho.
(State or country)

FATHER

13. NAME William Boyd.

14. BIRTHPLACE (city or town) Canada.
(State or country)

MOTHER

15. MAIDEN NAME Mary Burns.

16. BIRTHPLACE (city or town) Boston, Mass.
(State or country)

17. INFORMENT Dewey Boyd.
(Address) Hailey, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Jan. 9.1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED Jan 7, 1933 Orville Judson
Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6 1933

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Jan 6, 1933, to Paro, 193...

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Clyde E. Summers, Coroner, Ada County M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82750

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 37
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Stutz

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White.	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day and year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 83 yrs.			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) ?
(State or country)

PARENTS

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (city or town) ?
(State or Country)

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (city or town) ?
(State or County)

14. What could be obtained from deceased before he died. Was a county charge.
Informant
(Address)

15. Filed April 11, 1933 Alvin S. Thurston
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 33, to March 13, 1933
that I last saw him alive on March 13, 1933
and that death occurred, on the date stated above, at 11:45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hypertension and Myocarditis.

(duration) 4-5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Nephritis + Senility.
(duration) 4-5 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of ...
Was there an autopsy? No.
What test confirmed diagnosis? Clinical

(Signed) ..... M. D.
March 14, 1933 (Address) Council

19. Place of Burial, Cremation, or Removal	Date of Burial
Odd Fellow Cemetery.	March 15 1933
20. Undertaker John Keeler Family	Address Council

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82751

PLACE OF DEATH
County of Adams
City of Fruitvale

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 38
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188a

2. FULL NAME Garland White
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, Divorced (write the word.) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Ann Judd.

6. DATE OF BIRTH (month, day and year) June 22, 1906.

7. AGE Years 26 Months 8 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section Hand,
(b) General nature of industry, business, or establishment in which employed (or employer) P & L N. RR Co Idaho
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oregon.

PARENTS
10. NAME OF FATHER James White
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa.
12. MAIDEN NAME OF MOTHER Jenny White
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa.

14. Informant (Address) Mrs White

15. Filed April 10, 1933 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 14 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw him dead alive on ....., 19....
and that death occurred, on the date stated above, at about 12:40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Crushing injury to chest involving vital structures of mediastinum, lungs & heart. in being squeezed between cab and tender of engine that left track, just above Fruitvale Ida
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam
(Signed) Alvin S. Thurston, M. D.
March 16, 1933 (Address) Bernice Ida

19. Place of Burial, Cremation, or Removal Hillcrest Cemetery
Date of Burial March 16 1933

20. Undertaker L. Nolan
Address Weiser.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 1 1 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82754

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 27
Primary Registration District No. 2161 Local Registrar's No. 11
(No. 149 North Hayes St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John Esterbrook
(a) Residence. No. 149 N. Hayes St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minnie Esterbrook

6. DATE OF BIRTH (month, day, and year) Nov 21, 1855

7. AGE Years 77 Months 4 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Furniture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME John Esterbrook
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Harriet Pierce
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Minnie Esterbrook Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Id Date Mar 24 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello, Idaho

20. FILED Mar. 22 1933 D Cray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to March 22, 1933
I last saw him alive on March 21, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of bladder	

Other contributory causes of importance:
Bladder infection

Name of operation Cystolomy Date of Jan-33
What test confirmed diagnosis? Sectn of tissue Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. M. Newton, M. D.
(Address) Pocatello, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82755

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2/6/1
Local Registrar's No. 43

(No. General Hospital, Pocatello, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Edith Brown

(a) Residence. No. Arco (Usual place of abode) Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

60 F.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Brown

6. DATE OF BIRTH (month, day, and year) July 13, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crookston Minn.

FATHER
13. NAME John G. Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Matilda Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Frank L. Brown, Arco, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Ida. Date March 27 1933

19. UNDERTAKER (Address) H. L. McHaun, Pocatello, Idaho.

20. FILED Mar 24, 1933 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1933, to 3/23, 1933
I last saw her alive on 3/23, 1933: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia	
Thyroxin Ingestion ?	

Other contributory causes of importance:

Exophthalmos Goiter	
Thyroid toxicosis	
Operation for	

Name of operation Thyroidectomy Date of 3/20/33
What test confirmed diagnosis? Usual (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury , 193
Where did injury occur? / (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. Dawson, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82756

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 744

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Harriett Alice Willes

(a) Residence. No. 362 Monroe St Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter J Willes

6. DATE OF BIRTH (month, day, and year) 9/24/1860

7. AGE Years 72 Months 6 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville Utah

FATHER
13. NAME John Kay
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Chattley
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Margaret Franson 362 Monroe Pocatello

18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Wellsville Utah Date 3/27/33, 193

19. UNDERTAKER (Address) Hall Mortuary Pocatello Idaho

20. FILED 3-26, 1933 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1932, to Mar, 1933
I last saw her alive on Mar 25, 1933; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows: Nephritis & Myocarditis

Date of onset

Other contributory causes of importance: —

Name of operation ne Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) J. Homer, M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82757

PLACE OF DEATH
County of Bannock
City of Pocatello Ida

Registration District No. 28
Primary Registration District No. 2661 Local Registrar's No. 45
(No. Pocatello General Hosp. 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Leaford Brady
(a) Residence. No. St. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lee Crittenden Brady

6. DATE OF BIRTH (month, day, and year) Aug 18 1868

7. AGE Years 64 Months 7 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Newspaper Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Mar 16 1933
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Monticello, Township
(State or country) Johnson County Kans

FATHER
13. NAME John Brady
14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER
15. MAIDEN NAME Catherine Lee Brady
16. BIRTHPLACE (city or town) E Pennsylvania
(State or country)

17. INFORMENT S E Brady
(Address) Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Salina Kans Date 4-31, 1933

19. UNDERTAKER E F Peck
(Address) Blackfoot Idaho

20. FILED Mar 28, 1933 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1926, 193..., to Mch 26, 1933
I last saw him alive on Mch 26, 1933 death is said to have occurred on the date stated above, at 8 20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic heart disease	Chronic
Diabetes Melitis	Chronic

Other contributory causes of importance:

Exhaustion	Few days

Name of operation ..... Date of .....
What test confirm diagnosis? Clinical, X Ray, Laboratory Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....
(Signed) William F. Howard, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82758

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1(a)

2. FULL NAME HELEN ADELL TUCKER

(a) Residence. No. 823 North Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) April 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highschool

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Walter E. Tucker

14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Mary E. Watson

16. BIRTHPLACE (city or town) Balckfoot
(State or country) Idaho

17. INFORMENT A.E. WATSON
(Address) 823 N Main Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Ida. Date 3/29/33 193

19. UNDERTAKER Hall Mortuary
(Address) Pocatello

20. FILED 8/29/33, 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Mar 27, 1933

I last saw h[illegible] alive on Mar 27, 1933; death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Name of operation Thyroidectomy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) O. T. Hall, M. D.
(Address) Pocatello, Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82759

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 47
(No. 160 South Idaho Street, Poca., Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Lorenzo Mower

(a) Residence. No. 1442 North Harrison St. Poca St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced from Martha Dover

6. DATE OF BIRTH (month, day, and year): Jan. 28, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Cattleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

FATHER

13. NAME: George Caldwell Mower

14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER

15. MAIDEN NAME: Emma Amelia Bidwell

16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Mrs. J. M. Bevans 160 So. Idaho St. Poca, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Mar. 22, 1933.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED: Mar. 21, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 19, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1933, to Mar 17, 1933.

I last saw him alive on Mar 17, 1933.: death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma is renal	
Enlarged Prostate	
Tuberculosis	

Other contributory causes of importance:

Cardio-renal	
Enlarged Prostate	

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Dunn, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82760

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No.
Primary Registration District No.
Local Registrar's No. 48

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winifred Armstrong Scott 126

(a) Residence. No. 1005 South Fourth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of C. Earl Scott

6. DATE OF BIRTH (month, day, and year) June 2, 1896.

7. AGE: Years 36 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho.

FATHER
13. NAME James Armstrong
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Martha Decker
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) C. Earl Scott Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Apr. 2, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Mar. 31, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 29, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to March 29, 1933.
I last saw her alive on March 29, 1933; death is said to have occurred on the date stated above, at 9:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured ovarian cyst with twisted pedicle low grade peritonitis	

Other contributory causes of importance:
Ulcer of transverse colon?

Name of operation Removal of ovarian cyst Date of 3/28/33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82761

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 49

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Axel Bostrom

(a) Residence. No. Firth, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

128

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Preston Handy

6. DATE OF BIRTH (month, day, and year): Nov. 15, 1894.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden.

FATHER

13. NAME: August Bostrom

14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER

15. MAIDEN NAME: Amelia Sjoberg

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMENT (Address): Mrs. Axel Bostrom, Firth, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Apr. 1, 1933.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED: Mar. 31, 1933. D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 29, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1933, to Mar. 29, 1933.

I last saw him alive on ....., 1933.; death is said to have occurred on the date stated above, at 6.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis —	
Cardiac failure	
Pulmonary TB	

Other contributory causes of importance:

Nephritis —	
Pulmonary TB.	

Name of operation: None. Date of:

What test confirmed diagnosis? None. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. C. Swain, M. D.
(Address) Pocatello, Idaho.

FORM V. S. No. 7-25 M. 1-16-33 RECEIVED APR 11 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. 610, So. 3rd av.

File No. 82762

Registered No. 2-0

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jay Reed Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~. (Write the word.)

6. DATE OF BIRTH. May (Month) 18 (Day) 1875 (Year)

7. AGE 57 Yrs. 10 Mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... millworker

(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Indianapolis Ind

10. NAME OF FATHER Thomas J. Wilson

11. BIRTHPLACE OF FATHER (State or Country) Ind.

12. MAIDEN NAME OF MOTHER Cynthia Smith

13. BIRTHPLACE OF MOTHER (State or Country) West Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pearl Wilson

(Address) Pocatello, Idaho

15.

Filed March 29 1933

D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 90

3 (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to 3-11 1933, that I last saw h..... alive on ..... 191..., and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

mitral insuffiency

(Duration) ..... Yrs. 8 mos. 12 ds.

Contributory (Secondary) nephritis

(Duration ..... yrs. 8 mos. 12 ds.

(Signed) J. H. Lynn M. D.

3-25 1933 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? 610 So. 3rd

Former or usual residence Idaho Falls

19. PLACE OF BURIAL OR REMOVAL Pocatello Idaho

DATE OF BURIAL Mar 29 1933

20. UNDERTAKER McHan

ADDRESS Pocatello

SYMS - YORK CO., PTRS. & BDRS. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82763

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Perry Woodmansee

(a) Residence. No. 217 N. Hayes St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Mrs. P. Woodmansee

6. DATE OF BIRTH (month, day, and year) Jan, 3, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 45yr.

12. BIRTHPLACE (city or town) (State or country) St. Clairville Ohio.

FATHER

13. NAME Wilson Woodmansee

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Rebecca Bennett

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Perry Woodmansee Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mtn. View Cem. Date Mar, 8, 1933

19. UNDERTAKER (Address) H L McHan Pocatello Idaho

20. FILED 3-7, 1933. D Clay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933, to 3-5, 1933

I last saw him alive on 3-4, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82764

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Mrs Hilda Hively

(a) Residence. No. ..... St. Grace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f
4. COLOR OR RACE w
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Scott Hively

6. DATE OF BIRTH (month, day, and year) Apr 3, 1880

7. AGE Years 52 Months 11 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER
13. NAME Hiram D. Collins
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Elizabeth Bennett
16. BIRTHPLACE (city or town) (State or country) Franklin Utah

17. INFORMENT (Address) Herbert Collins Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Date Mar 8, 1933

19. UNDERTAKER (Address) B. B. Downard Pocatello Idaho

20. FILED 3-7, 1933 D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Mar 4, 1933
I last saw her alive on Mar 4, 1933: death is said to have occurred on the date stated above, at 9 N.P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	

Other contributory causes of importance:
Vesical vaginal fistula
Bowels vaginal fistula

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) H. C. Lowrie, M. D.
(Address) Pocatello Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82765

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216/
Local Registrar's No. 30

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME PAULINE FRASURE

(a) Residence. No. Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 9/12/1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Primary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME Elijah L Frasure

14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Lamray Henson

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMENT Elijah L Frasure
(Address) Pocatello.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date 3/12/33 193

19. UNDERTAKER Hall Mortuary
(Address) Pocatello

20. FILED 3/9/33, 193 D C Rae
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Mar 9, 193...
I last saw h[illegible] alive on Mar 8, 193...; death is said to have occurred on the date stated above, at 12 0 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Per. Gastro Colitis	
3/6/33	
Pneumonia	

Other contributory causes of importance:
Streptococcus Bacteriophagus
Due to Infection of Gastro
Last May Immunization

Name of operation Gastrostomy Date of 3/6/33
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. C. Davis, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82766

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Justin Alvaro Grover

(a) Residence. No. McDammon Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~XXXXXXX~~ ~~(or XXXXXXX~~ Mrs Jane Grover

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1864

7. AGE: Years 68 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Riverdale, Utah

FATHER
13. NAME Justin T. Grover
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Sarah R. Cole
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs Jane Grover

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER (Address) H. L. McHan Pocatello Ida.

20. FILED 2-10, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Bruised chest caused by horse falling on him while bringing wood out of hills (Accidental)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arthur W Hall Coroner M.D.

(Address) Pocatello

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82767

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlie Parsons Jr.

(a) Residence. No. Blackfoot R.F.D. #N01 — 41
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, ~~Married, Widowed~~, or ~~Divorced~~ (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 18 | Months 1 | Days 21 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) (State or country) Thomas Idaho

FATHER
13. NAME Charlie Parsons
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Myrtle Millie Patterson
16. BIRTHPLACE (city or town) (State or country) Denver Colorado

17. INFORMENT (Address) Claude Parsons Brother of Deceased

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address)

20. FILED 3-12, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933, to March 11, 1933
I last saw him alive on March 11, 1933: death is said to have occurred on the date stated above, at 10 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of Head	

Other contributory causes of importance: Infection became general

Name of operation spined observe Date of 2/16/33
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury while Binding.
Nature of injury Hockamore.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify yes above
(Signed) J. H. Lynn, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82768

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Dr. John Demming Jackson

(a) Residence. No. 1031 N. Garfield, Pocatello St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Morgt Nickels Jackson

6. DATE OF BIRTH (month, day, and year) Aug. 11, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired M.D.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarington Ohio.

FATHER
13. NAME John Jackson
14. BIRTHPLACE (city or town) (State or country) Wellsville, Ohio

MOTHER
15. MAIDEN NAME Sarah Sandford
16. BIRTHPLACE (city or town) (State or country) Wellsville, Ohio

17. INFORMENT (Address) Mrs Ralph R. Wolfe Pocatello Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Mtn. View Cem. Date Mar 14 1933
19. UNDERTAKER (Address) W. F. McHan Pocatello Ida.
20. FILED Mar 13, 1933 D. Crary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12 1933
22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1932, to 3-12, 1933
I last saw h[illegible] alive on 3-11, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Lee Powell, M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82769

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 34

(No.) 38
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Jean C. Whitney (Cunningham)

(a) Residence. No. 1455 E. Lewis St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur Cunningham

6. DATE OF BIRTH (month, day, and year) Oct., 6, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

FATHER

13. NAME Chas. Harding

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Mrs Mae Erickson Mickling S. Dakota

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Mar. 10 1933

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 3-14, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar., 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to Mar 6, 1933
I last saw h[illegible]ve on Mar 6, 1933: death is said to have occurred on the date stated above, at 2 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fees	
Other contributory causes of importance:	

Name of operation Laparatomy Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) S. N. Lyon, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82770

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 36
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gale Bernard Benz

(a) Residence. No. 850 South 4th., Ave. Poca., St. Ida. 177
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1928.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Fred Benz

14. BIRTHPLACE (city or town) (State or country) Wyoming.

MOTHER

15. MAIDEN NAME Margaret E. Satterfield

16. BIRTHPLACE (city or town) (State or country) Sterling, Idaho.

17. INFORMENT (Address) Mrs. A. Y. Satterfield 850 So. 4th, Ave. Poca. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Mar. 19, 1933

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Mar. 18, 1933. D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to Mar 18, 1933
I last saw him alive on Mar 17, 1933: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Arsenical Poisoning	Mar 13
Rat poison	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical and Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 3/13, 1933
Where did injury occur? Child ate rat poison (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Ate poison at Home
Manner of injury Ate from can rat poison
Nature of injury Arsenical poison

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William T. Howard, M. D.
(Address) Pocatello, Idaho.

RECEIVED APR 11 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82771

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME George Andrews Greene

(a) Residence. No. 802 W. Wyeth, Pocatello St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ina A. Greene

6. DATE OF BIRTH (month, day, and year) Oct 3, 1865

7. AGE: Years 67 | Months 5 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER
13. NAME Wm. Greene
14. BIRTHPLACE (city or town) (State or country) St Albans Vt.

MOTHER
15. MAIDEN NAME Mrs Andrews
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ina A. Greene

18. BURIAL, CREMATION, OR REMOVAL
Place Mtn View Cem. Date Mar. 19 1933

19. UNDERTAKER (Address) H L McHan Pocatello Idaho

20. FILED Mar 19, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/9, 1933, to 3-15, 1933

I last saw him alive on 3/15, 1933; death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: Gastric hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.

(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82772

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 38

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Kieth Robert Atzbach

(a) Residence. No. Pocatello, Idaho. St. R. F. D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1933.

7. AGE Years: 0 Months: 0 Days: 0 If LESS than 1 day, 5 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME Fred Atzbach
14. BIRTHPLACE (city or town) (State or country) Mercur, Utah.

MOTHER
15. MAIDEN NAME Veda Jackson
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Fred Atzbach 206 N. Twelfth Ave. Poca.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Mar. 17, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Mar. 16, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 3/16/33 3AM, 193..., to 3/16/33 5AM, 193...
I last saw him alive on 3/16/33, 193...: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:
Lacerated Tentorium
(Premature - Percepalant labor 2 hrs duration 9 Months gestation)

Date of onset

Other contributory causes of importance:

Name of operation no
Date of
What test confirmed diagnosis? history and physical
Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. F. Call, M. D.
(Address) Pocatello, Idaho.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82773

PLACE OF DEATH

County of Bannock

City of McCammon

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Warren L. Hall

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Clara Lewis

6. DATE OF BIRTH (month, day, and year) Mar. 19, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Woodruff, Idaho.

FATHER

13. NAME: LeRoy Hall

14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER

15. MAIDEN NAME: Julia Harris

16. BIRTHPLACE (city or town) (State or country): Kaysville, Utah.

17. INFORMENT (Address): Mrs. V. L. Hall, McCammon, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: McCammon, Idaho Date: Mar. 19, 1933.

19. UNDERTAKER: Arthur V. Hall (Address): Pocatello, Idaho.

20. FILED: Mar. 17, 1933. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1933, to Mar 16, 1933.

I last saw h alive on Mar 16, 1933: death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	about Feb 24th
Other contributory causes of importance: Intestinal Hemorrhage	

Name of operation: none Date of:

What test confirmed diagnosis: Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Rich, M. D.

(Address) Lava Hot Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82774

PLACE OF DEATH

County of Bannock
City of Thatcher
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane C Hale 205 r

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed or divorced HUSBAND of (or) WIFE of: Soloman H. Hale.

6. DATE OF BIRTH (month, day, and year): Oct. 19. 1837.

7. AGE: Years 95 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Samuel Clark
14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER
15. MAIDEN NAME: Rebecca Garner
16. BIRTHPLACE (city or town) (State or country): Texas.

17. INFORMENT (Address): Arletta Dalbyrinke Grace, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Thatcher Cemetery Date: Mar 16 1933
19. UNDERTAKER (Address): M. F. Hendricks Preston Ida.
20. FILED Mar. 31, 1933 Mrs. G. J. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 14 1933
22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on Not seen alive 193: death is said to have occurred on the date stated above, at 8:00 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown - Probably Arteriosclerosis (Found dead in bed)	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) B. F. Fanning M. D.
(Address) Grace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82775

PLACE OF DEATH
County of Bannock
City of Grace

Registration District No.
Primary Registration District No.
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur John Hayes 88

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Annie Fowler Hayes

6. DATE OF BIRTH (month, day, and year): Jany 13 - 1883

7. AGE: Years 50 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harrisville Utah.

FATHER
13. NAME: Richard Hayes
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Anna M Turner
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Grace - Idaho Date 2/18, 1933

19. UNDERTAKER (Address) John Roghaar - Grace Ida

20. FILED March 31, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15-33 193

22. I HEREBY CERTIFY, That I attended deceased from 1-28-33, 193, to 2-15-33, 193
I last saw him alive on 2-15-33, 193: death is said to have occurred on the date stated above, at 11:55 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2-12-33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) B. K. Zaring, M. D.
(Address) Grace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82776

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock.
City of Arimo.

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 4
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucien Cardean Farr
(a) Residence. No. Arimo, St.
(Usual place of abode.)
Length of residence in city or town where death occured. 73 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Sarah A. Holden

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah.

PARENTS

10. NAME OF FATHER Aaron F. Farr
11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Vermont
12. MAIDEN NAME OF MOTHER Persis Atherton
13. BIRTHPLACE OF MOTHER (city or town)
(State or County) New Hampshire.

14. Informant Mrs Sarah A. Farr.
(Address)

15. Filed Mar. 28 1933 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 24 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him alive on Mar - 15 - 1933
and that death occurred, on the date stated above, at 9 25 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis.

(duration) Several yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) H. J. Harrington
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) H. J. Harrington, M. D.
Mar 25 1933 (Address) Downey, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
City Cemetery	Mar 28 1933
20. Undertaker Gus Lindquist	Address

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82777

PLACE OF DEATH
County of Bear Lake.
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horace Tim Budge. 162

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Baby.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Baby.

6. DATE OF BIRTH (month, day, and year) March 13, 1933

7. AGE Years Months Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Paris Idaho.

FATHER
13. NAME Wilford W. Budge
14. BIRTHPLACE (city or town) (State or country) Paris Idaho.

MOTHER
15. MAIDEN NAME Ada Foster
16. BIRTHPLACE (city or town) (State or country) Norman Idaho.

17. INFORMENT (Address) Willard Budge Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Mar 16, 1933

19. UNDERTAKER (Address) D. L. Price Paris Idaho

20. FILED Mar 30, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, to March 14, 1933

I last saw ~~him~~ alive on March 14, 1933: death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance:
Premature (7½ Months)

Name of operation Date of:
What test confirmed diagnosis? Cyanosis, shallow breathing Was there an autopsy? Diminished breath sounds at bases of lungs. No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Spencer H. Roth, M. D.
(Address) Paris Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82778

PLACE OF DEATH
County of Lenewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2nd 9
Local Registrar's No. 13

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert H. Gillespie

(a) Residence. No. ..... St. Meadowhurst
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Centerville (State or country) Ohio

FATHER

13. NAME Arthur Gillespie

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) Mrs. C. O. Shaw

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Mar 14, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries

20. FILED 4-8, 1933 Walter Boleng
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20 (20), 1933, to 3-28, 1933
I last saw him alive on 3-28, 1933: death is said to have occurred on the date stated above, at 2.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/20/33

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A Robins, M. D.
(Address) St Maries, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82779

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Louise R. Barden

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of [redacted] Charles Barden

6. DATE OF BIRTH (month, day, and year) Nov. 12, 18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chippewa Falls Co.
(State or country) Wisc.

FATHER

13. NAME Kilpatrick

14. BIRTHPLACE (city or town) Chippewa Falls Co
(State or country) Wisc.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT (Address) Mrs. Barden St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Mar. 24, 1933

19. UNDERTAKER Fred Mitchell
(Address) St Maries

20. FILED 4-8, 1933 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1933, to March 23, 1933.
I last saw her alive on March 20, 1933: death is said to have occurred on the date stated above, at 5:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Unknown

Other contributory causes of importance:

Generalized Carcinoma-toxic	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. A. Robinson, M. D.
(Address) St Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82780

PLACE OF DEATH

County of Benewah

City of St. Maries, Idaho

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 10

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 h

2. FULL NAME Ed Canty

(a) Residence. No. (Usual place of abode) Plummer, Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): NG

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Fred McFadden Plummer Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Ida. Date Mar 21, 1933

19. UNDERTAKER: Fred Mitchell (Address) St Maries

20. FILED 4-8, 1933 Walter Boleng Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from 2/13/33, 193, to 3/19/33, 193

I last saw him alive on 3/19/33, 193: death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis endocarditis	Not known

Other contributory causes of importance: Dental repair

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? No injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Adams, M. D.

(Address) St. Maries, Idaho

RECEIVED APR 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 9

DO NOT WRITE IN THIS SPACE
State File No. 82781

(No. St. Maries Hospital, St. Maries, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Gibson G. Porter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 years	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME John ~~Porter~~ Porter

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. Lounsberry St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Mar 22, 1933

19. UNDERTAKER Frank Mitchell
(Address) St Maries

20. FILED 4-8, 1933 Walter Rokeby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from 3/14/33, 193..., to 3/19/33, 193...
I last saw h. alive on 3/19/33, 193...: death is said to have occurred on the date stated above, at 9:25P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Chr. interstitial nephritis	?

Other contributory causes of importance:

Cerebral Hemorrhage	3/14/33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Cornwall, M. D.
(Address) St. Maries, Idaho

RECEIVED APR 11 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82782

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 8

(No.) 91b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Stutsman

(a) Residence. No. Benewah Hotel St. 10 St St Maries
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie Stutsman

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 56 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Nellie Stutsman St Maries Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash Date ....., 193

19. UNDERTAKER (Address) Geo. Mitchell St Maries

20. FILED 4-8, 1933 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1929, to Mch 17, 1933
I last saw him alive on Mch 17, 1933: death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary occlusion~~	~~Mch 17~~
Arteriosclerosis	4 yrs

Other contributory causes of importance:

~~Arteriosclerosis~~	~~4 yrs.~~
Coronary occlusion	Mch 17

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) St Maries Idaho

RECEIVED APR 7 - 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82783

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 43
(No. McMillan Hospital So. Broadway
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Martha Ellen Ivie
(a) Residence. No. Moreland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J.L.Ivie
6. DATE OF BIRTH (month, day, and year): Oct. 20, 1890
7. AGE: Years 42, Months 5, Days 2; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Thomas E. Good
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Lena Johnson
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Maud Casey, Blackfoot Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Moreland Cem. Date: Mar. 27, 1933
19. UNDERTAKER (Address): E. J. [illegible] Blackfoot, Idaho
20. FILED: Mar. 25, 1933 Mrs Walter E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3 - 22 1933
22. I HEREBY CERTIFY, That I attended deceased from 3-20 33, 193..., to 3 - 22, 1933
I last saw her alive on 3 - 22, 1933: death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
probable cerebral Hemorrhage	3 - 22 - 33

Other contributory causes of importance:
peri tonsillar abscess of 4 days standing

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify ✓
(Signed) J. O. Hampton, M.D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 44

DO NOT WRITE IN THIS SPACE

State File No. 82784

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME OWEN CUNNINGHAM

76

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	do not know

5a. If married, widowed, or divorced
HUSBAND of ---
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	46	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do not know

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) do not know

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Dayton Cem. Date Mar. 27 1933

19. UNDERTAKER J. Marion Clark (Address) Blackfoot

20. FILED Mar. 27, 1933 Mrs Nalen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1931, 193..., to Mar. 26th, 1933

I last saw him alive on Mar. 26th, 1933: death is said to have occurred on the date stated above, at 6:55p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	
at least since Nov	
29, 1930	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Wassermann test and clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ..., 193..

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify

(Signed) Chas. K. Lowe, M. D.

(Address) Blackfoot, Ida

RECEIVED APR 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82785

PLACE OF DEATH

County of Bingham

City of Pingree

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

94a

2. FULL NAME Mrs. Mollie Anna Higgenbottom

(a) Residence. No. St. Pingree, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Higgenbottom

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own Home

10. Date deceased last worked at this occupation (month and year) 3/21/33

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Salem Springs
(State or country) Arkansas

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Margaret A Donaldson

16. BIRTHPLACE (city or town)
(State or country) U S A

17. INFORMENT
(Address) A Pingree, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Chetopa, Kansas Date 3/22, 1933

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho

20. FILED 3/22, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/21 1933

22. I HEREBY CERTIFY, That I attended deceased from ---- , 193 , to ---- , 193
I last saw her alive on ---- , 193 : death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/21/33
Died suddenly	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) , M. D.
(Address) Aberdeen Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82786

PLACE OF DEATH

County of Ft. Hall Reservation
City of Idaho.
No Hospital.

Registration District No. 12I-R.
Primary Registration District No. 2194-R
Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME George Shay.

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Shoshone Ind. 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. George Shay.

6. DATE OF BIRTH (month, day, and year) - - 1897- -

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	- -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Lemhi Res. Idaho.

FATHER

13. NAME Ondar Shay.

14. BIRTHPLACE (city or town) (State or country) Lemhi Res. Idaho.

MOTHER

15. MAIDEN NAME Lena Sterns

16. BIRTHPLACE (city or town) (State or country) Lemhi Res. Ida.

17. INFORMENT Lucy Shay George
(Address) Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Presby. Mission Date - - - , 193

19. UNDERTAKER e E. T. Peck.
(Address) Blackfoot, Idaho.

20. FILED Apr. 1, 1933 Mrs Helen E Peterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending., 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis,	July, 1932

Other contributory causes of importance:
- - - - - -

Name of operation - - - Date of

What test confirmed diagnosis? - - - Was there an autopsy n

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide - - Date of injury , 193

Where did injury occur? - - - - -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. - - - -

Manner of injury - - - -

Nature of injury - - - -

24. Was disease or injury in any way related to occupation of deceased?
- - If so, specify - - -

(Signed) C. J. Mattleman, M. D.
(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82787

PLACE OF DEATH

County of Ft. Hall Reservation,
City of Idaho.

Registration District No. 121-R.
Primary Registration District No. 2194-R
Local Registrar's No. 31.

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilford Newman. 7

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, and year) July 4, 1932

7. AGE — Years: - - ; Months: 7 ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

FATHER

13. NAME Foster Newman.

14. BIRTHPLACE (city or town) (State or country) Washakie, Utah.

MOTHER

15. MAIDEN NAME Flora Pooengerah

16. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

17. INFORMENT Pooengerah (Address) Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ft. Hall, Date - - -, 193

19. UNDERTAKER Agency Carpenter, (Address) Ft. Hall, Idaho.

20. FILED Apr. 1, 1933 Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193, to 193

I last saw h alive on 193: death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles,	

Other contributory causes of importance:

Bronchial pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Tuttleman, M. D.

(Address) Ft. Hall, Idaho.

RECEIVED APR - - 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Ft. Hall Res.

No Hospital.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121-R.

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE

State File No. 82788

Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101 a

2. FULL NAME Florine Ardis Broncho.

(a) Residence. No. Ft. Hall, Idaho. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shos. & Ban. Ind. 1/2	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
— —	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

FATHER

13. NAME Salmon Broncho

14. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

MOTHER

15. MAIDEN NAME Rosie Martin

16. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

17. INFORMENT (Address) Salmon Broncho. Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Presby. Mission Date — — —, 193

19. UNDERTAKER Brown & Eldredge, (Address) Blackfoot, Idaho.

20. FILED Apr. 1, 1933 Mrs Helen Eberle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 27, 193 3

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 5: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82789

PLACE OF DEATH

County of Bingham.
City of Ft. Hall Reservation.
No Hospital.

Registration District No. 121-R.
Primary Registration District No. 2194-R.
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME Edna Tyler.

(a) Residence. No. Ft. Hall Reservation. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. - yrs. mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Shoshone Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - Tyler- - - - -

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 71 Months - - Days - - If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Candy Tyler. Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Butte Cem. Date Feb. 2, 1933

19. UNDERTAKER (Address) Agency Carpenter, Ft. Hall, Idaho.

20. FILED Apr. 1, 1933 Mrs Walter E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ....., 193...

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 3:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	
Perforated Ulcer of the Stomach	1/31

Other contributory causes of importance:
- - - - - - -

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82790

PLACE OF DEATH
County of Bingham
City of Sahelley

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74b

2. FULL NAME Lillian F. Adamson

(a) Residence. No. Shelley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~Felame~~
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Adamson

6. DATE OF BIRTH (month, day, and year) Nov. 28, 1871

7. AGE Years 61 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER
13. NAME Daniel R. Allen
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Eliza Lacy Bird
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Geroge Deloss Adamson
(Address) Shelley, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Shelley, Idaho Date Mar 2, 1933

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED March 9, 1933 Wm Walter E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1933, to 2-26, 1933
I last saw her alive on 2-26, 1933: death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Hypostatic Pneumonia	1-1-86 33
Fracture of Femur	12-15-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Edwin Carter, M. D.
(Address) Box 86 Shelley

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82792

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 36

(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William C. Wilcox

(a) Residence. No. Shelley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 5, 1880

7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parawan Utah

FATHER
13. NAME Christopher Wilcox
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Mitchell
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs W. L. Wilcox Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley, Idaho Date Mar 5, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED Mar 9, 1933 Mrs Helen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-15-, 1930, to 3-2-, 1933
I last saw him alive on 2-20-, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Carcinoma	1929

Other contributory causes of importance:
Neuritis
Cystic Calculi
Intestinal Obstruction 2-1-33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82794

PLACE OF DEATH
County of Bingham
City of Shelley.

Registration District No. 21
Primary Registration District No. 2194
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Russell.

(a) Residence. No. Shelley Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of deceased.

6. DATE OF BIRTH (month, day, and year) May 4 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hartford Wisconsin.

FATHER

13. NAME Frances. Russell.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Nancy Bohn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs J Wayne Farrer Shelley Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley Ida. Date 3/9, 1933

19. UNDERTAKER (Address) J. F. McHaw Idaho Falls Ida

20. FILED Mar 9, 1933 Mrs Hales E Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6. 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5-, 1933, to 3-6, 1933

I last saw him alive on 3-4-, 1933: death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-5-33

Other contributory causes of importance:

Chronic Prostatitis. 4 yrs standing

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edwin Custer, M. D.

(Address) Box 86. Shelley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 - 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 34

DO NOT WRITE IN THIS SPACE
State File No. 82795

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME EDGAR PRESTON

(a) Residence. No. ... St. Eagle, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) May 12th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) (State or country) do not know do not know

17. INFORMENT (Address) Record of State Hosp So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Bayview Cem Date Mar. 9, 1933

19. UNDERTAKER Marion Chapman
(Address) Blackfoot

20. FILED Mar. 9, 1933 Mrs Nalen E Batie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1933, to March 9th, 1933
I last saw him alive on March 8th, 1933; death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	Mar. 9 1933
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms. Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

RECEIVED APR 7 - 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82796

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 40
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME GEORGE E. ECKMAN

(a) Residence. No. St. ELMORE COUNTY
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): SINGLE

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): July 25 1861

7. AGE: Years 71, Months 7, Days 16, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Warren Illinois

FATHER
13. NAME: Do not know
14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER
15. MAIDEN NAME: Do not know
16. BIRTHPLACE (city or town) (State or country): Do not know

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Osylum Cem Date: Mar. 14 1933

19. UNDERTAKER (Address): Marion Clark Blackfoot

20. FILED: Mar. 14, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1933, to March 11th, 1933
I last saw him live on March 11th 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	
(As far as we know)	Mar 11 1933

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury, 193
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas R. Lowe, M. D.
(Address) Blackfoot, Idaho.

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82797

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 41

161a

2. FULL NAME Baby Thomas
(a) Residence. No. Shelley Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year) 3-15-33
7. AGE Years Months Days If LESS than 1 day, 7 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Shelley Ida
PARENTS
10. NAME OF FATHER George Thomas
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Treasureton Ida
12. MAIDEN NAME OF MOTHER Jessie Thompson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) St. Charles Idaho
14. Informant Mary Thomas
(Address) Shelley Ida
15. Filed Mar. 16, 1933 Wm Walter E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) - 15 (Day) - 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1933, to 3-15, 1933
that I last saw him alive on 3-15-, 1933
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:
Premature Birth
(about 7½ Month Gestation)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Alvin Cutler, M. D.
3-16, 1933 (Address) Box 86, Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelley Cemetery Maintenance Dist.
Date of Burial: MAR 16 1933
20. Undertaker: None
Address

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine

City of Gannett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE

State File No. 82799

Local Registrar's No. 11

(No.) 57

(If death occurred in a hospital or institution, give its name instead of street and number.) Wright

2. FULL NAME Sarah Edmiston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Magrath
(State or country) Utah

FATHER

13. NAME Sanford Forbush

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Sarah Forbush

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Ralph Edmiston
(Address) Gannett Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 1933

19. UNDERTAKER L. Y. Harris
(Address) Hailey Ida.

20. FILED 4-1, 1933 C. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw h... alive on ✓, 193...: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diabetes	
Had no Doctor for	2 yrs
Past two years	

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Wright, M. D.
Blaine County Coroner - Hailey Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

PLACE OF DEATH

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82800

Registration District No. 57
Primary Registration District No. 2025
Local Registrar's No. 10

(No. 1010 Wright)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Powers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret G. Farnsworth

6. DATE OF BIRTH (month, day, and year) March 30-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) One month | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Blindan
(State or country) Montana

FATHER

13. NAME John H. Powers

14. BIRTHPLACE (city or town) .....
(State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Ann Kinney

16. BIRTHPLACE (city or town) Blindan
(State or country) Montana

17. INFORMENT (Address) John W. Farnsworth Carey - Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Carey Cemetery Date Mar. 3, 1933

19. UNDERTAKER L. Hamm
(Address) Hailey Ida.

20. FILED 4-1, 1933 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1933, to 3-1, 1933
I last saw him alive on 2-28, 1933; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82801

PLACE OF DEATH
County of Blaine
City of ~~Picabo~~ Gannett.

Registration District No. 57
Primary Registration District No. 20221
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo David Gillihan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49 mng

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dora Pearl Chapman

6. DATE OF BIRTH (month, day, and year) Oct 18 - 1874

7. AGE: Years 58 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1 year
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) St Joe Missouri

FATHER
13. NAME John C. Gillihan
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME X
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) John M. Gillihan Gannett Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Gannett Cemetery Date Feb 11, 1933

19. UNDERTAKER (Address) L. J. Harris Hailey Ida.

20. FILED 4-1, 1933 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to Feb-10, 1933
I last saw him alive on Dec-20, 1932: death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Prostate Gland & Bladder	2 yrs

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Robert H. Wright - , M. D.
(Address) Hailey, Idaho -

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82802

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph H. Jackson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Williams

6. DATE OF BIRTH (month, day, and year) March 13-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) March 29-1933

11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) (State or country) Hailey Idaho.

FATHER

13. NAME A. J. Jackson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Eliza J. Lupes

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) A. J. Jackson Hailey Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Cemetery Date 3-31, 1933

19. UNDERTAKER (Address) L. J. Harris Hailey, Idaho.

20. FILED 4-1, 1933 O. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiris Chronic	1 yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ....., M. D.

(Address) Hailey, Idaho

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82803

PLACE OF DEATH
County of Blaine
City of Carey

Registration District No. 57
Primary Registration District No. 2025
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Fox 164

2. FULL NAME Charles Wesley Bates

(a) Residence. No. ✓ St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✗

6. DATE OF BIRTH (month, day, and year) Mar 15-1835

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. War Veteran
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rowland (State or country) New York Erie County

FATHER
13. NAME Charles W. Bates
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Anna A. Kinnison
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Julia E. Brooks R.N. Hailey Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Carey Cemetery Date Mar 30 1933

19. UNDERTAKER L. Harris (Address) Hailey, Ida.

20. FILED 4-1, 1933 P. A. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to March 28, 1933
I last saw him alive on March 28, 1933; death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	3 yrs
Other contributory causes of importance: Chronic nephritis	2 yr

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82804

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 12

(No.) 57
(If death occurred in a hospital or institution, give its name instead of street and number.) F+

2. FULL NAME Philip Sherman Ditto

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Lewis H. Ditto

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Anna McKenney

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cemetery Date Mar 27, 1933

19. UNDERTAKER (Address) L. Harris Hailey Ida.

20. FILED 4-1, 1933 P. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1933, to 3/24, 1933
I last saw h— alive on 3/24, 1933 death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Coma	3/23/33

Other contributory causes of importance:

Diabetis 3 yrs	

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. W. Ditto M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82805

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Arnett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinati
(State or country) Ohio

FATHER
13. NAME Brown
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) France

17. INFORMENT (Address) G. L. Arnett, Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem.
Place Sandpoint, Idaho. Date March 31, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Mar. 31, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. Allen Coroner
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 - 1933

Dr. Tyler.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82806

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 23

(No. 510 N. Ella Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Eva Compton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of E. E. Compton

6. DATE OF BIRTH (month, day, and year) June 21, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Perry
(State or country) Iowa

FATHER

13. NAME Fred Griswold

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER

15. MAIDEN NAME Hart

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMENT E. E. Compton
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem.
Place Sandpoint, Idaho. Date March 3, 1933

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Mar-29, 1933 Floyd G. Wernette
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1933, to March 27, 1933.
I last saw h.r alive on March 27, 1933: death is said to have occurred on the date stated above, at 1p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1929

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint, Idaho.

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82807

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 22

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88-F

2. FULL NAME Mrs Lena Nathan

(a) Residence. No. Priest River St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edward Nathan

6. DATE OF BIRTH (month, day, and year) Nov 21, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME do not Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unobtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Edward Nathan Priest River

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 3/23, 1933

19. UNDERTAKER Turnbull Co
(Address) ~~Spokane~~ Sandpoint Ida

20. FILED March 23, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1933, to Mch 22, 1933
I last saw her alive on Mch 21, 1933: death is said to have occurred on the date stated above, at 5 30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance: Arthritis Deformans	1930

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F Tyler, M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82808

County of Bonner
City of Kootenai, Ida. Registration District No. 76
Primary Registration District No. 2155 Local Registrar's No. 21

(No. Kootenai Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89 F

2. FULL NAME Mrs Inga Moe

(a) Residence. No. Kootenai St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Hans Moe

6. DATE OF BIRTH (month, day, and year) Feb 21, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Lars Mellem

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Bertha Mellem

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Hans Moe Kootenai

18. BURIAL, CREMATION, OR REMOVAL
Place Hope Cemetery Date 3/21, 1933

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED March 21 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 19 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933, to March 19, 1933.
I last saw h alive on March 18, 1933: death is said to have occurred on the date stated above, at 7:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feby 1933
Other contributory causes of importance: Carcinoma uterus inoperable	1932

Name of operation no Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82809

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 20

(No. 1221 Supetior)
(If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME Emil Warp

(a) Residence. No. 1221 Superior St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Bruce Turnbull sandpoint

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 3/24, 1933

19. UNDERTAKER (Address) Turnbull Co. Sandpoint Idaho

20. FILED March 23, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Cerebral	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82810

PLACE OF DEATH

County of Bonner
City of Sandpoint
Registration District No. 16
Primary Registration District No. 2155
Local Registrar's No. 19
(No. Naples Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME George Arthur Miles

(a) Residence. No. Naples Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 25 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME George Miles

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Erlene Anderson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) George Miles Naples

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date March 15 1933

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED March 15, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8:35 Pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	March 6 1933

Other contributory causes of importance:
Congenital mental defection
Codonesima once a week
Four Phrynge

Name of operation no Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82811

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 18
(No. 901 Church Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 D

2. FULL NAME ROSELLA M. JOHNSON

(a) Residence. No. 901 Church Street St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Roland E. Johnson

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb. 18, 1933

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) Deerfield
(State or country) Michigan

FATHER

13. NAME Aaron Hunt

14. BIRTHPLACE (city or town) Deerfield
(State or country) Michigan

MOTHER

15. MAIDEN NAME Eliza Doolittle

16. BIRTHPLACE (city or town) Deerfield
(State or country) Michigan

17. INFORMENT (Address) W. E. Johnson 901 Church St Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida Date Mar. 13 1933 Lakeview Cemetery

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED March 10 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h. alive on March 10, 1933: death is said to have occurred on the date stated above, at 8:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: chronic interstitial nephritis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Floyd C. Wendle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82813

PLACE OF DEATH
County of Bonner
City of Clarksfork

Registration District No. 80
Primary Registration District No. 2157 Local Registrar's No. 4
(No. Clarksfork Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. May Vogel 88b
(a) Residence. No. Clarksfork Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Frank Vogel
6. DATE OF BIRTH (month, day, and year) Aug 9 1892
7. AGE Years 40 Months 7 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME James E White
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary McWilliams
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Frank Vogel Clarksfork
18. BURIAL, CREMATION, OR REMOVAL Place Clarksfork Date Mar 27 1933
19. UNDERTAKER (Address) W E Johnson Clarksfork
20. FILED March 27, 1933 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 25 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Following prolonged attack of Influenza	

Other contributory causes of importance:
Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) R J Alcorn, M. D.
(Address) Sandpoint

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82814

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Etsil J. Fisher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): Mar. 24/33

7. AGE: Years 0 Months 0 Days 1 If LESS than 1 day 13 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho ~~Fisher~~ Falls Ida

FATHER
13. NAME: Etsil J. Fisher
14. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Etsil J. Fisher Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Plano, Idaho Date: Mar 25 1933

19. UNDERTAKER (Address): Henry Flamm Rexburg Idaho

20. FILED 3/30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1933, to Mar 25, 1933

I last saw him alive on Mar 25, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Mar 25
Premature Infant	1933

Other contributory causes of importance:

Premature Infant
Cesarian Section
at 8 mo

Name of operation: Cesarian Section Date of: mother

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82815

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 1-0
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Christene Olson. 88 F

(a) Residence. No. 350-10 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (Write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Olson Deceased

6. DATE OF BIRTH (month, day, and year): Nov 2 1846

7. AGE: Years 85 | Months 4 | Days 27. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Smoland Sweden

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Emma Borg Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Idaho Falls Date: 4/1, 1933

19. UNDERTAKER (Address): V. F. McKay Idaho Falls Ida.

20. FILED Mar 29, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3/29 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1933, to March 29, 1933
I last saw her alive on March 24, 1933: death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Chronic Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. R. Sodergrist M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82816

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21.40 Local Registrar's No. 63
(No. LDS Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Guelda Cook
(a) Residence. No. Idaho Falls Rt #6 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Aug 23 1932
7. AGE Years Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Rt #6

FATHER
13. NAME Albern Cook
14. BIRTHPLACE (city or town) (State or country) Taylorville Utah

MOTHER
15. MAIDEN NAME Barbara Wright
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Father
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Idaho Date Mar 28, 1933
19. UNDERTAKER (Address) Jack A. Ford Idaho Falls Idaho
20. FILED May 29, 1933 Cody Furman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 26 1933
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 26, 1933
I last saw h alive on Mar 26, 1933; death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococci Bacteriemia	Feb 15
Metastatic Abscesses	March 15

Other contributory causes of importance:

Name of operation Incision of abscess Date of 3/16
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

...FADING INK—THIS IS A PERMANENT RECORD. Every item of ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82817

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 N 7
Local Registrar's No. 62
(No. L.D.S.Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Robinson Clark

(a) Residence. No. St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Clark

6. DATE OF BIRTH (month, day, and year): Jan. 9, 1862

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cambridge, Ohio

FATHER

13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMENT (Address): Thomas Clark, Dubois, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Dubois, Idaho Date: Mar. 26, 1933

19. UNDERTAKER: Jack A. WOOD
(Address): Idaho Falls, Idaho

20. FILED Mar 27, 1933 C. Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1933, to Mch 24, 1933
I last saw her alive on Mch 14, 1933: death is said to have occurred on the date stated above, at 8-10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mch 20
Other contributory causes of importance:	
Toxic Thyroid	?
Myocarditis	?

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82818

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 61

66

2. FULL NAME George Campbell Cuthbert.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Cuthbert.

6. DATE OF BIRTH (month, day and year) Aug. 21 1871

7. AGE: Years 61, Months 7, Days 0. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Cemetery Worker.
(c) Name of employer: Rigby, Idaho Cemetery.

9. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER: John Alexander Cuthbert.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Iowa.
12. MAIDEN NAME OF MOTHER: Georgana Thompson.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England.

14. Informant: John A. Cuthbert
(Address) 710 L. St. Idaho Falls, Idaho.

15. Filed Mar 27, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1933, to Mar. 21, 1933
that I last saw him alive on Mar. 21, 1933
and that death occurred, on the date stated above, at 7:00 P m.
The CAUSE OF DEATH* was as follows: Chronic alcoholism resulting in arterio-sclerosis chronic myocarditis Cirrhosis liver (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Chronic nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John O. Mellar, M. D.
..... 19..... (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 3-25 1933

20. Undertaker: A B Eckersell Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82819

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Carl Barney

(a) Residence. No. Idaho Falls St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): May 11 1929

7. AGE: Years 3 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) ~~spent in this~~ occupation:

12. BIRTHPLACE (city or town) (State or country): Rexburg, Idaho

FATHER
13. NAME: Moses Allen Barney
14. BIRTHPLACE (city or town) (State or country): ~~Eureka~~ Lake Shore Utah

MOTHER
15. MAIDEN NAME: Ester May Underwood
16. BIRTHPLACE (city or town) (State or country): Downey Idaho

17. INFORMENT (Address): father

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: 3/25, 1933

19. UNDERTAKER (Address): none

20. FILED 3/24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1933, to Mar 24, 1933

I last saw him alive on March 24, 1933: death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis femur	3/22/33
Gen. Septicemia	3/23/33

Other contributory causes of importance:

Infected heel	3/14/33

Name of operation: Trephine femur Date of 3/24/33
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? Rexburg Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) [signature] M. D.
3/24/33 (Address) Idaho Falls

Dr William Kennedy over Anderson Bank

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82820

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 211-0
Local Registrar's No. V-9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Ezra Burwell.

(a) Residence. No. 1040 Sage Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ida Laura Burwell.

6. DATE OF BIRTH (month, day, and year) July 23 1864.

7. AGE: Years 68 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Allentown. Penn

FATHER
13. NAME Joseph Y Burwell
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Maxie Barr.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs Ida Laura Burwell.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date 3/24, 1933.

19. UNDERTAKER (Address) V. F. McHan. Ida. Idaho Falls.

20. FILED 3/22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Mch 21, 1933
I last saw him alive on Feb 21, 1933: death is said to have occurred on the date stated above, at 9 42 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb
Other contributory causes of importance:	
Chronic Nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82821

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME William H. Harris
(a) Residence No. 6 miles north of Idaho Falls. Payne Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nelle St Clair Harris

6. DATE OF BIRTH (month, day, and year) Sept 24 1869

7. AGE: Years 63 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Hdwre Merchant.
10. Date deceased last worked at this occupation (month and year) March 10-1933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Champaign Illinois

FATHER
13. NAME William Henry Harris
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Emily Yeagre
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Nelle St Clair Harris R.D. 7 Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 3/21, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho.

20. FILED Mar 22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 11, 1933
I last saw him alive on March 11, 1933: death is said to have occurred on the date stated above, at 1.15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. D. Spencer, M. D.
(Address) Idaho Falls Ida

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82822

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Juanita Larsen Miller.

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Rodger D Miller.

6. DATE OF BIRTH (month, day, and year) March 28th 1906

7. AGE: Years 26 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sugar City Ida.

FATHER
13. NAME George R Larsen
14. BIRTHPLACE (city or town) (State or country) Manti Utah

MOTHER
15. MAIDEN NAME Kate Sanders.
16. BIRTHPLACE (city or town) (State or country) Morgan, Utah

17. INFORMENT (Address) George R Larsen. Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date March 20 1933.

19. UNDERTAKER (Address) Vern J. Keller. Rexburg Idaho.

20. FILED Mar 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Mar 18, 1933
I last saw her alive on Mar. 18, 1933 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis with valvular insufficiency and cardiac decompensation	

Other contributory causes of importance:
Toxic adenomatous goiter
Pulmonary edema (acute)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John O. Mellar, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82823

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21 V-0 Local Registrar's No. V-6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Mildred Ruth Meacham

(a) Residence. No. Idaho Falls Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 27 1929

7. AGE: Years 3 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Andrew H. Meacham

14. BIRTHPLACE (city or town) (State or country) Park Valley Utah

MOTHER

15. MAIDEN NAME Jacobe Vernham

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Andrew H. Meacham Idaho Falls Rt #1

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Mar 21, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED Mar 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1933, to Mar. 18, 1933

I last saw her alive on Mar. 16, 1933. death is said to have occurred on the date stated above, at 10-15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute endocarditis — Date of onset Jan. 10 1933.

Other contributory causes of importance:

Failure of cardiac compensation and acute inflammatory rheumatism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John O. Millar, M. D.

(Address) Idaho Falls, Ida.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82824

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 7110
Local Registrar's No. 1-1-

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Knowles Clark

(a) Residence. No. ..... St. Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Clark

6. DATE OF BIRTH (month, day, and year): May 9, 1857

7. AGE: Years 75 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cambridge Ohio

FATHER
13. NAME: John Clark
14. BIRTHPLACE (city or town) (State or country): Cambridge Ohio

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): John Clark Dubois, Idaho
18. BURIAL, CREMATION, OR REMOVAL. Place: Dubois Cem Date: Mar 16 1933
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho
20. FILED: 3/17, 1933 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 15 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to March 15, 1933
I last saw h alive on March 10, 1933: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Acute Endocarditis	March 1
	March 6

Other contributory causes of importance:

Mitral Regurgitation	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Lee Clark, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82825

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 21-D
Local Registrar's No. 1-4
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Lee H. Henry.
(a) Residence. No. (Usual place of abode) Paris Idaho. St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 25 1866
7. AGE: Years 66. Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): March 9 1933.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wrenona. Minnesota.

FATHER
13. NAME: John W. Henry.
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Currie.
16. BIRTHPLACE (city or town) (State or country): Canada.

17. INFORMENT (Address): Sid Robertson Idaho Falls. Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Ida. Date: Mar 14, 1933
19. UNDERTAKER (Address): J. F. McHan Idaho Falls Ida.
20. FILED: Mar 14, 1933 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 9 1933.
22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1933, to Mar 9, 1933
I last saw him alive on Mar 9, 1933: death is said to have occurred on the date stated above, at 8:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 9

Other contributory causes of importance:

Name of operation: None. Date of:
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. L. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82827

PLACE OF DEATH
County of Bonneville
City of Ucon

Registration District No. 73
Primary Registration District No. 1 x 0
Local Registrar's No. 1 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Arnold Ames 75

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jenett Ames

6. DATE OF BIRTH (month, day, and year) July 28, 1857

7. AGE Years 75 Months 7 Days 8 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Clark Ames
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME Francis Jane Bevins
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Elmer Ames Ucon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ucon, Ida. Date Mar. 9, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED Mar 9, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1933, to 3/6, 1933
I last saw him alive on Mar 5, 1933: death is said to have occurred on the date stated above, at 11:18 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of Paralysis	3/4/33

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] M. D.
(Address) Idaho Falls

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
82828
State File No.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 V-0
Local Registrar's No. 1-1
(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number.)

125

2. FULL NAME Edgar P. Small

(a) Residence. No. 211 So Water ave St.
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Ethel Small

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackburn Mo.

FATHER

13. NAME David Small.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Julia Ann Sudna

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs Ethel Small Bridge Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Burley Ida Date 3/10, 1933

19. UNDERTAKER V. F. McHaney
(Address) Idaho Falls Idaho

20. FILED Mar 6, 1933 Geo Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Mch 7, 1933
I last saw h[illegible] alive on Mch 7, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis.	
Other contributory causes of importance: Cholecystitis & Chol Lithiasis	

Name of operation Cholecystectomy Date of Feb 6-33.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify
(Signed) W. A. Jensen, M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82829

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2117
Local Registrar's No. 4-0

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME Romona Saenz (SAENZ)

(a) Residence. No. Idaho Falls Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Peter Saenz

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mexico

FATHER
13. NAME: Manuel Venegas
14. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER
15. MAIDEN NAME: Rosa Ruiz
16. BIRTHPLACE (city or town) (State or country): Mexico

17. INFORMENT (Address): Guadalupe Venegas Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Iona, Idaho Date: Mar 2, 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Mar 8, 1933 Wm Finnaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Co medical attendance	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Wm Finnaird, M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82830

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 49

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Austin Hammer

(a) Residence. No. ..... St. Rt. #1 Shelley Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Annie Hammer

6. DATE OF BIRTH (month, day, and year): Jan 11, 1863

7. AGE: Years 70 | Months 1 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah

FATHER
13. NAME: Austin Hammer
14. BIRTHPLACE (city or town) (State or country): Henry County Indiana

MOTHER
15. MAIDEN NAME: Sarah J. Payne
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Robert Hammer Idaho Falls Rt #7

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Mar. 8, 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED 3/8, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1933, to 3-4, 1933
I last saw h..... alive on 3-4, 1933: death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suspension of Mine,	3/1-33

Other contributory causes of importance: Carcinoma bladder and Prostate, about 11-15-32

Name of operation: Placing of residual catheter Date of: 3/3/33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edwin Cathy, M. D.
(Address) Box 86 Shelley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82831

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Donell Rogers

(a) Residence. No. 3rd & Blvd. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) March 8, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	no	no	no.	1 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho.

FATHER

13. NAME Rev. Harry E. Rogers.

14. BIRTHPLACE (city or town) St. Joseph.
(State or country) Mo.

MOTHER

15. MAIDEN NAME Elma Strybread

16. BIRTHPLACE (city or town) Elk City. Kansas.
(State or country)

17. INFORMANT Rev. Harry E. Rogers
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 3/8, 1933

19. UNDERTAKER F. F. McFarland.
(Address) Idaho Falls. Idaho

20. FILED Mar 8, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6 mo)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) Idaho Falls Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82832

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2140

Local Registrar's No. 47

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Shirley Fay Goe.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 19, 1930

7. AGE: Years 2 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER William Henry Goe.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Edith Page.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant Edith Goe
(Address) Ririe, Idaho.

15. Filed Mar 8, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 3 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Mar 3, 1933

that I last saw her alive on Mar 3, 1933

and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH was as follows:
Primary Peritonitis hematogenous from otitis media (pneumococcus infection)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pleuritis and Pericarditis

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical, Laboratory and Autopsy

(Signed) W. R. Abbott, M. D.

Mar 3, 1933 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelton, Idaho. | Date of Burial: 3-7 1933

20. Undertaker: [signature] | Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82833

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Smith 90

(a) Residence. No. 205 Emmerson Ave.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (Write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Smith

6. DATE OF BIRTH (month, day, and year) Aug 9 1848

7. AGE Years 84 Months 6 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Janesville Ohio

FATHER
13. NAME Solomon Spears
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Sarah Miller
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs. Sarah M Ferrier Idaho Falls Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Burial Date 3/5, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls. Idaho

20. FILED Mar 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Feb 25, 1933
I last saw her alive on Feb 25, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Valvular Heart	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. A. Spencer, M. D.
(Address) Idaho Falls Ida

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82834

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Dr Ernest McNair

(a) Residence. No. 363-4th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Deceased

6. DATE OF BIRTH (month, day, and year): July 28, 1857

7. AGE: Years 75 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Veterinary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): March 6, 1933
11. Total time (years) spent in this occupation: 43 yrs.

12. BIRTHPLACE (city or town) (State or country): Kaneville, Illinois

FATHER
13. NAME: John McNair
14. BIRTHPLACE (city or town) (State or country): Erie Penn

MOTHER
15. MAIDEN NAME: Jane Benton
16. BIRTHPLACE (city or town) (State or country): New York State

17. INFORMENT (Address): Mrs Tom Wasley, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 3/9, 1933

19. UNDERTAKER (Address): V. F. McHan, Idaho Falls, Ida.

20. FILED 4-7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 6, 1933, to Mch 6, 1933
I last saw him alive on Mch 6, 1933: death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mch 6-33

Other contributory causes of importance:

Arterio Sclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82835

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 7 1 10
Local Registrar's No. 45

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Irma Snow Gillis

(a) Residence. No. Lobby Apts St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Jesse Gillis

6. DATE OF BIRTH (month, day, and year) Feb 4, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20		28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho

FATHER
13. NAME Herbert Snow
14. BIRTHPLACE (city or town) (State or country) Mt Pleasant Utah

MOTHER
15. MAIDEN NAME Lydia Colby
16. BIRTHPLACE (city or town) (State or country) Glenwood Utah

17. INFORMENT (Address) Martin J. Gillis Idaho Falls
18. BURIAL, CREMATION, OR REMOVAL Place Shelley Idaho Date Mar 6, 1933
19. UNDERTAKER (Address) John A. Ward Idaho Falls, Idaho
20. FILED Mar 6, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 2, 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to Mar 2, 1933
I last saw h[illegible] alive on Mar 2, 1933: death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia secondary to streptococcus sore throat	Feb 28 / Feb 27

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. R. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1939

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2109

DO NOT WRITE IN THIS SPACE

State File No. 82836

Local Registrar's No. 43

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME George E. Sams

(a) Residence. No. 321 - 1 First Street St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Valparaiso
(State or country) Inndiana

FATHER

13. NAME Roy L. Sams

14. BIRTHPLACE (city or town)
(State or country) U.S.

MOTHER

15. MAIDEN NAME Caroline Morris

16. BIRTHPLACE (city or town)
(State or country) U.S.A.

17. INFORMENT Mrs. George E. Sams
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Idaho Date Mar. 1, 1939

19. UNDERTAKER Jack A. Wood
(Address) Idaho falls, Idaho

20. FILED Mar 1, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h...alive on....., 193.....: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I saw him after death and found that his death was caused accidently by receiving a shot top of 22 rifle.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

✓ Accident, ~~suicide or homicide~~? ..... Date of injury Feb 26 1939

Where did injury occur? on Town Idaho Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Home

Manner of injury Shot wound

Nature of injury Bullet

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Porter Coroner, M.D.

(Address) 211 Rogers Building
Idaho Falls Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82837

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-2
Local Registrar's No. 4
(No. L.D.S.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Oliver Wayne Denning

(a) Residence. No. ..... St. Iona, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 25, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tooele, Utah

FATHER

13. NAME Oliver W. Denning

14. BIRTHPLACE (city or town) (State or country) Iona, Idaho

MOTHER

15. MAIDEN NAME Orlie Johnson

16. BIRTHPLACE (city or town) (State or country) Tooele, Utah

17. INFORMENT (Address) Oliver W. Denning, Iona, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Iona, Idaho Date Mar. 1, 1933

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 3/4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to Feb. 25, 1933
I last saw h... alive on Feb. 25, 1933: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis (3rd type) and acute hemorrhagic nephritis also pneumococcic Septicemia.	
Other contributory causes of importance:	
The above conditions appear to have been complications following an "acute cold"	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John O. Miller M.D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82838

County of Boundary
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2126 Local Registrar's No. 10
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lalandrene Hylton

(a) Residence. No. St. Naples Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. L. Hylton

6. DATE OF BIRTH (month, day, and year) Sept. 5-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME E. Mardy

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Mary Hilsinger

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMENT (Address) E. Mardy Naples Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida. Date Mar 22 1933

19. UNDERTAKER (Address) R. P. Crouch Bonners Ferry Ida

20. FILED Mar. 30, 1933 E. E. Eby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Mar 20, 1933
I last saw her alive on Mar 19, 1933; death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Mitral Regurgitation	
Other contributory causes of importance:	
Acute Nephritis	Feb 1933

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. Bowell, M. D.
(Address) Bonners Ferry Ida

RECEIVED APR 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82839

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2154 - Local Registrar's No. 1012
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Koster
(a) Residence. No. ..... St. Copeland Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Unknown
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE Years 68 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Hospital Record
18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Mar 21 1933
19. UNDERTAKER (Address) H. R. Orouch Bonners Ferry, Ida
20. FILED Mar. 18, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 17 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1933, to Mar. 17, 1933
I last saw him alive on Mar. 17, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar	Mar. 13-1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M.D.
(Address) Bonners Ferry, Ida

RECEIVED APR 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Moravia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82840

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Mrs. Emma Simmons

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edwards County Illinois

FATHER

13. NAME Wm. Gines

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Harriett Thread

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. Teressa Hatchett Moravia, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Moravia, Idaho. Date Mar. 18, 1933

19. UNDERTAKER (Address) H. R. Crouch, Bonners Ferry, Idaho

20. FILED Mar. 16, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Sudden death)	1926

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature], M. D.

(Address) Bonners Ferry, Ida.

RECEIVED APR 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82841

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Laura Jane Shuster

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 4-1920

7. AGE Years 2 Months 5 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME W. Shuster

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Clara Little

16. BIRTHPLACE (city or town) (State or country) Alberta Canada

17. INFORMENT (Address) W. Shuster Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Mar. 15 1933

19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry

20. FILED Mar. 13, 1933 E. E. Fry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 13 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 13, 1933

I last saw her alive on March 12, 1933: death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileocolitis	Mar 3 -

Other contributory causes of importance:

Acidosis	Mar 11

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Bowell, M. D.

(Address) Bonners Ferry, Ida.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82842

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2154 Local Registrar's No.
(No. Bonners Ferry Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfonzo P. Green

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 15 1850

7. AGE: Years 82 | Months 2 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumbering
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lucas Co. O.

FATHER

13. NAME Harlan Green
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Laura Barnes
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Bonners Ferry Idaho
18. BURIAL, CREMATION, OR REMOVAL Bonners Ferry Idaho Date May 4, 1933
19. UNDERTAKER (Address) W. R. Crowley Bonners Ferry Ida
20. FILED Mar. 2, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 1 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1933, to Mar. 1, 1933
I last saw him alive on Mar. 1, 1933: death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene of foot	
Myocardial Degeneration	
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) , M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82843

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2154 Local Registrar's No. 1

(No.) 125
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myron Ray Sage

(a) Residence. No. St. Naples, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20-1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples Idaho.

FATHER
13. NAME Freeman Sage
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Lena Hollar
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Lena Sage Naples Ida.
18. BURIAL, CREMATION, OR REMOVAL Rathdrum, Idaho Date , 193
19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Idaho.
20. FILED Feb. 6, 1933. E.E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1933, to Feb. 6, 1933
I last saw him alive on Feb. 6, 1933: death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the head. accidental.	1/5/33.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/5, 1933
Where did injury occur? Naples, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Loaded gun fell - discharged.
Nature of injury Shot through occipito-temporal region.
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E.E. Fry M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82841

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 7156

Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1597

2. FULL NAME Baby Newton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 9-1933

7. AGE	Years	Months	Days	If LESS than 1 day 15 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Ida

FATHER

13. NAME Edward Willis Newton

14. BIRTHPLACE (city or town) (State or country) Moyie Springs Ida

MOTHER

15. MAIDEN NAME Hattie May Thurlow

16. BIRTHPLACE (city or town) (State or country) Hadwin Mich

17. INFORMENT (Address) Edw. W. Newton

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida Date Feb 11, 1933

19. UNDERTAKER L B Moon
(Address) Sandpoint Ida

20. FILED Feb. 10, 1933 E B Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 10, 1933

I last saw him alive on Feb 9, 1933: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Defect	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E B Fry, M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Porthill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 82845

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Mrs. Mary Rath,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Conrad Rath.

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John Soechtig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Windt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Katherine Anderson Porthill, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Porthill Date Jan. 9, 1933

19. UNDERTAKER H. R. Crouch, (Address) Bonners Ferry, Idaho.

20. FILED 1/7/, 1933. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st., 1932, to Jan. 6-, 1933

I last saw her alive on Jan. 5-, 1933: death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch - Pneumonia	12/20/32

Other contributory causes of importance:

Chronic Bronchitis
Cysto - nephritis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.

(Address) Bonners Ferry, Ida.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary

City of Bonners Ferry Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 82846

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

98 Lr

2. FULL NAME Mrs. Eliza Adair

(a) Residence. No. City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Adair

6. DATE OF BIRTH (month, day, and year) June 17, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richland Center Wisconsin

FATHER

13. NAME Wm. Smart

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Mary Stuart

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Clark Adair, Bonners Ferry, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bonners Ferry Date Jan. 5, 1933

19. UNDERTAKER H. R. Crouch (Address) Bonners Ferry, Idaho.

20. FILED Jan. 3, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1932, to Jan. 1, 1933.

I last saw her alive on Jan. 1, 1933; death is said to have occurred on the date stated above, at 2:30A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Fry, M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82847

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Leonard L. Brown

(a) Residence. No. St. Eastport, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dorris Mae Brown

6. DATE OF BIRTH (month, day, and year): Mar. 31, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: U.S. Immigration Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Vernon County Missouri

FATHER

13. NAME: John Brown

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Dorris Brown, Eastport, Idaho.

18. BURIAL, CREMATION, OR REMOVAL — Place: Kalispel, Mont. Date: , 193

19. UNDERTAKER: H.R. Crouch,
(Address): Bonners Ferry, Idaho.

20. FILED 1/13/, 193 3 — E E Ting, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 —, 1933, to Jan. 12 —, 1933
I last saw h[illegible] alive on Jan. 12, 1933: death is said to have occurred on the date stated above, at 3:10P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	2

Other contributory causes of importance:

Appendicitis	

Name of operation: Appendectomy Date of: 1/4/33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) E E Ting, M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82848

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Leon N. Brown,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. L. N. Brown

6. DATE OF BIRTH (month, day, and year): July 20, 1874

7. AGE: Years 58 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Grocery Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boyceville Wis.

FATHER
13. NAME: Moses Brown.
14. BIRTHPLACE (city or town) (State or country): Wis.

MOTHER
15. MAIDEN NAME: Sarah Hopkins
16. BIRTHPLACE (city or town) (State or country): Wis.

17. INFORMENT (Address): Mrs. L. N. Brown Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry, Date: Jan. 16, 1933

19. UNDERTAKER (Address): H. R. Crouch, Bonners Ferry, Ida.

20. FILED 1/13/, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1931, to Jan. 12, 1933.
I last saw her alive on Jan. 12, 1933: death is said to have occurred on the date stated above, at 11:55P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12/31

Other contributory causes of importance:

Influenza	8/31.
Lung Abscess	9/31.

Name of operation: Date of:
What test confirmed diagnosis? Sputum Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82849

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) 135
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph William Palmer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Margaret Palmer

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Margaret Palmer Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Date Jan. 26 1933

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Jan. 25 1933. E. E. Fay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 18, 1933
I last saw him alive on Jan 18, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	?
Bladder & Kidney infection	

Other contributory causes of importance:
Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. W. Bovill, M.D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED FEB 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of McArthur

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 82851

Local Registrar's No.

(No. 11a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Eliza McArthur

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
White	Female	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W.H.McArthur

6. DATE OF BIRTH (month, day, and year) May 29, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodland Mich.

FATHER

13. NAME Ziba Myers

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Bretz

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) W.H.McArthur Jr. Sandpoint, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place McArthur, Ida. Date Feb. 2, 1933

19. UNDERTAKER H.R.Crouch,
(Address) Bonners Ferry, Idaho.

20. FILED Jan. 31, 1933. E.E.Fry. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 1933

22. I HEREBY CERTIFY, That I attended deceased, from Jan. 30, 1933, to Jan. 31, 1933

I last saw h[illegible] alive on Jan. 29, 1933: death is said to have occurred on the date stated above, at [illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/23/33
Bronchitis	1/30/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E.E.Fry, M.D.

(Address) Bonners Ferry, Ida.

RECEIVED APR 11 1933

PLACE OF DEATH

County of Boundary

City of Copeland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82852

Registration District No. 79

Primary Registration District No. 3156

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin John Wilson 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hazel Wilson

6. DATE OF BIRTH (month, day, and year) April 17-1871

7. AGE: Years 62 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store

10. Date deceased last worked at this occupation (month and year) Feb 9-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Joseph W. Wilson

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Rogers

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Hazel Wilson Copeland, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Feb. 13 1933

19. UNDERTAKER (Address) H K Crouch Bonners Ferry Idaho

20. FILED Feb. 10, 1933. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death	
Coronary artery Disease	
Myocardial degeneration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R M Bowell Coroner M. D.

(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82853

County of Canyon
City of —
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 37

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora L. Deal

(a) Residence. No. Four Miles South of Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. W. Deal

6. DATE OF BIRTH (month, day, and year) 2/7/72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Reuben Hall

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Addie Ralfe

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) W. W. Deal Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date 3/31, 1933

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED Apr 7, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/29 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933, to Mar 28, 1933

I last saw her alive on Mar 28, 1933: death is said to have occurred on the date stated above, at 12:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Hall M.D., M. D.

(Address) Nampa Ida.

Dr Hall

FORM V. S. No. 5-A-25M. 1-19

RECEIVED APR 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 82854

Local Registrar's No. 31

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2006

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Luella ~~[illegible]~~ Jarvie 126

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: Feby (Month) 18 (Day) 1912 (Year)

7. AGE: 21 Yrs. 1 Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Wyoming

10. NAME OF Father: Thomas Jarvie

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER: Sonna Brinkerhoff

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [signature]
(Address) Nampa Idaho

15. Filed Apr. 3 1933 Lyda Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mch (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1924, to Mch 17 — 1933, that I last saw her alive on Mch 17 — 1933 and that death occurred on the date stated above, at 8.50 P.M.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Possibly Incidental Ulcer

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

19 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 9 yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence McCall Idaho

19. PLACE OF BURIAL OR REMOVAL: McCall Idaho
DATE OF BURIAL 19

20. UNDERTAKER: F.K. Robinson
ADDRESS: Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82856

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 33

(No. 12 miles no. west Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Miles 90

(a) Residence. No. 12 miles no west Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 3, 1863

7. AGE Years 70 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mr. J. J. Miles, Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa Ida Date 3-6, 1933

19. UNDERTAKER (Address) Wm. D. Talley, Nampa, Idaho

20. FILED Apr 3, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar - 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Mar. 3, 1933
I last saw him alive on Mar. 1, 1933: death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. A. Newberry, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82857

PLACE OF DEATH
County of Canyon
City of Nadapa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A Ulmer

(a) Residence. No. Meridian Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

94 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 16. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 - 17		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nodawa Co
(State or country) Missouri

FATHER

13. NAME James Ulmer

14. BIRTHPLACE (city or town) Indianna
(State or country) Laurence Co

MOTHER

15. MAIDEN NAME Mathis Ritchie

16. BIRTHPLACE (city or town) Laurence Co
(State or country) Indianna

17. INFORMENT (Address) Thos Ulmer Meridian Id

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date Mar 28, 1933

19. UNDERTAKER W E Mateer
(Address) Meridian Id

20. FILED Apr. 3, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933, to Mar. 26, 1933
I last saw him alive on Mar 25, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Nephritis	
Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Samuel A Swayne, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82858

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 34

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henry Whitney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Maud Whitney

6. DATE OF BIRTH (month, day, and year) Aug 2nd 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Melrose
(State or country) Minnesota

FATHER

13. NAME Charles F. Whitney

14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Isabel Richards

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMENT Mrs. Maud Whitney
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Kohlerann
Place Nampa Date , 193

19. UNDERTAKER Wm D Talley
(Address) Nampa, Ida

20. FILED Apr 3, 1933 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to March 23, 1933.
I last saw him alive on 3/23, 1933; death is said to have occurred on the date stated above, at 2:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Bladder	
Other contributory causes of importance:	

Name of operation Cystotomy Date of 2/8
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Wells M.D., M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Permit issued to: John F. Alsip Jr.
Alsip Funeral Chapel
Nampa, Idaho

July 18, 1957
Date

Sent 8-30-57

RECEIVED
AUG 28 1957
Division of Vital Statistics

State Board of Health
Boise, Idaho

I hereby give authorization for the disinterment of:

NAME OF DECEASED Charles H. Whitney

DATE OF DEATH March 23 - 1933

CAUSE OF DEATH Cancer

ATTENDING PHYSICIAN Dr. [illegible] - Samaritan Hosp

BURIED IN Kohlerlawn CEMETERY, in the City of Nampa

TO BE REMOVED TO Kohlerlawn CEMETERY, in the City of Nampa

RELATIONSHIP TO PERSON REQUESTING PERMIT Son

NAME OF LICENSED EMBALMER John F. Alsip

REASON FOR DISINTERMENT to be interred beside my mother

Very truly yours,

Harold Whitney
Signature of relative or person requesting permit.

Cascade Idaho
Address

- * * * * * * * * * * * * * -

State of Idaho)
County of Valley) ss

On this 24 day of July, 1957, before me J. C. LeFevre a Notary Public in and for the within county and state personally appeared Harold Whitney known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

J. C. LeFevre
Notary Public, residing at Cascade Idaho
My commission expires 5-1-60

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82859

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 36

(No. 518 - 6th Ave So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME William Riley Van Buskirk

(a) Residence. No. 518 - 6th Ave So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Van Buskirk

6. DATE OF BIRTH (month, day, and year) March 7-188[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. auto
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Ohio

FATHER

13. NAME Riley Van Buskirk
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emmaline Ba[illegible]
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Mrs. Ella Van Buskirk Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kohlerdawn Date 3-22, 1933 Nampa

19. UNDERTAKER (Address) Wm D Talbert Nampa, Idaho

20. FILED Apr. 3, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Mar 17, 1933
I last saw him alive on Mar 17, 1933: death is said to have occurred on the date stated above, at 2:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	about 2 yrs.
Other contributory causes of importance: Tuberculosis peritonitis	Feb 1/33

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical (Autopsy) Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H P Ross, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B...WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82860

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Mrs Pearl Maud Kelly

(a) Residence. No. Caldwell R.R. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of A.H.Kelly

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Redding
(State or country) Cal.

FATHER

13. NAME John Knapp

14. BIRTHPLACE (city or town) .....
(State or country) New York

MOTHER

15. MAIDEN NAME Elizabeth Gray

16. BIRTHPLACE (city or town) .....
(State or country) Illinois.

17. INFORMENT A.H.Kelly
(Address) Caldwell R.R.

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 3-14, 1933

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Ida.

20. FILED 3-14, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1933, to Mar 11, 1933
I last saw her alive on Mar 11, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with metastases	
Other contributory causes of importance:	

Name of operation Rad Removal Date of Mar 1933
What test confirmed diagnosis? Micro Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.
(Address) .....

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82861

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

205 L

2. FULL NAME James Valentine Small

(a) Residence. No. Nelson Apts. Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	—	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seeleyberg
(State or country) Wisconsin

FATHER

13. NAME James Small

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Harring

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Mrs. John Nelson Caldwell, Ida,

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3-13, 1933

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Ida.

20. FILED 3-13, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1933, to Mar. 12, 1933

I last saw h alive on Mar. 5, 1933; death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Not known	
Probably Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Newhem M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82862

1. PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 9005
Local Registrar's No. 34
(No.) 1186
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles W Wing

(a) Residence. No. 601 Fillmore St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Stella Wing

6. DATE OF BIRTH (month, day, and year) Jan 22 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 54 yrs

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Gedding Wing

14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER

15. MAIDEN NAME Harriet Down

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Stella Wing Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 4-7-33, 193

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 4-7, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5-33

22. I HEREBY CERTIFY, That I attended deceased from April 1, 33, 193, to April 5th, 193 3

I last saw him alive on April 5, 193 3; death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	

Other contributory causes of importance:
probably carcinomatous metastatic from growth in lip.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Montgomery, M.D.
(Address) Caldwell Ida

RECEIVED APR 17 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82863

Registration District No. 3

Primary Registration District No. 1005 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Margaretha Helen Frank

(a) Residence. No. 1318 Everett St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 22-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
76	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Lawretze Thompson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Katherine Lancant

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Kallie Sibbald Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3-28, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 4-6, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to March 27, 1933.

I last saw her alive on March 23, 1933: death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/10 33

Other contributory causes of importance:

Chronic Nephritis	second year

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Cox, M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82865

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 1005
Local Registrar's No. 26

(No.) 50
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jo anna Thurston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. S. Thurston

6. DATE OF BIRTH (month, day, and year) April 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Joseph Miller

14. BIRTHPLACE (city or town) (State or country) Pittsburg Penn.

MOTHER

15. MAIDEN NAME Mary Westfall

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) W. S. Thurston Caldwell Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date 3-11, 1933

19. UNDERTAKER E. V. Peckham (Address) Caldwell Idaho

20. FILED 3-14, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933, to Mar. 9, 1933

I last saw h[illegible] alive on Mar 9, 1933: death is said to have occurred on the date stated above, at 1.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain	May 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Newberry M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82866

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Leeland Endicott 88a

(a) Residence. No. Caldwell #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31-1922

7. AGE Years 10 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vesta Nebraska.

FATHER
13. NAME Harvey J. Endicott
14. BIRTHPLACE (city or town) (State or country) Garkis Mo.

MOTHER
15. MAIDEN NAME Emma May Reed
16. BIRTHPLACE (city or town) (State or country) Burr Nebr.

17. INFORMENT (Address) Harvey J Endicott

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3-12-1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 8-14, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 1932 March 9, 1932 to Mch 9, 1933

I last saw him alive on March 9, 1933: death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pub. alive Endocarditis	

Other contributory causes of importance:
Acute Muscular Rheumatism 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) S. R. Dudley, M.D.
(Address) Caldwell Idaho

RECEIVED MAR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82868

PLACE OF DEATH
County of Canyon
City of Parma
Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 25
(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura O G Smith

(a) Residence. No. Parma Ida St.
(Usual place of abode) Caldwell (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. W. E. Smith

6. DATE OF BIRTH (month, day, and year) Sept 7 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shenandoah (State or country) Iowa

FATHER
13. NAME Richard Gibbs
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Isabelle King
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Geo. W. E. Smith Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Mch 8, 1933

19. UNDERTAKER C. Beckham (Address) Caldwell Idaho

20. FILED 3-14, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to Mch 4, 1933
I last saw h[illegible] alive on Mch 4, 1933: death is said to have occurred on the date stated above, at 6:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of throat	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. D. Graves M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82869

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 1605
Local Registrar's No. 31
(No.) 88
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mattie Kerr

(a) Residence. No. 12th and Chicago. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J.W.Kerr

6. DATE OF BIRTH (month, day, and year) March 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

MOTHER FATHER

13. NAME Wm. Moore

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Mary Maxwell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) J.W.Kerr Caldwell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 3/20, 1933

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho.

20. FILED 3-20, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to March 18, 1933.
I last saw h alive on March 18, 1933; death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Hypostatic Pneumonia	
Senility.	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Earl Warner, M. D.
(Address) Am. Theatre B. Caldwell Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82870

Local Registrar's No. 32

159C

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David William Tyson

(a) Residence. No. Roswell, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3/19/33

7. AGE	Years	Months	Days	If LESS than 1 day,
				10 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho

PARENTS

10. NAME OF FATHER Samuel E. Tyson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Dorothy Grosvenor

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant Samuel E. Tyson
(Address) Roswell, Idaho

15. Filed 3-20, 1933 John S Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3/20/33
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from 3/19/33, 19..., to 3/20/33, 19...
that I last saw him alive on 3/20/33, 19...
and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:
Maldevelopment

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

3/20/33, 19... (Address) Caldwell, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Roswell Cem-	3-20 1933
20. ~~Undertaker~~ by Father- Samuel C. Tyson	Address Roswell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82871

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 30
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

51

2. FULL NAME Caroline Gohl

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Bosie
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Mrs Chrisrina Moser Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Id., Date 3/5, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa Ida.

20. FILED Mar. 16, 1933 V Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Mar 1, 1933
I last saw her alive on Mar 1, 1933: death is said to have occurred on the date stated above, at 11:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
and	
Diabetic Gangrene	

Other contributory causes of importance:

Name of operation Amputation Date of 2-17-33
What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W O Walter M.D., M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 10 1933

Form V. S. No. 5-A-25M-3-29.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 82872

Local Registrar's No. 11

Registration District No. 87

Primary Registration District No. 7159

(No. Caribou Hospital St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Bonneville

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Archabald Mensell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Divorced

6. DATE OF BIRTH August 5 1881
(Month) (Day) (Year)

7. AGE 51 Yrs. 7 Mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Electrician
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Brigham City Utah

10. NAME OF Father Joseph Mensell

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Martha Compkin

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. G. Mensell
(Address) Blackfoot Ida

15. Filed 3-13- 1933 Dr Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 10 1933 (128)
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby-27 1933. to March-10-1933, that I last saw h. alive on March 10 1933, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Acute

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

3/13 1933 (Signed) Ellis Kaetzler M. D.
(Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL, ~~OR REMOVAL~~ Soda Springs Ida — **DATE OF BURIAL** 3-13 1933

20. UNDERTAKER C. L. Pittman — **ADDRESS** Soda Springs Ida

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED APR 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. Caribou Hospital

State File No. 82873

Local Registrar's No. 6

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Axel M. Carlson 107

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: June 8 (Month) 9 (Day) 1886 (Year)

7. AGE: 46 Yrs. 8 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF Father: Mats Carlson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Margaret E. Erickson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Erick B[illegible]
(Address) Idaho Falls R. 5

15. Filed Feby 12 1933 Dr. Russell Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby - 3 - 1933, to Feby - 11 - 1933, that I last saw him alive on Feby - 11 - 1933, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Thrombosis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Chronic Appendicitis

(Duration) 2 yrs. ..... mos. ..... ds.

2/11 1932 (Signed) Eric Kackley M. D.
(Address) Soda Springs Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 8 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? ✓
Former or usual residence ✓

19. PLACE OF BURIAL OR REMOVAL: Central Cem Grant Ida

DATE OF BURIAL: Feby 16 1933

20. UNDERTAKER: C. L. Whitman

ADDRESS: Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 82874

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 7

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

(No. Carribou Hospital)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas J. Painter 90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: January (Month) 1 (Day) 1868 (Year)

7. AGE: 65 Yrs. 1 Mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Draper Utah

10. NAME OF Father: Wm J. Painter

11. BIRTHPLACE OF FATHER (State or Country): Bedford England

12. MAIDEN NAME OF MOTHER: Emma Bennett

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles R. Painter
(Address) Heatcher Ida

15. Filed 2-14- 1933 H. Russell Tingey Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) -13- (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug -2- 1932, to Feby 13- 1933, that I last saw him alive on Feby 13- 1933, and that death occurred on the date stated above, at 10 05 A.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease,
(Mitral Insf.)

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) R. Lobar Pneumonia

(Duration) 24 hours yrs. mos. ds.

(Signed) Ellis Keck Lay M. D.

2/14 1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mound Valley Idaho — DATE OF BURIAL: 2-17- 1933

20. UNDERTAKER: O. S. Pittman — ADDRESS: Soda Springs Ida

RECEIVED APR 10 1933

FORM V. S. No. 5-A-25M-9-1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 82875

Registration District No. 87

Primary Registration District No. 7159

Local Registrar's No. 9

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number. 100 a

2. FULL NAME Calvin McKay Hill

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Baby

6. DATE OF BIRTH Dec. (Month) 15 (Day) 1932 (Year)

7. AGE Yrs. 1 Mos. 23 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Soda Springs Ida

10. NAME OF Father Lavon Hill

11. BIRTHPLACE OF FATHER (State or Country) St Charles Ida

12. MAIDEN NAME OF MOTHER Flora Lili

13. BIRTHPLACE OF MOTHER (State or Country) Patterson N.J.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lavon Hill

(Address) Soda Springs Ida

15.

Filed 2-7- 1933 Dr. Russell Zigut
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feby (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 4 1933, to Feby 7 1933, that I last saw him alive on Feby 7 1933, and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell Zigut M. D.

2/7 1933 (Address) Soda Springs, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Soda Springs Ida — **DATE OF BURIAL** Feby 8 1933

20. UNDERTAKER C. L. Patterson — **ADDRESS** Soda Springs Ida

RECEIVED APR 10 1933

FORM V. S. No. 5-A-25M 1939.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Canton

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. ..... St.)

State File No. 82876

Local Registrar's No. 10

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Watson Fryar 74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: March (Month) -28- (Day) 1871 (Year)

7. AGE: 61 Yrs. 11 Mos. 0 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher & Stockman
(b) General nature of industry, business or establishment in which employed (or employer): & Hotel Mngr

9. BIRTHPLACE (State or Country): Dumas Miss.

10. NAME OF Father: Isaac Fryar

11. BIRTHPLACE OF FATHER (State or Country): Miss

12. MAIDEN NAME OF MOTHER: Jennie Tigert

13. BIRTHPLACE OF MOTHER (State or Country): Miss

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Edla Fryar
(Address) Soda Springs Ida

15. Filed 3-1- 1933 Dr Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) -28- (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 28 1933, to Feby 28 1933, that I last saw him alive on Feby -28- 1933, and that death occurred on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 Hours

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ellis Kackley, M. D.

3-1-1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Soda Springs Ida

DATE OF BURIAL: Mch 2 1933

20. UNDERTAKER: C D Whiteman

ADDRESS: Soda Springs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82877

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Cassia
City of Oakley

Registration District No. 119
Primary Registration District No. 2196 Local Registrar's No. 29
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Allen Gene Emery

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 12-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oakley Ida.

PARENTS

10. NAME OF FATHER Eugene Emery
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oakley Ida.
12. MAIDEN NAME OF MOTHER Guinavere Hunter
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oakley Idaho.

14. Informant Eugene Emery
(Address) Oakley Ida

15. Filed Mar 6, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 12, 1933, to March 2, 1933, that I last saw h.im alive on Feb. 28, 1933, and that death occurred, on the date stated above, at 11 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Rt. Lower Bronchopneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Paxman, M. D.
March 6, 1933 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Ida.	Mar. 3 1933
20. Undertaker D. E. Johnson	Address Burley

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82878

PLACE OF DEATH
County of Cassia
City of ~~Burley~~ Marion

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 28
(No.) 887
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lewis Alexander
(a) Residence No. Oakley, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. J. L. Alexander

6. DATE OF BIRTH (month, day and year) June 5-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Marion Idaho

PARENTS
10. NAME OF FATHER John Alexander
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bristol England
12. MAIDEN NAME OF MOTHER Mary Barker Vile
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Mrs. J. L. Alexander Oakley Idaho

15. Filed Apr 8, 1933. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 1 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932, to Mar. 1, 1933
that I last saw him alive on February 28, 1933
and that death occurred, on the date stated above, at 2:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Myocarditis

(duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Chronic Gastritis

(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & X-Ray
(Signed) Charles B. Reymer, M. D.
3-6, 1933 (Address) Burley, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley City Cemetery	3/ 1933
20. Undertaker H. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82879

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Dovey Luttrell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Silas Luttrell

6. DATE OF BIRTH (month, day, and year): Mar 1st 1846

7. AGE: Years 88 | Months — | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Franklin Ind.

FATHER

13. NAME: Franklin Lane

14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Lucy Giles

16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMENT (Address): Mrs Lucy J. Mix

18. BURIAL, CREMATION, OR REMOVAL
Place: Boise Date: 4-2-, 1933

19. UNDERTAKER (Address): Jos. P. Payne, Burley Ida

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1933, to Mar. 30, 1933

I last saw h—alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arterio Sclerosis
Chronic myocarditis

Name of operation: None Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Beymer, M. D.

(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82880

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Marilyn Palmer

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 12 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Burley Ida.

PARENTS

10. NAME OF FATHER Wendell H. Palmer

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Malad Idaho.

12. MAIDEN NAME OF MOTHER Mary Evans

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Malad Idaho.

14. Informant Wm Wendell Palmer
(Address)

15. Filed Mch 13, 1933 Laura Green Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May. 12, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1933, to 3-12-, 1933
that I last saw her alive on 3-12-33, 19
and that death occurred, on the date stated above, at 9 A.M. p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Obstruction Respiratory
Obstruction Respiratory
Never fully established
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Nelson Frazier, M. D.
19 (Address)

19. Place of Burial, Cremation, or Removal Malad Ida. | Date of Burial 3-14 1933

20. Undertaker D. E. Johnson | Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82881

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 39
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rocha Orilla Parvers
(a) Residence. No. 101 La. Burton Ave St.
(If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Harrison Parvers

6. DATE OF BIRTH (month, day and year) May-21-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	10		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeping
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cottonwood Utah

PARENTS

10. NAME OF FATHER Miles Frank Hall
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Willard Utah
12. MAIDEN NAME OF MOTHER Elizabeth Wake
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Willard Utah

14. Informant (Address) H. H. Parvers 101 La. Burton ave.

15. Filed Mar 22, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5 1933, to May 22, 1933
that I last saw h[illegible] alive on May 21, 1933
and that death occurred, on the date stated above, at 12:15 m.

*~~State~~ the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Dyphtheria Sereer.

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Hugh E. Dean, M. D.
19 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley City Cemetery	3/24/ 1933
20. Undertaker	Address
R. E. Johnson	Burley

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82882

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Burley
Registration District No. 17
Primary Registration District No. 2196 Local Registrar's No. 30
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter P. Powell

(a) Residence. No. 201 So. Miller Ave. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Hattie Powell

6. DATE OF BIRTH (month, day and year) Aug. 7-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Richard Powell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant Mrs. Hattie Powell
(Address) 201 So. Miller ave

15. Filed Mar. 8, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 7- 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
12-27, 1932, to 3-7, 1933
that I last saw h[illegible] alive on 3-7, 1933
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Infective arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal: Albion-Marsh Cem. Date of Burial: 3/10 1933
20. Undertaker: H. E. Johnson Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82883

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 19

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

882

2. FULL NAME Katie Ott

(a) Residence. No. ..... St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? 24 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenfeldt, Russia

FATHER

13. NAME John Litzenberger

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Elizabeth Rudy

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Date 3/31, 193

19. UNDERTAKER Casiday
(Address) Coeur d'Alene

20. FILED 3/29, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1933

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1932, to March 28, 1933

I last saw her alive on March 28, 1933; death is said to have occurred on the date stated above, at 7 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis (mitral regurgitation)	
Other contributory causes of importance: Senile psychosis	

Name of operation None Date of

What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lorne McKelvey, M. D.
(Address) Orofino - Idaho -

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82884

PLACE OF DEATH

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 17

(No. Orofino Idaho) 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Pentila

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 62.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Finland
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMENT Orofino Idaho
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 3/25, 193

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 3/25, 193 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 24 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1933, to March 24, 1933

I last saw him alive on 3-24-33, 193..: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Chronic pulmonary tuberculosis	

Name of operation Gastro Enterostomy Date of 2-13-33

What test confirmed diagnosis? Medical Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. K. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82885

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 9C
Primary Registration District No. 2177
Local Registrar's No. 16
(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Daniel C. Cloud

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 24 - 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10. NAME OF FATHER Benjiman Cloud
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Margarete Connaway
13. BIRTHPLACE OF MOTHER (city or town) (State or County) unascertained

14. Informant Mrs King
(Address) Orofino Idaho

15. Filed 3/27, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
None, 19....., to ....., 19.....
that I last saw h..... alive on dead before saw. 19.....
and that death occurred, on the date stated above, at 3 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis with infarct & rupture of ventricle (duration) ..... yrs. sudden mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ? ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy findings

(Signed) R. J. Hopkins, M. D.
3/24, 19 33 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Orofino Ida	3-26 1933
20. Undertaker	Address
Orofino Mortuary	Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82886

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No.
Local Registrar's No. 16

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Nora Abbl

(a) Residence. No. St. Cottonwood, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? x yrs. x mos. x ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louis Abbl

6. DATE OF BIRTH (month, day, and year) March 13, 1894

7. AGE Years 38 Months 11 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Ben. Lemire
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Elnora Pepin
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Records, State Hospiital North Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kenilworth Date 3-9, 1933

19. UNDERTAKER (Address) A. H. Hall Cottonwood Idaho

20. FILED 2/10, 193 V. A. Chan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1928, to March 7, 1933
I last saw her alive on March 7, 1933: death is said to have occurred on the date stated above, at 10.20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	

Other contributory causes of importance:
Dementia praecox

Name of operation Date of
What test confirmed diagnosis? Phys. Sn Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82887

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 15

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME William T. Teed

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2-1900

7. AGE: Years 32 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida

FATHER
13. NAME William Teed
14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER
15. MAIDEN NAME Lillian Wilson
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Joe Wilson Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Date 3/18, 1933

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 3/17, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1933, to 3/16, 1933
I last saw him alive on 3/16, 1933: death is said to have occurred on the date stated above, at 11.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	?

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Hopkins, M. D.
(Address) Orofino Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 82888

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Orofino

Registration District No. 90
Primary Registration District No. 2107
Local Registrar's No. 14
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Irene McKinney

(a) Residence. No. Orofino Ida R.F.D. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ray McKinney

6. DATE OF BIRTH (month, day and year) Apr 30-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs, or ....min.
	22	10	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Homework
(c) Name of employer

9. BIRTHPLACE (city or town) Clarkston
(State or country) Wash

PARENTS

10. NAME OF FATHER L. M. Bagley

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Missouri

12. MAIDEN NAME OF MOTHER Cora Johnson

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Missouri

14. Informant Ray McKinney
(Address) Orofino Idaho

15. Filed 3/16, 19.... V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
accidentally Shot by self

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) W. F. Flores Coroner
Mar. 16, 1933. (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Clarkston Wash	3/16 1933
20. Undertaker	Address
Orofino Mortuary	Orofino Ida

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82889

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 13-
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Cowles

(a) Residence. No. ..... St. Fernwood, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 7 mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 1854 Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dearborn County Indiana

FATHER

13. NAME Ira Cowles

14. BIRTHPLACE (city or town) (State or country) Dearborn Co., Indiana

MOTHER

15. MAIDEN NAME Sarah Bostwick

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery, St. Hosp. No. Date March 11, 1933

19. UNDERTAKER F. A. Billberg, Hosp. Attdt.
(Address) Orofino - Idaho

20. FILED 3/13, 193.. W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1933, to March 10, 1933.
I last saw him alive on March 9, 1933: death is said to have occurred on the date stated above, at 8:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance: Psychosis with cerebral arterio sclerosis	2 years

Name of operation None Date of
What test confirmed diagnosis? Phys. Sign. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McElwain, M. D.
(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82890

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 12
(No. Orofino Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205b

2. FULL NAME Samuel Porter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep 12 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMENT Mrs Paul Norris (Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date Mar 11, 1933

19. UNDERTAKER W.A. Shaw (Address) Orofino Ida

20. FILED Mar 9, 193... W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9 193...

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed March-9-1933- about 9.A.M.	
Had Valvor heart dease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W.A. Shaw Local Reg't 98, M. D.

(Address) Orofino 2187

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82891

PLACE OF DEATH
County of CUSTER
City of MACKAY

Registration District No. 16
Primary Registration District No. 2153
Local Registrar's No. 169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MILTON HORACE RUSSELL

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	DIVORCED

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of BESSIE SANDERS TAYLOR

6. DATE OF BIRTH (month, day, and year) 10/19/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. RR ENGINEER TO ABOUT 1900 THEN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SALOON BUSINESS TO TIME OF DEATH
10. Date deceased last worked at this occupation (month and year) 2/16/33
11. Total time (years) spent in this occupation 33 (SALOON)

12. BIRTHPLACE (city or town) (State or country) NORTH PLATTE NEBR

FATHER

13. NAME KENNETH RUSSELL
14. BIRTHPLACE (city or town) (State or country) US

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMENT (Address) BESSIE SANDERS TAYLOR ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place MACKAY IDAHO Date 2/20/33, 193.

19. UNDERTAKER GARNIER
(Address) MACKAY & ARCO IDAHO

20. FILED Mar 14, 1933 Rose Nowaski Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/18/1933

22. I HEREBY CERTIFY, That I attended deceased from 2/16/33, 193.., to 2/18/33, 193..
I last saw him alive on 2/18/33, 193..: death is said to have occurred on the date stated above, at 9:45 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	2/16/33
Other contributory causes of importance:	
ARTERIO-SCLEROSIS	SEVERAL YEARS DURATION.

Name of operation ..... Date of .....
What test confirmed diagnosis? CLIN SYM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
? ..... If so, specify USED ALCOHOL MODERATELY
(Signed) J. P. Richards, M. D.
(Address) MACKAY IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED APR 21 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Elmore
City of Glenns Ferry
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 35
Primary Registration District No. 2021
(No. ..... St.)

State File No. 82892
Local Registrar's No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edith Evangaline Van Liew

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

6. DATE OF BIRTH: Could not get information (Month) (Day) (Year)

7. AGE: 91 Yrs. 5 Mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): at home

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF Father: Swazey

11. BIRTHPLACE OF FATHER (State or Country): U. S. A.

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): U. S. A.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Harry Shimp
(Address) Glenns Ferry, Idaho

15.
Filed Jan. 31 1933 Mary L. Sullivan
Local Registrar

MEDICAL CERTIFICATE OF DEATH 90

16. DATE OF DEATH: 1 (Month) 31 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1932 to Jan. 31 1933, that I last saw her alive on Dec. 20 1932, and that death occurred on the date stated above, at 10 a M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Davis M. D.
19 ..... (Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Glenns Ferry, Idaho
DATE OF BURIAL: Feb 2 1933

20. UNDERTAKER: G. C. Zacher
ADDRESS: Mt Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82897

PLACE OF DEATH

County of Franklin

City of Clifton Idaho

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Elizabeth N. Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lorin F. Williams

6. DATE OF BIRTH (month, day and year): Nov 20 1870

7. AGE: Years 62 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Clifton Idaho

PARENTS

10. NAME OF FATHER: Martin Henderson

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Elizabeth Bake

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Penn.

14. Informant: James L. Williams son

(Address): Clifton Idaho

15. Filed April 8, 1933 G. B. Slater Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to March 25, 1933

that I last saw her alive on March 25, 1933

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Post influenza encyclopelitis

..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at her home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [signature], M. D.

....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Clifton Idaho

Date of Burial: Mar 27 33 19

20. Undertaker: M. W. Hendricks

Address: Preston Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82898

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 18
(No. 22)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gean G? Coombs

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 24 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

PARENTS

10. NAME OF FATHER Cacil W. Coombs

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bicknell Utah

12. MAIDEN NAME OF MOTHER Gladys Hodges

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Richmond Utah

14. Informant Gladys Coombs
(Address) Preston Idaho

15. Filed April 8, 1933 G. M. Tate Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 18 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1933 to Mar 18, 1933
that I last saw her alive on Mar 18, 1933
and that death occurred, on the date stated above, at 9:15 P m.
The CAUSE OF DEATH* was as follows:
Anterior Poliomyelitis
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Orson L. Dunn M. D.
Mar 19, 1933 (Address) Preston - Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	Mar 21 19

20. Undertaker M. W. Hendricks Address Preston

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 82899

PLACE OF DEATH
County of Franklin
City of Glendale

Registration District No. 27
Primary Registration District No. 2119
(No.) 88a
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17

2. FULL NAME Guy Clifford Peterberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 29 1919

7. AGE: Years 15 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED: Child
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Glendale Idaho

PARENTS

10. NAME OF FATHER Guy C. Peterberg
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Preston Idaho
12. MAIDEN NAME OF MOTHER Cecelia Kelly
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Chicago Ill

14. Informant Guy C. Peterberg
(Address) Glendale

15. Filed April 8, 1933 G. W. States Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1933, to Mar 15, 1933
that I last saw him alive on Mar 11 1933
and that death occurred, on the date stated above, at 3:20 p.m.
The CAUSE OF DEATH* was as follows:
Malignant Bacterial Endo-cardites
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Orson L. Davies, M. D.
Mar 16 1933 (Address) Preston Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Preston Idaho
Date of Burial: Mar 17 1933

20. Undertaker: M. W. Hendricks
Address: Preston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8900

PLACE OF DEATH

County of Franklin
City of Clifton

Registration District No. 27
Primary Registration District No. 2119
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 16

101b

2. FULL NAME Neal G? Mendenhall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb 28 1932

7. AGE: Years I; Months; Days I4; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Clifton Idaho

PARENTS

10. NAME OF FATHER: Willis M Mendenhall
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Dayton Idaho
12. MAIDEN NAME OF MOTHER: Natolie Anderson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Hyrum Utah

14. Informant: Willis M. Mendenhall
(Address): Clifton Idaho

15. Filed April 8, 1933 G. W. Stahr Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar. (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1933, to Mar 14, 1933
that I last saw him alive on Mar 14, 1933
and that death occurred, on the date stated above, at 7:40 p.m.
The CAUSE OF DEATH* was as follows:
Pneumonia.

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Orson S. Daines M. D.
Mar 16, 1933 (Address) Preston Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Dayton Idaho
Date of Burial: Mar 17 1933

20. Undertaker: M.W. Hendricks
Address: Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83901

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 15
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Joseph Hyrim Page

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Page

6. DATE OF BIRTH (month, day and year) June 1 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Lewiston Utah

PARENTS

10. NAME OF FATHER James Page

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bountiful Utah

12. MAIDEN NAME OF MOTHER Emma Kemp

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Beatrice Page wife
(Address) Dayton Idaho

15. Filed April 8, 1933 G. W. State Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 12 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1933, to Mar 12, 1933
that I last saw him alive on Mar 12, 1933
and that death occurred, on the date stated above, at 8 10 P m.
The CAUSE OF DEATH* was as follows:
Appendicitis - Peritonitis
(duration) — yrs. — mos. 8 ds.
CONTRIBUTORY (Secondary) Gangrenous Appendicitis
(duration) .... yrs. .... mos. 5 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of Mar 6-1933
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) G. W. State, M. D.
Mar 13, 1933 (Address) Preston Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Dayton Idaho — Date of Burial: Mar 15 19

20. Undertaker: M. W. Hendricks — Address: Preston

RECEIVED APR 13 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83903

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Alice Maria Stoddard.

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 5th, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis Mo.
(State or country)

FATHER

13. NAME Samuel Collrill

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Helen Taylor

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Judson L. Stoddard
(Address) Parker, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date Mar. 31-1933

19. UNDERTAKER H. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Mar 30, 1933 Sarah Meunk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1933, to Mar. 28, 1933
last saw her alive on Mar. 15, 1933: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance:	
Hemiplegia	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) O. W. Kelly M. D.
(Address) St. Anthony, Idaho.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83904

PLACE OF DEATH

County of Fremont

City of St. Anthony, Idaho. Registration District No. 99

Primary Registration District No. 9997 Local Registrar's No. 64

(No. [redacted])
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Steve Jakeman

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc**

9. Industry or business in which work was done, as **silk mill, saw mill, bank** etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Notknown

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Lucy Brown St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date March 30 1933

19. UNDERTAKER

(Address) St. Anthony, Idaho.

20. FILED Mar 30, 1933 Sarah Munk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932, to Mar. 29th 1933

I last saw him alive on Mar. 29, 1933; death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurism	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. W. Kelly, M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83905

County of Fremont
City of St. Anthony, Idaho.
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 67

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME America Jennie Lutsch

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of J. J. Lutsch

6. DATE OF BIRTH (month, day, and year) July 8-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) J. J. Lutsch St. Anthony Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Date Apr. 1-1933

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED April 1, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1932, to Mar 30, 1933
I last saw her alive on Mar 29, 1933: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?

Other contributory causes of importance:
Chronic myocarditis and endocarditis. Cardiac decompensation — Angina pectoris

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. A. Ellison, M. D.
(Address) St. Anthony Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83906

PLACE OF DEATH

County of St. Anthony

City of Idaho

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Farrell Osborne Morgan

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Son Of Mr & Mrs T.V. Morgan

6. DATE OF BIRTH (month, day, and year): Dec. 31-1922

7. AGE: Years 10 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho.

FATHER
13. NAME: Thomas V. Morgan
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Lillian Clegg
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Mrs Thomas V. Morgan St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parker Date: Apr. 10- 1933

19. UNDERTAKER (Address): W M Hansen St. Anthony, Idaho.

20. FILED: April 10, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from On April 7, 1933, to ——, 193

I last saw him alive on Apr. 7, 1933: death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage from fractured skull.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/7, 1933

Where did injury occur? St. Anthony Id. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On public highway

Manner of injury Hit by automobile

Nature of injury Fractured skull etc

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) T A Ellison, M.D.

(Address) St. Anthony Idaho

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. P. M. Kelley.

DO NOT WRITE IN THIS SPACE

State File No. 83907

Registration District No. 79

Primary Registration District No. 2179

Local Registrar's No. 68

21

PLACE OF DEATH

County of Fremont

City of St Anthony (No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phyllis Elizabeth Jardine.

(a) Residence. No. St. Roberts, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 29, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Roberts, Idaho.

PARENTS

10. NAME OF FATHER Leo Leroy Jardine.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Grant, Idaho.

12. MAIDEN NAME OF MOTHER Vera Staker.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Fannum, Idaho.

14. Informant Ether Staker

(Address) Roberts, Idaho.

15. Filed March 16, 1933 Sarah Munk Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 15 (Day) 1933 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 6th, 1933, to Mar. 15, 1933 that I last saw h[illegible] alive on Mar. 14, 1933 and that death occurred, on the date stated above, at 10:50 a. m.

The CAUSE OF DEATH* was as follows:

General Erysipelas

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) P. M. Kelley, M. D.

3/16/, 1933 (Address) St. Anthony, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Roberts, Idaho.	3/18/33 19

20. Undertaker C. B. Eckersell Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 13 1933

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83908

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 58

117

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis George Myers

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 21-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paola, (State or country) Montana

FATHER

13. NAME Louis Myers

14. BIRTHPLACE (city or town) Penn. (State or country)

MOTHER

15. MAIDEN NAME Clara Fountanine

16. BIRTHPLACE (city or town) Montana (State or country)

17. INFORMENT (Address) Mrs Clara Mertes Meadow Creek, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Idaho Date feb. 15, 1933

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED Feb 13, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) [redacted] 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1933, to Feb. 10, 1933

I last saw him alive on Feb. 10, 1933; death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	

Other contributory causes of importance:

Ruptured appendix.

Name of operation Appendectomy Date of Feb. 7th

What test confirmed diagnosis? Pus Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. W. Kelly M. D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83909

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101A

2. FULL NAME Joseph Chris Erb

(a) Residence. No. St. Anthony, Idaho. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	XXX	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho.

FATHER

13. NAME Wilhelem William Erb

14. BIRTHPLACE (city or town) Peublo,
(State or country) Colo.

MOTHER

15. MAIDEN NAME Dilpha Grace Higby

16. BIRTHPLACE (city or town) Great Falls,
(State or country) Mont.

17. INFORMENT W. W. Erb
(Address) St. Anthony, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ora Date Mar 16-1933

19. UNDERTAKER
(Address) St. Anthony, Idaho.

20. FILED March 14, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1933, to Mar. 3, 1933

I last saw him alive on Mar. 3, 1933; death is said to have occurred on the date stated above, at 8:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Phy. Keen, M. D., M. D.

(Address) St. Anthony, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83910

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. .....
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Barrett
(a) Residence. No. Emmett Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 21 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Richard Barrett
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Susan D. Overton
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Illinois

14. Informant Myrtle Barrett
(Address) .....

15. Filed 3/20, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 18 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
I saw her 19 after death only, 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis with
heart Complications
Several years
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? Has been sick several years
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
3/20, 1933 (Signed) J. L. Reynolds, M. D.
(Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Emmett Ida	3/20 1933
20. Undertaker O. D. Buckmun	Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83911

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Infant Daughter Frank Joy

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	White	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 23-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Emmett
(State or country) Ida

PARENTS

10. NAME OF FATHER Frank Joy
11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Nebraska
12. MAIDEN NAME OF MOTHER Alta Atkins
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Maine

14. Informant Frank Joy
(Address) .....

15. Filed 2/24, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 23, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/23/33 19..., to 2/23/33 19...
that I last saw her alive on 2/23/33, 19...
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Prematurity
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) L. D. Buckmaster, M. D.
2/24, 1933 (Address) Emmett

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 2/24 1933
20. Undertaker: C. D. Buckmaster — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83912

PLACE OF DEATH
County of Elem
City of Emmett Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lulu Elaine Floyd

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
fem	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 22 1930

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Hailey Idaho

PARENTS

10. NAME OF FATHER E O Floyd
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Bertha Brown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant E O Floyd
(Address) .....

15. Filed 3/4, 1933 J H Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 2 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to Mar 2nd, 1933
that I last saw her alive on Mar 2nd, 1933
and that death occurred, on the date stated above, at 1 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Congenital heart disease
.....
.....
.....(duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? Born with bad heart
Did an operation precede death? no Date of .....
Was there an autopsy? yes
What test confirmed diagnosis? .....
(Signed) J H Reynolds, M. D.
3/4, 1933 (Address) .....

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 3/5 1933
20. Undertaker: C D Buckmeun — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83913

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 9
Primary Registration District No. ..... Local Registrar's No. 145
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Allen Satfield
(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 15-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brick Layer & Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10. NAME OF FATHER Samuel J. Satfield
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Maude Satfield Emmett Idaho

15. Filed 3/16, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Feb 20, 1933, to Mar 14, 1933,
that I last saw him alive on Mar 3, 1933
and that death occurred, on the date stated above, at 2 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Cerebral Disease
of several years duration

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J. L. Reynolds, M. D.
3/16, 1933 (Address) Emmett Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Emmett Idaho	
20. Undertaker D. Buckner	Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 2 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83914

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Linn
City of Emmett Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel H. Reed

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 31 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Iowa

PARENTS

10. NAME OF FATHER Geo. H. Reed
11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Hannah Holeman
13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) Ohio

14. Informant J. Lee Reed
(Address) .....

15. Filed 2/18, 1933 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 17 (Month) (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
1927, 19..., to Feb 17, 1933
that I last saw him alive on Feb 17, 1933
and that death occurred, on the date stated above, at 1-30a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary thrombosis
Hypertension - with Chronic
Myocarditis
(duration) Six yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J. H. Reynolds M. D.
2/18, 1933 (Address) .....

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 2/19 1933

20. Undertaker: D Buckmann — Address: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 24 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 83915

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Gertrude E. Twilegar
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E H Twilegar

6. DATE OF BIRTH (month, day and year) Dec 12-1874

7. AGE 58 Years | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Memphis Mo

PARENTS
10. NAME OF FATHER Thompson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not known
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) E. H. Twilegar

15. Filed 2/11, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 9 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from several years, to ....., 19....
that I last saw her alive on Feb 7, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Diabetis Melitus (duration) several yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J L Reynolds M. D.
2/11, 1933 (Address) .....

19. Place of Burial, Cremation, or Removal Emmett Idaho | Date of Burial 2/12 1933

20. Undertaker C D Buckneen | Address Emmett Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83916

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 223

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph P. Heller 49

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillian Heller

6. DATE OF BIRTH (month, day, and year) June 4-1862

7. AGE Years 70 Months 9 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Y. City N. Y.
(State or country)

FATHER
13. NAME Martin Heller
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME — —
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT Mrs. J. P. Heller
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Glenn Ferry Date 3-29 1933

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 3-31, 1933 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to March 26, 1933
I last saw him alive on March 26, 1933: death is said to have occurred on the date stated above, at 10 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	July 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J. E. Manuel, M. D.
(Address) Gooding Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gooding
City of Gooding

DO NOT WRITE IN THIS SPACE
State File No. 83917

Registration District No. 24
Primary Registration District No.
Local Registrar's No. ~~256~~ 211

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joel A Mellotte MELOTTE 74a

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) Aug-26-1854

7. AGE Years 78 Months 4 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) to death
11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Huston, Fulton County, Pa

FATHER
13. NAME J Do not know
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) L W Lucke Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL Place Elmwood Cemetery Date 1/6, 1933

19. UNDERTAKER (Address) A E Thompson Gooding Ida

20. FILED 12-3, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1933, to 1-4-, 1933

I last saw him alive on 1-4-, 1933: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-4

Other contributory causes of importance:

Acute bronchitis	1-2

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J H Cromwell, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 83918

Local Registrar's No. 222

(No.) 201
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME AMANDA PALMER

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henry Palmer, deceased

6. DATE OF BIRTH (month, day, and year): 6-17-1847

7. AGE — Years: 85 — Months: 9 — Days: 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fairmount Mo.

FATHER
13. NAME: Wm Rayburn
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): J. E. Palmer Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Edmond Date: 3-28, 1933

19. UNDERTAKER (Address): A. E. Thompson Gooding Ida

20. FILED 3-31-, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-26- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-13-, 1933, to 3-26-, 1933

I last saw her alive on 3-26-, 1933: death is said to have occurred on the date stated above, at 11- P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	3-13-33

Other contributory causes of importance:

Name of operation Setting fracture Date of 3-13-33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Unknown Date of injury , 193
Where did injury occur? Gooding, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Had a fell while walking
Nature of injury around room, shock severe and patient gradually grew weaker.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J H Cromwell, M. D.
(Address) Gooding Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83919

PLACE OF DEATH
County of Gooding
City of Gooding
Gooding Hosp.

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 221

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivan Richard Gold GOLD 100 a

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 7, 1932

7. AGE Years 1 Months 1 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wendell, Idaho

FATHER
13. NAME William Alfonso Gold
14. BIRTHPLACE (city or town) (State or country) Union Utah

MOTHER
15. MAIDEN NAME Eunice Evelyne Anderson
16. BIRTHPLACE (city or town) (State or country) Cleveland Idaho

17. INFORMENT (Address) mother Mrs Wm A Gold Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date 3-8, 1933

19. UNDERTAKER (Address) none

20. FILED 3-31-, 1933 J. O. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1933, to death, 193
I last saw h alive on 3/6, 1933: death is said to have occurred on the date stated above, at 10:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

malnutrition

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. O. Cromwell, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 83920
Local Registrar's No. 220

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Everett J Noll

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug-22-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Radio-saleaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10. Date deceased last worked at this occupation (month and year) Jan- 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME Archie Noll

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Nora M. Stuart

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Archie Noll Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Elmwood Date 3-6-, 1933

19. UNDERTAKER A. E. Thompson
(Address) Gooding. Ida

20. FILED 3-31-, 1933 J. A Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1930, to 3-4-, 1933

I last saw him alive on 3-4-, 1933: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1930
Other contributory causes of importance:	
Tuberculous Peritonitis	12-1-32
Tuberculous mesenteric glands	2-15-33

Name of operation Laparotomy Date of 12-15-32

What test confirmed diagnosis? Path- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify. Worked underground in Mine

(Signed) J. A Cromwell, M. D.

(Address) Gooding, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83923

PLACE OF DEATH
County of Idaho
City of Polie

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs J F Gaze

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) 1859. Feb 20

7. AGE Years 79 Months 1 Feb Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brogan

FATHER
13. NAME Martin Aldridge
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Cynthia Swat
16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMENT (Address) Clinton Reeves New Meadows

18. BURIAL, CREMATION, OR REMOVAL Place Kyzoon Date March 27 1933

19. UNDERTAKER (Address) C A Hancock Grangeville Idaho

20. FILED Apr. 10, 1933 B C Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No attending Physician	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. A. Hancock Md. M. D.
(Address) Grangeville Ida.

RECEIVED APR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83925

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Carpenter Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/16/1854

7. AGE: Years 78 | Months 10 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Syracuse N. Y.

FATHER
13. NAME Lorenzo L. Austin
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Annie Harlendeen
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) E. A. Carpenter 500 Boylston Ave. N Seattle Wn

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date March, 1933

19. UNDERTAKER (Address) C. A. Hancock Grangeville

20. FILED 4-10, 1933 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933, to March 1, 1933
I last saw her alive on March 1, 1933; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) B. Chipman, M. D.
(Address) Grangeville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83926

PLACE OF DEATH
County of Idaho
City of Orgrande
Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 11
(No. At Cabin in Hillls)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Blier Williams

(a) Residence. No. Orgrande, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Aug 9 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Plaser

10. Date deceased last worked at this occupation (month and year): To time of death

11. Total time (years) spent in this occupation: 3years

12. BIRTHPLACE (city or town) (State or country): Ansonville.Pa

FATHER

13. NAME: J. G. Williams

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Martilla, Knapp

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): C. E. Williams, Colorado Springs, Colorado

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Grangeville Date: March 15 1933

19. UNDERTAKER: Glenn Ailor
(Address): Grangeville, Idaho

20. FILED 4-10, 1933 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Bewteen Jan. 8 & Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Dec 3, 1932
I last saw h... alive on Dec 3, 1932: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterio Sclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) B Chipman, M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED APR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83927

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 10

(No.) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doris Andrews

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 21 Jan 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Leslie Andrews

14. BIRTHPLACE (city or town) Council Bluffs (State or country) Iowa

MOTHER

15. MAIDEN NAME Doris Cash

16. BIRTHPLACE (city or town) Grangeville (State or country) Idaho

17. INFORMENT Leslie Andrews (Address) Grangeville Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Idaho Date Feb 11, 1933

19. UNDERTAKER C. A. Hancock (Address) Grangeville Idaho

20. FILED 4-10, 1933 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-9 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No attending Physician	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. A. Hancock Coroner, M. D.

(Address) Grangeville Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2 (21)

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED MAR 16 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Kooskia

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 106

Primary Registration District No. 2184

(No. ..... , ... St.)

File No. 83929

Registered No. 348

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Madison Shaw

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word.)

6. DATE OF BIRTH: November (Month) 9 (Day) 1870 (Year)

7. AGE: 62 Yrs. 3 Mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Postmaster

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Weston Oregon

10. NAME OF FATHER: B. F. Shaw

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Manawa Jane Lieuallen

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lina Cuyler

(Address) Tumwater Wash.

15. Filed March 1 1933

J M Verbeekmoes
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 101a

2 (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1933, to Feb 27 1933 that I last saw him alive on Feb 27 1933 and that death occurred on the date stated above, at 5.57 A.M.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Verbeekmoes M. D.

..... 19 ..... (Address) Kooskia Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah Cemetery

DATE OF BURIAL: March 1 1933

20. UNDERTAKER: Kamiah Funeral Parlors

ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83930

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 18
(No.) 114
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Loaine Kinghorn.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 1, 1929

7. AGE	Years	Months	Days	If LESS than 1 day,
	3	4	20	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Conrad, Montana.

PARENTS

10. NAME OF FATHER Alexander Kinghorn.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lewisville, Idaho.

12. MAIDEN NAME OF MOTHER Myrtle Lydia Walker.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Riverton, Utah.

14. Informant Alex Kinghorn
(Address) Lorenzo, Idaho. R. #1

15. Filed 3-22, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 21 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 17 1933, to Mar 21 1933
that I last saw her alive on Mar 20, 1933
and that death occurred, on the date stated above, at 7:50 A m.
The CAUSE OF DEATH* was as follows:
Acute Gastro-enteritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY ✓
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Mean Idaho
Did an operation precede death? yes Date of "
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) H. G. Anderson, M. D.
Mar 23, 1933 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho	3/23/33 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83931

PLACE OF DEATH
County of Jefferson
City of Menan

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 19

168

2. FULL NAME James Levi Poulsen.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) ~~xxxxxxx~~ Eva Whittle Poulsen.

6. DATE OF BIRTH (month, day and year) Nov. 24, 1886

7. AGE	Years	Months	Days	If LESS than 1 day,
	46	3	20	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Getting out wood.
(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

PARENTS

10. NAME OF FATHER Chris Poulsen.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.
12. MAIDEN NAME OF MOTHER Mary Magdelane Nelsen.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ephyriam Utah.

14. Informant J. Lloyd H. Poulsen
(Address) Lewisville, Idaho.

15. Filed 3-16, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 16 (Day) 1933 19 (Year)

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ ..... 19.. to ..... 19..
that I last saw him alive on March 16, 1933
and that death occurred, on the date stated above, at 8:30 A.m.
The CAUSE OF DEATH* was as follows:
Strangulation by hanging. (Suicide)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) A B Eckersell Coroner.
3-16, 1933 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville, Idaho.	3/20/33 19

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED APR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83932

PLACE OF DEATH
County of Jerome
City of Hazelton

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Emily Pearce Rayglance

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year) 6 of June 1879

7. AGE Years 62 Months 9 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St George
(State or country) Wes. Co Ut.

FATHER
13. NAME J. D. S. Pearce
14. BIRTHPLACE (city or town) Alt. Wampaco
(State or country) Mississippi

MOTHER
15. MAIDEN NAME Martha E. Pace
16. BIRTHPLACE (city or town) Shelba Co
(State or country) Ill

17. INFORMENT W. M. Rayglance
(Address) Hazelton

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Jos. P. Payne
(Address)

20. FILED Apr 1, 1933 S Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Mar 22, 1933
I last saw her alive on Mar 22, 1933: death is said to have occurred on the date stated above, at 9:25 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	

Other contributory causes of importance:
Pleurisy with effusion

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) S Hopper, M. D.
(Address) Hazelton

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 22 1933

PLACE OF DEATH

County of Jerome

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 83933

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME John Edward Dorman

(a) Residence. No. 4 mi S.E. Jerome. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome, Idaho

FATHER

13. NAME Estes Dorman

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Nolene Johnson

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Estes Dorman Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Cem Date Jan, 20. 1933

19. UNDERTAKER J R Wiley
(Address) Jerome, Idaho

20. FILED 1/18, 1933 C. P. Keller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan. 17, 1933
last saw h[illegible] alive on Jan 16, 1933: death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (a)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls

RECEIVED MAR 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83934

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

51

2. FULL NAME Oscar E Olsen

(a) Residence. No. Jerome, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lebina Olsen

6. DATE OF BIRTH (month, day, and year) Aug. 17. 1873

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
59	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME James P. Olsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Lena Miller

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Lebina Olsen Jerome, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pleasant Utah Date Feb 28, 1933

19. UNDERTAKER J R Wiley (Address) Jerome, Idaho.

20. FILED 2/27, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Diabetes Chronic

Other contributory causes of importance:

Gangrene Lower Legs

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83935

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME R. H. Whitlock

(a) Residence. No. 7 Miles S.E. Jerome, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Rolan Whitlock

14. BIRTHPLACE (city or town) (State or country) N. Carolina.

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMENT (Address) Mrs J. H. May Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date Feb 26, 1933

19. UNDERTAKER (Address) J R Wiley Jerome, Idaho

20. FILED 2/25, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Common Bile Duct	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Idaho

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83936

PLACE OF DEATH
County of Jerome
City of
Registration District No.
Primary Registration District No. 17
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Frances Margaret Handy

(a) Residence. No. 6 miles N. W. Jerome St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. W. Handy

6. DATE OF BIRTH (month, day, and year) Jan 14. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	00	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Shafer

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Joe Handy. Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Cem Date Feb. 1, 1933

19. UNDERTAKER D. R. Wiley.
(Address) Jerome, Idaho

20. FILED 1/30, 1933 Chas F Zeller. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933, to Jan. 29, 1933.
I last saw her alive on Jan 27, 1933; death is said to have occurred on the date stated above, at 9:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1933
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83937

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Sarah Jane Roberts

(a) Residence. No. Jerome, Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 88 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Timothy Page Roberts

6. DATE OF BIRTH (month, day, and year) June 25.1842

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	90	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Jerry Gibbs
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Ford
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Della Prentice Jerome, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Cem Date Mar. 10, 1933

19. UNDERTAKER J. R. Wiley
(Address) Jerome, Idaho.

20. FILED 3/10, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1933, to Mar 8, 1933
I last saw her alive on Mar. 7, 1933; death is said to have occurred on the date stated above, at 5:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1933
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83939

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Russell Otto

(a) Residence. No. 4 mi N.E. Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Fred Otto
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Rose Wyckoff
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMENT (Address) Fred Otto Jerome, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Cem Date Mar 7. 1933
19. UNDERTAKER J.R. Wiley (Address) Jerome, Idaho.
20. FILED 3/7 1933 C.F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 6. 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1933, to Mar. 5th 1933
I last saw him alive on March 5 1933: death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Premature Infant	
Twin	
Lack of vital force	
Unable to assimilate food.	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) C.F. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83940

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dell E. Cornell.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of Ella Cornell
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 18. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Neb
(State or country)

FATHER
13. NAME Lewis T Cornell
14. BIRTHPLACE (city or town) Not Known
(State or country) " "

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT Ella Cornell
(Address) Jerome, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cem Date Feb, 24 1933

19. UNDERTAKER J R Wiley.
(Address) Jerome, Idaho,

20. FILED 2/22, 1933 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb, 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933, to Feb. 21, 1933
I last saw h... alive on Feb. 21, 1933: death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Interstitial Nephritis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83941

PLACE OF DEATH
County of Jerome
City of 4

Registration District No. 18
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley Merlon Sanderson

91

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ late Mary E. Sanderson

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1850

7. AGE Years 82 Months 4 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Utica N. Y.

FATHER
13. NAME Loren Sanderson
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Almira Allen
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) L. J. Sanderson

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Salt Lake City Date , 193

19. UNDERTAKER (Address) D. A. L. Harrison

20. FILED 3/28, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arteritis Obliterans	
of lower leg	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Zeller, M. D.
(Address) Jerome Idaho

RECEIVED MAR 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83942

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. 18
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ogata

(a) Residence. No. ____ Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 33 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	yellow	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Japan
(State or country)

FATHER
13. NAME Yokeye Ogata
14. BIRTHPLACE (city or town) Japan
(State or country)

MOTHER
15. MAIDEN NAME Yoso Sakaguchi
16. BIRTHPLACE (city or town) Japan
(State or country)

17. INFORMENT Tom Kota, Jerome
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Date 2/23, 1938

19. UNDERTAKER Ra. K. Sherman
(Address)

20. FILED 2/23, 1938 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardetis	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19

RECEIVED MAR 2 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 83943

Registered No.

1. PLACE OF DEATH

County of Jerome

City of Jerome

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18

Primary Registration District No.

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William L. Norris

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH: June (Month) 17 (Day) 1870 (Year)

7. AGE: 62 Yrs. 6 Mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farming

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: Henry Norris

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: Elizabeth F. Lyon

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Son Norris

(Address) Jerome, Ida

15. Filed 1/4 1933 C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1932 to Dec 7 1932 that I last saw h— alive on Dec 7 1932, and that death occurred on the date stated above, at 4:35 A.M. The CAUSE OF DEATH* was as follows: Jan 2 1933

Nephritis Chronic

(Duration) Yrs. 4 mos. ds.

Contributory (Secondary) Heart trouble with ascites & Mouths,

(Duration) yrs. mos. ds.

(Signed) R W Greene M. D.

Jan 3 1933 (Address) H A Jerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Jerome Ida

DATE OF BURIAL: Jan 6 1933

20. UNDERTAKER: D. L. Herrisson

ADDRESS: Jerome, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED MAR 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83944

PLACE OF DEATH
County of Jerome
City of Dietrich

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Alberta Garvin Gathridge

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Frank G. Gathridge

6. DATE OF BIRTH (month, day, and year) 4/3/1878

7. AGE: Years 54 | Months 10 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Appleton Wis.

FATHER
13. NAME Joseph Garvin
14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER
15. MAIDEN NAME Sarah Moore
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Mrs. Frank G. Gathridge

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Jerome Date 3/12, 1933

19. UNDERTAKER J. A. & C. Blackburn (Address) Jerome Idaho

20. FILED 3/10, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to March 8, 1933
I last saw h[illegible] alive on Mar. 8, 1933: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrage	

Other contributory causes of importance:
Diabetes Mellitus

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) C. F. Zeller, M. D.
(Address) Jerome Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 22 1933

PLACE OF DEATH

County of Jerome

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83945

Registration District No. 18

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert L. Hollibaugh 73

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Susie Hollibaugh

6. DATE OF BIRTH (month, day, and year) Aug 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John F. Hollibaugh

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Edward

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) R. S. Hollibaugh Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date 2-20, 1933

19. UNDERTAKER (Address) D. A. L'Heureux Jerome Idaho

20. FILED 2/20, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to Feb. 2, 1933
I last saw h~~im~~ alive on Feb. 1, 1933: death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Spinal Sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida.

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED APR 3 1933

CERTIFICATE OF DEATH

1002

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23

Primary Registration District No. 2017

File No.

Registered No. 8394 6

1. PLACE OF DEATH

County of Jerome

City of Hagelton

(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Russell Perkins

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 28 (Day) 1933 (Year)

7. AGE: ....Yrs. ....Mos. 14 ds.

IF LESS than 1 day how many....hrs. or....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hazelton Ida

10. NAME OF FATHER: Marrion M Perkins

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Lillian R Bieng

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M M Perkins

(Address) Hazelton Ida

15.

Filed Mar 1 1933

S Hopper
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to Feb 11 1933 that I last saw him alive on Feb 11 1933 and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia—
Primary

(Duration) ....Yrs. ....mos. 2 ds.

Contributory (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S Hopper M. D.

19.... (Address) Hazelton

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death....yrs....mos....days. In the State....yrs....mos....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hazelton

DATE OF BURIAL: 2-13 1933

20. UNDERTAKER: Hazelton

ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83947

PLACE OF DEATH
County of Kootenai
City of Medimont
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Minnie Eleanor Maitland

(a) Residence. No. Medimont, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	09	~~26~~ 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alresford, Ontario
(State or country) Canada

FATHER
13. NAME George Gray
14. BIRTHPLACE (city or town) Tyrone
(State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Fair
16. BIRTHPLACE (city or town) Scarboro
(State or country) Ontario

17. INFORMENT Dennis Cronk
(Address) Worley, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Medimont Date April 12 1933

19. UNDERTAKER M. E. Thornhill
(Address) Kellogg, Ida.

20. FILED Apr. 10, 1933 Walter Broberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to Apr 1, 1933.
I last saw h[illegible] alive on May 15, 1933; death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cancer of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. F. Nissen, M. D.
(Address) Kellogg, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83948

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lou Gertrude Davis 75

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 28-1883

7. AGE Years 51 Months 3 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Offices
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Bremer County Iowa

FATHER
13. NAME Chas. B. Davis
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Mary E. Maxfield
16. BIRTHPLACE (city or town) (State or country) Herkimer Co. N.Y.

17. INFORMENT (Address) Chas. B. Davis Harrison Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date Mch 16, 1933

19. UNDERTAKER (Address) G. Mitchell St Maries Ida

20. FILED Apr 8, 1933 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 13, 1933, to Mch 13, 1933
I last saw her alive on Mch 13, 1933: death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	unknown

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) D. Cornwall, M.D.
(Address) St Maries Idaho

RECEIVED APR 10 193
RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83949

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Vernon Carrell

(a) Residence. No. Blackwell addition St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1914-10-17

7. AGE Years 18 Months 5 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Watertown Wisc.

FATHER
13. NAME E. W. Carrell
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Rose O'Neil
16. BIRTHPLACE (city or town) (State or country) Wisc.

17. INFORMENT (Address) E. W. Carrell Cdl A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas, Cdl A. Date 4-5, 1933

19. UNDERTAKER (Address) Cdl A. Mooney Mentuary

20. FILED 4-6, 1933 A. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-2 1933

22. I HEREBY CERTIFY, That I attended deceased from February 22nd 1933, to April-2nd, 1933
I last saw him alive on April 2, 1933; death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

Broken back with Complete laceration of Cord.

Date of onset

Other contributory causes of importance:
Complete laceration of Cord with marked dislocation

Name of operation Laminectomy Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 10-5, 1933.
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall from tree
Nature of injury Broken back.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Spohn, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83950

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flavilla Maria Pineo

(a) Residence. No. Post Way + Best Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Cyrus C. Pineo

6. DATE OF BIRTH (month, day, and year) 1850-11-20

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottawa Ill.

FATHER

13. NAME Geo. W. Sawyer

14. BIRTHPLACE (city or town) (State or country) Vermont England

MOTHER

15. MAIDEN NAME Hannah Buckley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Constance Wendt Coeur d'Alene Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Ida Date 3-26 1933
Forest

19. UNDERTAKER Casady Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 3-29, 1933 D. J. Sturgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) E. H. Reed Coroner, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83951

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 43

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME John Sandburg

(a) Residence. No. Coeur d'Alene Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 2 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	53	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Trainman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mrs Evelyn Mayhewer Coeur d'Alene

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Clinton Mont. Date 4 - 6, 1933

19. UNDERTAKER Mooney Mortuary C.d.A.
(Address)

20. FILED 4-6, 1933 W. J. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel J. Sturges, M. D.

(Address) C d'A Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83952

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Lura White

(a) Residence. No. 1012 Lakeside Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John White

6. DATE OF BIRTH (month, day, and year) Feb 2 -3- 15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-21-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

FATHER

13. NAME Asa Smith

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Downey

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMENT Chas A White
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Date 3-30, 1933
Forest

19. UNDERTAKER Tarsedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 3-29, 1933 D. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21-, 1933, to 3-28-, 1933.
I last saw her alive on 3-27, 1933: death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	
Other contributory causes of importance: Paralysis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E H Reed, M.D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

Husted.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83953

PLACE OF DEATH

County of Kent

City of C.D.A.

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Mrs. Philanda Gay

(a) Residence. No. 417 Foster ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eugene

6. DATE OF BIRTH (month, day, and year) 1868-7-6

7. AGE Years 93 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mrs. O'Neil 417 Foster.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place St. Thomas C.D.A. Date 3-20, 1933

19. UNDERTAKER (Address) Mooney Mort. C.D.A.

20. FILED 3-29, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to March 18, 1933

I last saw her alive on March 17, 1933: death is said to have occurred on the date stated above, at 7 14 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	March 13-'33

Other contributory causes of importance:

Arterio sclerosis

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O M Husted, M. D.

(Address) Edmond Alene Id

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83951

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Alexander B. McDonald

(a) Residence. No. 1213 - Front - St.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine McDonald

6. DATE OF BIRTH (month, day, and year) 1865 - 8 - 6

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kenyon Can.

FATHER

13. NAME John B. McDonald

14. BIRTHPLACE (city or town) (State or country) Glengarry Canada

MOTHER

15. MAIDEN NAME Anna McDonald

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT Bessie McDonald
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cd'Alene Ida Date 3-29, 1933
St. Thomas

19. UNDERTAKER Casady Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 3-29, 1933 N. J. Sturgus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to March 29, 1933

I last saw him alive on March 28, 1933: death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Arterio Sclerosis.

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. M. Austad, M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Wood

DO NOT WRITE IN THIS SPACE
State File No. 83955

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 39
(No. C. d'A. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans A. Landauer 92

(a) Residence. No. Post Office St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 3-29-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Adolph Landauer Post Office

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place C'd'A. Forest Date 3-20, 1933

19. UNDERTAKER Mann Mortuary (Address) C'd'A.

20. FILED 4-29, 1933 A. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-18 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933, to Mar. 18, 1933
I last saw him alive on Mar 16, 1933: death is said to have occurred on the date stated above, at 10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fat embolism	Mar. 18-33
Other contributory causes of importance: Intracapsular fracture left hip.	

Name of operation Date of
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Dec. 8 1932
Where did injury occur? At his home. C'd'A. R7D
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Fall on ice.
Nature of injury Intra. caps. fract. L. hip.

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) John Ellwood, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83956

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Andrew C. Leimun

(a) Residence. No. Conger Gulch St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Johana Leimun

6. DATE OF BIRTH (month, day, and year) Oct 24, 1850

7. AGE Years 82 Months 5 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Severt Leimun

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Johana Leimun Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date Mch 31 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED 3-29, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 27 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to March 27, 1933

I last saw him alive on March 23, 1933: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder with metastasis to vertebra	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold J. Sturges, M. D.

(Address) C D A Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83957

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie M. Bowman

(a) Residence. No. McGuires Cemetery St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Bert Bowman

6. DATE OF BIRTH (month, day, and year) 9-20-1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
49	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coalville Wash.

FATHER

13. NAME J. M. Hale

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Gill

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs. Grant Hale Coalville Wash.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Pleasant View Date 3-29, 1933

19. UNDERTAKER Mooney Mortuary
(Address) CdA

20. FILED 3-29, 1933 N. J. Sturgeon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar-20-, 1933, to March 27, 1933.

I last saw her alive on March 27, 1933.: death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

High Blood pressure
Chronic Nephritis

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~no~~ Date of injury ....., 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) L. C. Sloan, M. D.

(Address)

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83958

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles H. Hedglin

(a) Residence. No. 1203 Front St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marion

6. DATE OF BIRTH (month, day, and year) 1-14-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 3-1932
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME James Hedglin
14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER
15. MAIDEN NAME Melinda Phelps
16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMENT (Address) Mrs. Marion Hedglin Cda

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date 3-28, 1933

19. UNDERTAKER Mowry Mortuary (Address) Cda

20. FILED 3-29, 1933 N. J. Sturgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21-, 1933, to Mar 26, 1933.
I last saw him alive on Mar 25, 1933: death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows: Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83959

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 35

(No. Reed Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick C. Swan

129

(a) Residence. No. Clayton Lake St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, and year) 1842-7-20

7. AGE Years 90 Months 8 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Fred Swan C.D.A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem Date 4-2, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 3-31, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1933, to Mar 31, 1933
I last saw ~~he~~ alive on Mar 30, 1933: death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis + Cystitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83960

PLACE OF DEATH
County of Kootenai
City of Coeurd Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 34

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles John Nordlund

(a) Residence. No. 302 - S. 17th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1883 - 11 - 5

7. AGE Years 59 Months 4 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Nordlund
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Vic Anderson CD Alene Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Place CD Alene Date 4 - 1, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home CD Alene, Ida

20. FILED 3 - 30, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3 - 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Feb, 1933
I last saw him alive on Feb 20, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J Sturges, M. D.
(Address) CD Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83961

PLACE OF DEATH

County of Kent

City of Hayden Lake

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Owen Steele 50

(a) Residence. No. Rimrock - Hayden Lake St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE U

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) August 29 - 1876

7. AGE Years 56 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Crockett Steele

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Mary Newman

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMENT (Address) Mrs. Steele

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rimrock Cemetery Date 3-12, 1933

19. UNDERTAKER (Address) R. B. Mooney C. D. Alene

20. FILED 3-31, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3rd, 1932, to Mar. 11th, 1933.

I last saw him alive on Mar. 8th, 1933: death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra abdominal tumor (malignant)	?
Chronic interstitial nephritis	1920
Endocarditis	1925
Carcinoma of pyloric end of stomach.	

Other contributory causes of importance:

Anasarca	Jan. 1933

Name of operation — Date of —

What test confirmed diagnosis? urinalysis & physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Rex T. Henson, M. D.

(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83962

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Louise Van Valkenburgh 101a

(a) Residence. No. 1302 - N. 7th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of W. G. Van Valkenburgh

6. DATE OF BIRTH (month, day, and year) 1853 - 10 - 2

7. AGE Years 79 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 3-8-1933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Manitowoc Wis

FATHER
13. NAME Edgar Beardsley
14. BIRTHPLACE (city or town) (State or country) Dont-Know

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) St Johnsberry N.Y.

17. INFORMENT (Address) Alice L. Lambert 1302 N. 7th CD Alene

18. BURIAL, CREMATION, OR REMOVAL Forest Place CD Alene Date 3-13, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 3-29, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8-, 1933, to 3-11, 1933
I last saw her alive on 3-11, 1933: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-8-33

Other contributory causes of importance:
Age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Ida

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83963

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 31

(No.) 51
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Holmbo

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Bertha Holmbo

6. DATE OF BIRTH (month, day, and year) 1840-11-21

7. AGE Years 92 Months 4 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Watchmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Holmbo
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dont-Know.
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Anton Olson

18. BURIAL, CREMATION, OR REMOVAL Place Forest C D Alene Ida Date 3-24, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 3-29, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to , 193
I last saw him alive on Feb 15, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Melitus	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O M Hustad, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83964

Registration District No. 30

Primary Registration District No. 1650 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Sakarias Grove.

(a) Residence. No. Coeur d'Alene Home for the Aged. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Grove

6. DATE OF BIRTH (month, day, and year) 1848-8-17

7. AGE Years 84 Months 7 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) about 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Millie Rockne

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cd'Alene Date 3-21, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 3-27, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 18 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to ....., 193...

I last saw him alive on March 18, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Pulmonary Emphysema	Long standing

Name of operation none Date of .....

What test confirmed diagnosis? clinical Examination Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83965

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 3
(No. 74)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Marca M. Leape

(a) Residence. No. ____ St. ____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 7 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. E. Leape

6. DATE OF BIRTH (month, day and year) Oct 15th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) (State or country) Marble Rock Iowa

PARENTS

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missioura

12. MAIDEN NAME OF MOTHER Miller

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn.

14. Informant E E Leape
(Address) Spirit Lake Idaho

15. Filed Mar 4, 1933 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 3d (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933, to Mar 2, 1933
that I last saw her alive on Mar 2, 1933
and that death occurred, on the date stated above, at 9:30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 1 yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) Progressive cerebral degeneration.

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? ____

(Signed) A C Spooner, M. D.
Mar 4, 1933 (Address) Spirit Lake Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Sand Point Ida.	3-[illegible] 1933

20. Undertaker Cossedy Funeral Home Address Bonners Ferry Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 83966

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 4
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Brech. 170

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): ~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Brech.

6. DATE OF BIRTH (month, day and year) 11/17/1859

7. AGE — Years: 73 | Months: 4 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Frankfort-on Main Germany.

PARENTS

10. NAME OF FATHER: .....

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany.

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (city or town) (State or County): France.

14. Informant (Address): Elmer Brech Santa Fe, New Mexico

15. Filed Mar 28, 1933 — A C Spooner, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar. (Month) 23 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1933, to Mar. 23, 1933
that I last saw him alive on Mar. 23, 1933
and that death occurred, on the date stated above, at 10:20 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Self-Inflicted Bullet Wound of Left Chest - perforating Lung & diaphragm - death from shock.
(duration) ..... yrs. ..... mos. (a few) ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? Yes. Local to determine course of bullet
What test confirmed diagnosis? .....

(Signed) John W. Richards, M. D.
Mar. 28, 1933 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal: Hagen & Jaeger Rosewood — Date of Burial or Cremation: 3-28 1933

20. Undertaker: Cassidy Funeral Home — Address: Rathdrum, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83967

PLACE OF DEATH
County of Latah
City of Bovill

Registration District No. 66
Primary Registration District No. 2148
Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Jagelow

(a) Residence. No. Bovill St. Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Jagelow

6. DATE OF BIRTH (month, day, and year) Dec 16 1838

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoolhouse
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME William Jagelow
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Zuke
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Marie Jagelow

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Moscow Date Feb 17, 1933

19. UNDERTAKER (Address) John J Pickard Troy Idaho

20. FILED Feby 21, 1933 E. B. Gladden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1933, to Feb. 20, 1933
I last saw him alive on Feb. 11, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Myocardial failure

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. F. Meyer, M. D.
(Address) Troy, Idaho.

RECEIVED MAR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83968

PLACE OF DEATH
County of Latah
City of Southwick

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

13

2. **FULL NAME** William John Doorendoorf

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. 32 yrs. 4 mos. 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Pernella Doorendoorf

6. DATE OF BIRTH (month, day and year) Nov. 5, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Clay County Minnesota

PARENTS

10. NAME OF FATHER Andrew Doorendoorf
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Minnie Blindaart
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs. Mary Doorendoorf Southwick, Idaho.

15. Filed Mar 24, 1933 B. F. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 23, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 23, 1933
that I last saw him alive on March 21, 1933
and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uraemia
Chronic glomerular nephritis
Arthritis

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Influenza
One year ago (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. D. Christensen M. D.
Mar 24, 1933 (Address) Kendrick

19. Place of Burial, Cremation, or Removal	Date of Burial
Southwick	Mar 25 1933
20. Undertaker: Nore	Address: X

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 83969

Local Registrar's No.

(No.) 88b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Rugge

(a) Residence. No. 9 miles So. of Potlatch St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) G.P. Anderson Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Idaho Date March 15, 1933

19. UNDERTAKER (Address) D.D. Kimball Palouse Wash.

20. FILED March 14, 1933 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11 —, 1933, to March 11, 1933

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Dilatation	
Heart	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. No

(Signed) F. E. Robertson, M. D.

(Address) Potlatch Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Viola

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 83970

Local Registrar's No.

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Joseph Rothwell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	American	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alwilda Rothwell

6. DATE OF BIRTH (month, day, and year) May 10. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Mar. 1926

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) Platt Co., (State or country) Mo.

FATHER

13. NAME John Rothwell

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Sarah McMuntry

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) John Rothwell Viola.

18. BURIAL, CREMATION, OR REMOVAL Place Viola Ida. Date Mar. 24, 1933

19. UNDERTAKER D.D. Kimball (Address) Palouse Wash.

20. FILED March 28, 1933. D. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1933, to Mar 22, 1933.

I last saw him alive on Mar 19, 1933.: death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Chr. interstitial nephritis
Atero-sclerosis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83971

PLACE OF DEATH
County of Latah
City of Bovill

Registration District No. 46
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Jane Gallaway 46

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Cr	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Gallaway

6. DATE OF BIRTH (month, day, and year): June 20 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Isaac Happer
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Lucinda Nelson
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): William Gallaway Bovill Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Ida Date Mar 8, 1933

19. UNDERTAKER (Address): John Tucker Troy Idaho

20. FILED Mch 10, 1933 E. B. Flasher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 6 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1932, to Mar. 6, 1933
I last saw h[illegible] alive on Feb. 13, 1933: death is said to have occurred on the date stated above, at 9:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:
General debility resulting from Carcinoma

Name of operation: Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harry Limbocker, M. D.
(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83972

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Marion Isley

(a) Residence. No. St. Salmon Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Jessie May Isley

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1850

7. AGE: Years 82 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensboro
(State or country) North Carolina

FATHER
13. NAME Jordon Isley
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER
15. MAIDEN NAME Mary Patterson
16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMENT Winnie Isley, La Munyan
(Address) Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 3/30, 1933

19. UNDERTAKER M. C. Doebler
(Address) Salmon Ida

20. FILED April 10 1933 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-28 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 28, 1933
I last saw him alive on March 28, 1933: death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	Do not know

Other contributory causes of importance:

Chron. Paren. nephritis	Do not know

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas F Hammer, M. D.
(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1923

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83973

PLACE OF DEATH
County of Lemhi
City of Northfork

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) 1887
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. E. Hall

(a) Residence. No. Northfork Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Jno C Jacobs Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) Jno C Jacobs Salmon Idaho

20. FILED April 19, 1923 Clio C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15th 1923

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently killed by Shovel slide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno C Jacobs Coroner, M.D.
(Address) Salmon Idaho

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83974

PLACE OF DEATH

County of Lincoln

City of Shoshone

Registration District No. 16

Primary Registration District No. ____ Local Registrar's No. 20

(No. ____)
(If death occurred in a hospital ~~or institution~~, give its name instead of street and number.)

75

2. FULL NAME Thomas Fay

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Fay

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT Mrs A J Murray
(Address) Santa Barbara Calif

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Date April 6 1933

19. UNDERTAKER C E Hayhurst
(Address) Shoshone Ida

20. FILED 4/14, 1933 J L Fuller Registrar.
By A M Mahon Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1933, to 4-7-, 1933
I last saw him alive on 4-7-, 1933: death is said to have occurred on the date stated above, at 7:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Neuroplegia	
Other contributory causes of importance:	

Name of operation No Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ____
(Signed) Wm P Davis M.D.
(Address) Shoshone Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83975

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. 17

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thos B. Pearce

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 20 1849

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
84	#	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME T H Pearce

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Ruben Pearce Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Date ____, 193__

19. UNDERTAKER E E Hickok
(Address) Shoshone Idaho

20. FILED 3/2, 1933 J. L. Fuller Registrar.
By Information Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 193__
I last saw ~~him~~ alive on ____, 193__; death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 24
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Dr X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
____ If so, specify ____
(Signed) T. E. Barnett, M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83976

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Waynette Shellman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Dec 31 1923
7. AGE: Years 9 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long View Wash

FATHER
13. NAME Vance Shellman
14. BIRTHPLACE (city or town) (State or country) Ohio ~~Unknown~~

MOTHER
15. MAIDEN NAME Grace Rinehart
16. BIRTHPLACE (city or town) (State or country) Clarks Neb.

17. INFORMENT (Address) Grace Shellman Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Date 3-15, 1933

19. UNDERTAKER (Address) C E Hickok Shoshone Ida

20. FILED 3/15, 1933 J. L. Fuller Registrar. By A. M. Mahon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1931, to Mar 6, 1933
I last saw her alive on March 6, 1933: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Sept 1931
Other contributory causes of importance: Interstitial Nephritis	4 mo.

Name of operation none Date of
What test confirmed diagnosis? Ex. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Barrett, M. D.
(Address) Shoshone, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 13 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83977

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 19

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Alice Augusta Perry

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 8 1854

7. AGE: 88 Years | Months: 5 | Days: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Thomas Allen
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Kirby
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs R W Swohe

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 3-30, 1933

19. UNDERTAKER (Address) E E Hickok Shoshone Ida

20. FILED 3/29, 1933 J L Fuller Registrar.
By A M Mahon, Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1933, to 3/27, 1933
I last saw her alive on 3/26, 1933: death is said to have occurred on the date stated above, at 3 9 m.
The principal cause of death and related causes of importance were as follows: Anasarca. Date of onset 3/20/33

Other contributory causes of importance: Mitral Disease.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Shoshone Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 83978

Registration District No. 1-10

Primary Registration District No. 2-1-15 Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A. Watts

(a) Residence. No. Rexburg Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James A. Watts.

6. DATE OF BIRTH (month, day, and year) May 18-1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 -	9	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME David Jones.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Anna Jones.

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Frank Watts Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Burton. Date March 14 1933.

19. UNDERTAKER Wm. J. Kuhns (Address) Rexburg, Idaho.

20. FILED 4-4, 193- [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1930., to Mar 12, 1933

I last saw h[illegible] alive on Mar 11, 1933.: death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with Hypostatic Pneumonia	
Other contributory causes of importance: Cerebral Hemorrhage	2 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Parley Adyson, M. D.

(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83979

PLACE OF DEATH
County of Madison
City of Rexburg.

Registration District No. 120
Primary Registration District No. 2128 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry William Berger

(a) Residence. No. Rexburg #3. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nov. 6th 1902.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20.	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg, (State or country)

FATHER

13. NAME Edward Berger

14. BIRTHPLACE (city or town) Switzerland (State or country)

MOTHER

15. MAIDEN NAME Wilhelmina Engler

16. BIRTHPLACE (city or town) Switzerland (State or country)

17. INFORMENT Edward Berger (Address) Rexburg #3.

18. BURIAL, CREMATION, OR REMOVAL Place Olaga Idaho Date March 25, 1933

19. UNDERTAKER Grant J. Rickenbach (Address) Rexburg Idaho

20. FILED April 4, 1933 J. Wm. Ramsay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. ....., 1933, to March 22, 1933

I last saw h...live on March 22, 1933: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	1928
Complications Uremia	Week or two previous to death

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Bagley, M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83980

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2118

Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Heber David ~~Leonard~~

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ligia Lydia Lutz

6. DATE OF BIRTH (month, day, and year) 11 Oct.-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Harness Maker (Farmer Mother)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work Shop

10. Date deceased last worked at this occupation (month and year) March 1st-1933

11. Total time (years) spent in this occupation Entire Time

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER

13. NAME Peter E. ~~Leonard~~

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMENT (Address) Mrs. Helen Leonard Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date 4-4, 1933

19. UNDERTAKER
(Address)

20. FILED 4-4, 1933 J. Reyburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 2 1933

22. I HEREBY CERTIFY, That I attended deceased from apr. 1, 1933, to apr 2, 1933

I last saw ~~him~~ alive on Apr 1, 1933: death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	apr 1-33

Other contributory causes of importance:

Coronary Disease Some years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg, Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83981

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 1
Primary Registration District No. [illegible]
Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander S. Coleman 92

(a) Residence. No. Rexburg #3 St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Coleman

6. DATE OF BIRTH (month, day, and year) May 8th 1870

7. AGE Years 62 Months 10 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Ut.

FATHER
13. NAME George Coleman
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Smith
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Alex O. Coleman Rexburg #3

18. BURIAL, CREMATION, OR REMOVAL Place Thomas Ida Date Mar 27, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg

20. FILED [illegible], 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1933, to Mar 22, 193[illegible]
I last saw him alive on Mar 22, 1933; death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Arteriosclerosis	Sudden
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83982

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1108 12th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Warder Herbert Stevens

(a) Residence. No. 1108-12th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Delia Stevens

6. DATE OF BIRTH (month, day, and year) Sept 2-1886

7. AGE Years 46 Months 4 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railway Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) December
11. Total time (years) spent in this occupation 23 Yrs

12. BIRTHPLACE (city or town) (State or country) Dallas Texas

FATHER
13. NAME Frank Stevens
14. BIRTHPLACE (city or town) (State or country) Not Obtainable

MOTHER
15. MAIDEN NAME Josie Ellen
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Mrs Delia Stevens Lewiston Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Spokane Wash Date 3/21/33, 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho.

20. FILED Mar. 21, 1933 J M Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/20/33 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows: Gun Shot Wound in Chest - Suicide

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/20 1933

Where did injury occur? Lewiston Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury Gun Shot Wound self inflicted

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E M Brower, ~~M.D.~~ Coroner

(Address) Lewiston Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83983

PLACE OF DEATH
County of Nezperce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeanette May Mc Loughlin

(a) Residence. No. 429 Miller St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Ida.

FATHER
13. NAME Leonard McLaughlin
14. BIRTHPLACE (city or town) (State or country) Oakesdale Wash

MOTHER
15. MAIDEN NAME Lucy Baker
16. BIRTHPLACE (city or town) (State or country) Brokenbow Nebr

17. INFORMENT (Address) Mrs L McLoughlin 429 Miller St Lewiston

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wash Date 3/19/33 193

19. UNDERTAKER (Address) H.R. Merchant Clarkston, Wash

20. FILED 3-26, 1933 J.M. Lytle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1933, to 3/18, 1933
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/6/33
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Paul D. Johnson, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Johnson

RECEIVED APR 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83985

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital.) 133
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Waters.

(a) Residence. No. St. Juliaetta, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jones Waters.

6. DATE OF BIRTH (month, day, and year) 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana.

FATHER

13. NAME Jacob Wilson.

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Malinda Wilson.

16. BIRTHPLACE (city or town) (State or country) Montana.

17. INFORMENT (Address) Jones Waters Juliaetta, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Near Juliaetta, Id. Date 3/14/33. 193

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED 3-28, 193 3 J. M. Lyle Registrar.
By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 12th, 193 3.

22. I HEREBY CERTIFY, That I attended deceased from Mar 6., 193 3., to Mar 12, 193 3

I last saw h alive on Mar 12 193 3: death is said to have occurred on the date stated above, at 2308 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Emphysema & Gall Bladder	

Other contributory causes of importance:

Common Duct Obstruction	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W O Clark, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83986

PLACE OF DEATH

County of NEZ PERCE

City of LAPWAI

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. FT. LAPWAI SANITORIUM)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME STELLA CORDELIA WEASELBEAR

(a) Residence. No. FT LAPWAI SANITORIUM St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	INDIAN	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) DEC. 23, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	15	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc STUDENT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) LAME DEER, MONTANA
(State or country)

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) ASHLEY, MONTANA
(State or country)

MOTHER

15. MAIDEN NAME ELSIE TALL BEAR

16. BIRTHPLACE (city or town) MONTANA
(State or country)

17. INFORMENT SANITORIUM RECORDS
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place LAME DEER, MONT. Date ....., 193..

19. UNDERTAKER BROWER-WARD CO.
(Address) LEWISTON, IDAHO.

20. FILED Mar 7, 1933 J. M. Ryle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) MARCH 6 1933

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 5, 193.., to ....., 193..

I last saw h.. alive on ....., 193.3.: death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown

Other contributory causes of importance:

Name of operation NO Date of

What test confirmed diagnosis? MICH. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193..

Where did injury occur? NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) C. F. County, M. D.

(Address) LAPWAI, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83987

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Phylis Rose Milton.

(a) Residence. No. St. Myrtle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16th, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3.	8.	8.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER
13. NAME Cleveland Milton.
14. BIRTHPLACE (city or town) Paradise,
(State or country) Oregon.

MOTHER
15. MAIDEN NAME Mary Ann Cermak.
16. BIRTHPLACE (city or town) Gifford,
(State or country) Idaho.

17. INFORMENT (Address) Cleveland Milton Myrtle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date March 27th 1933.

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED 3-28, 1933 J. M. Lyle Registrar.
By B.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1933 to Mar. 24, 1933
I last saw h[illegible] alive on [illegible], 1933, death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mtn. Spotted Fever	

Other contributory causes of importance:

Clothes catching fire	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-24 1933
Where did injury occur? Nat Myrtle Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury run over
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED APR 2 1933

PLACE OF DEATH

County of Nezperce

City of Cudelsac

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 92

Primary Registration District No. 2170

DO NOT WRITE IN THIS SPACE

State File No. 83988

Local Registrar's No. 207

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Martin William Grant

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Edith Mattson

6. DATE OF BIRTH (month, day, and year) Jan. 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/20/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knox County, Missouri

FATHER

13. NAME S.F.Grant.

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME C.E.Funk.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) L.H.Grant. Culdesac, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Date 3/7, 1933

19. UNDERTAKER (Address) A R Merchant Clarkston Wash

20. FILED 3-7, 1933 E.E. Watts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-6 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1933, to Mar 6, 1933

I last saw him alive on Mar 4, 1933: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-15-33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1933

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) E.E. Watts, M. D.

(Address) Gifford Idaho

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83989

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

580

2. FULL NAME Aaron J. Lind.

(a) Residence. No. 1312 12th, Avenue. SK
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 31st, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	1.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired R. R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. employee.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME John Lind.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Ernest Lind. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 3/27/33. 193

19. UNDERTAKER Brower-Mann Company.
(Address) Lewiston, Idaho.

20. FILED 3-28, 1933 J. McLyle Registrar.
By E.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 25th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to March 25th, 1933.
I last saw him alive on March 25th, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	4 Months

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. C. Carsson, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83990

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1185

2. FULL NAME Mrs Tilly Wesselman

(a) Residence. No. 205 Delsol Lane St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugene H Wesselman

6. DATE OF BIRTH (month, day, and year) Mar 30 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colton
(State or country) Wash.

FATHER

13. NAME Edward Johne

14. BIRTHPLACE (city or town)
(State or country) Austria

MOTHER

15. MAIDEN NAME Amalia Kuntz

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMENT Eugene H Wesselman
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Colton Wash Date 4/5/33, 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho.

20. FILED Apr 3, 1933 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/31/33 193

22. I HEREBY CERTIFY, That I attended deceased from 3/26/33, 193, to 3/31, 193

I last saw h[illegible] alive on 3/31, 193 5: death is said to have occurred on the date stated above, at 11.55P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Peritonitis	
Other contributory causes of importance:	
Paralytic ileus	

Name of operation Date of

What test confirmed diag[illegible] Was there an autopsy? No

23. If death was due to exter[illegible] causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. A. H. Habel, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Habel.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83991

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1701 G Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Budd Reve Ball.

(a) Residence. No. 1701 G Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 24th, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55.	0.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millright.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rushford,
(State or country) Minnesota.

FATHER

13. NAME A. E. Ball.

14. BIRTHPLACE (city or town)
(State or country) Mass.

MOTHER

15. MAIDEN NAME Harriet Hoag.

16. BIRTHPLACE (city or town)
(State or country) Illinois.

17. INFORMENT (Address) Mrs B. R. Ball, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Mar. 30th, 1933.

19. UNDERTAKER Brower-Mann Company.
(Address) Lewiston, Idaho.

20. FILED Mar 29, 1933 J. M. Lyle Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 29th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to March 28, 1933
I last saw him alive on March 28, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Mar 16-33
Other contributory causes of importance: Chronic multiple arthritis	1930

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. G. Broadbent, M. D.
(Address) Lewiston, Idaho.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83992

PLACE OF DEATH

County of Nezperce
City of Lewiston, Ida. Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty May Mullins

(a) Residence. No. St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 17 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Ida.

FATHER

13. NAME J.T. Mullins

14. BIRTHPLACE (city or town) (State or country) Asotin

MOTHER

15. MAIDEN NAME Mabel Jackson

16. BIRTHPLACE (city or town) (State or country) Forest Idaho

17. INFORMENT (Address) J.T Mullins Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash Date 3/30/33 193

19. UNDERTAKER (Address) Hill Mortuary Clarkston Wash.

20. FILED April 1, 1933 J. M. Lyle Registrar. By M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/28 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to March 28, 1933.
I last saw her alive on March 28, 1933; death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Melena	3/28/33

Other contributory causes of importance:

None.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. R. Hershberger, M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83993

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 0211 22nd, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William E. Green.

(a) Residence. No. 0211 22nd, St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 14th, 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.	5.	14.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Edgerman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME David Green.
14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Lewiston, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Little Falls, Minn. Date , 193
19. UNDERTAKER Brower-Vann Company, (Address) Lewiston, Idaho.
20. FILED Mar. 30, 1933 J. M. Lyle Registrar. By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28th 1933.
22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to March 28, 1933. I last saw h[illegible] alive on March 25, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with arterio sclerosis & Hypertension	1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Eug Broadbent, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Braddock

RECEIVED APR 10 1933

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83995

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 917

(No. 108-5th Street (Jensen Apts))
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Margaret Guyer

(a) Residence. No. 108-5th Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Singl[illegible]

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Libirian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME John Guyer

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Elenor A Green

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT Mrs Astor Seaborg
(Address) Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida. Date 3/28/33 193

19. UNDERTAKER Vassar Moratuary Inc.
(Address) Lewiston Idaho.

20. FILED Mar 29 193 J M Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/26/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 1, to March 26, 193 3
I last saw h[illegible] alive on March 25, 193 3: death is said to have occurred on the date stated above, at 4 1/2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis General	1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. G. Braddock, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83996

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 207 8th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

882

2. FULL NAME James Robertson.

(a) Residence. No. 207 8th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 28th, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74.	0.	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Merchant and gardener.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Thomas Robertson.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Elizabeth Wadell.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) Agnes Robertson, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 3/24/33. 193

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED 3-28, 1933 J. M. Lyle Registrar.
By GM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 22nd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to March 22, 1933

I last saw him alive on March 21st, 1933: death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	
Endocarditis	Jan 10-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symptom Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83997

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 1009 9th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Rachel Naomi Maxwell.

(a) Residence. No. 1009 9th, Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 30th, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54.	10.	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa Point, Kansas.

FATHER

13. NAME W. P. Garner.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Mary M. Harness.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Bertrude Maxwell Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Melrose, Idaho. Date 3/23/33, 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED April 3, 1933 J. M. Lyle Registrar. By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21st 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to March 21, 1933.

I last saw her alive on March 21, 1933: death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Ileum	about 1931

Other contributory causes of importance:
primary - uterine cancer 5 yrs. ago.

Name of operation — Date of —

What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William P. H. Habel, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83998

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 . Local Registrar's No.
(No. St.Joseph.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

65 L

2. FULL NAME C.Columbia Mizer.
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Billips

6. DATE OF BIRTH (month, day and year) Jan.17.1875

7. AGE Years 58 Months 2 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Benton Co. Arkansas

PARENTS
10. NAME OF FATHER H.L.Mizer.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bradney,Co. Tenn.
12. MAIDEN NAME OF MOTHER Mary Susan Jamestown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo.

14. Informant (Address) V.C.Mizer. Nezperce,Ida.

15. Filed 3-20, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar.20. 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 14, 1933, to Mch 20, 1933
that I last saw him alive on Mch 19, 1933
and that death occurred, on the date stated above, at 4.30a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Lymphatic Leukemia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Unknown
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory
(Signed) [signature] M. D.
3/20, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Clarkston,Wn. Date of Burial 3/22 1933

20. Undertaker H.R.Merchant.Clarkston,Wash. Address

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 83999

PLACE OF DEATH
County of Nez Perce
City of Lapwai Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charley Stephens 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Indian 4/4
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE 68 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Notes mo
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Corbett Lawyer Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date 3-17-33 193

19. UNDERTAKER (Address) Brower-Wann Lewiston Idaho

20. FILED March, 1933 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-16- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4-, 1933, to March 16-, 1933.
I last saw him alive on March 15, 1933: death is said to have occurred on the date stated above, at 6:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2-4-33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

PLACE OF DEATH

County of Nez Perce

City of Lapwai Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE

State File No. 84000

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rudolph McCormick

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian 3/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22. 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

FATHER

13. NAME Harry McCormick

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Sarah Ellenwood

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Mrs James Maxwell
(Address) Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai Idaho Date 4-2-, 1933

19. UNDERTAKER Brower-Wann
(Address) Lewiston Idaho

20. FILED Feb., 1933 George Gaylord M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) 2-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-13-, 1933, to 2-1-33, 1933

I last saw him alive on 1-31-, 1933: death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-13-33
Broncho-Pneumonia	1-20-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Gaylord M. D.

(Address) Culdesac Idaho.

VED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84001

PLACE OF DEATH
County of Nez Perce
City of Spalding near Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111 0

2. FULL NAME Christine Kylwayputs

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian 4/4	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Abraham Tenahumenhsit
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Emma Abraham
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Corbett Lawyer Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date 2-22-, 1933

19. UNDERTAKER Vassar Undertaking Co.
(Address) Lewiston Idaho

20. FILED Feb. ....., 1933 George Gaigned M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-21-33, 193..., to 2-21-33, 193...
I last saw h[illegible] alive on 2-21-, 1933.: death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric ulcer	2-20-33
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George Gaigned, M. D.
(Address) Caldesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84002

PLACE OF DEATH

County of Nez Perce

City of near Culdesac Idaho

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Bessie Mae MC Call

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-22-33

7. AGE Years | Months | Days | If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culdesac Idaho

FATHER

13. NAME Albert MC Call

14. BIRTHPLACE (city or town) (State or country) Alberta Canada

MOTHER

15. MAIDEN NAME Lillie Heingartner

16. BIRTHPLACE (city or town) (State or country) Juliaetta Idaho

17. INFORMENT (Address) Albert MC Call Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hsp Ridge Cemetery Date 2-24, 1933

19. UNDERTAKER (Address) Tamiliny Culdesac Idaho

20. FILED Feb., 1933 George Gaignard Registrar M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-23- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1933, to 2-22-, 1933

I last saw her alive on 2-22-, 1933: death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	2-22-33
Probably Asphyxia	
Pallida	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 84003

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Housington 50

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Housington

6. DATE OF BIRTH (month, day, and year) Jan 24 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Floyd Co. Iowa

FATHER

13. NAME Lem Housington

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Lydia Dunbar

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs Susie Housington Juliaetta Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lap Ridge Cem Date Mar 7, 1933

19. UNDERTAKER John J Pickens (Address) Troy Idaho

20. FILED Mar 6, 1933 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1933, to March 3, 1933

I last saw him alive on Mar 2, 1933: death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's disease	July 1932
Tumor of left lung	?
(mature)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D A Christensen, M. D.

(Address) Kendrick Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 10 1933

PLACE OF DEATH

County of Oneida

City of Samaria

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 84004

Local Registrar's No. 9

(No.) 114

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jenkins Evans

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William Bowen Evans

6. DATE OF BIRTH (month, day, and year) July 19 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

FATHER

13. NAME John Jenkins

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Mary Williams Jenkins

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMENT Virgil J. Evans
(Address) Lamont, Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Samaria Idaho Date Mar 12 1933

19. UNDERTAKER J. Guy Benson
(Address) Malad Idaho

20. FILED 3/31, 1933 J. M. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 6 1933, to Mch 6, 1933.

I last saw her alive on Mch 6, 1933; death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Kerns, M. D.

(Address) Malad Ida

RECEIVED APR 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84005

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John D Thomas

(a) Residence. No. Malad, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edith Davis

6. DATE OF BIRTH (month, day, year): February 20 1888

7. AGE: Years 45 | Months [illegible] | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: County Assesor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Malad Idaho

FATHER
13. NAME: Thomas Maroni Thomas
14. BIRTHPLACE (city or town) (State or country): Brigham Utah

MOTHER
15. MAIDEN NAME: Rachel Reese
16. BIRTHPLACE (city or town) (State or country): Brigham Utah

17. INFORMENT (Address): Mrs John D Thomas Malad Ida

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place Malad Idaho Date Mar 22 1933

19. UNDERTAKER (Address): J. Guy Kenson Malad Ida.

20. FILED 3/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1925, 193 , to March 18, 1933
I last saw him alive on March 18, 1933: death is said to have occurred on the date stated above, at 1.25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Before 1925
Mitral regurgitation	

Other contributory causes of importance: Passed kidney stones causing severe pain during past 2 months

Name of operation none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) V. P. Garst, M. D.
(Address) March 21, 1933 Malad, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84006

PLACE OF DEATH
County of Owyhee
City of Grand View
Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 81
(No. 182)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garwood Dale Drobny

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Ernest Drobny

14. BIRTHPLACE (city or town) Fort Bidwell
(State or country) Calif.

MOTHER

15. MAIDEN NAME Coral Beaman

16. BIRTHPLACE (city or town) Mt. Home
(State or country) Idaho

17. INFORMENT Mrs. Ernest Drobny
(Address) Grand View, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grand View Date 4/13, 1933

19. UNDERTAKER C.G. Zacher
(Address) Mt. Home

20. FILED Apr. 14, 1933 W J Eikenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193....., death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death, was drowned in an irrigating canal	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm J Eikenbeck, M. D.

(Address) Grand View

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2 #9

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84007

PLACE OF DEATH
County of Owyhee
City of Homedale

Registration District No. 107
Primary Registration District No. 2185
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank ~~Rocco~~ Rios 742

(a) Residence. No. Homedale, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 59 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) L. N. Smith Silver City Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Ida Date 3-28, 1933

19. UNDERTAKER (Address) Paul L. Case Caldwell Idaho

20. FILED 3-29, 1933 F. A. Marsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
attack of apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? General Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. A. Marsh M.D.
(Address) Homedale, Ida

RECEIVED MAR 28 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84008

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Chalond

155

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Chalond

6. DATE OF BIRTH (month, day, and year): June 22 1878

7. AGE: Years 54 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alby Pub.

FATHER

13. NAME: Frank Chalond

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMENT (Address): Joe Talbot, Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Ontario Oregon Date: 3-26, 1933

19. UNDERTAKER (Address): Glenn C Landon, Payette Idaho

20. FILED Mar 25 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1933, to Mar 23, 1933

I last saw him alive on Mar 23, 1933, death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, humerous	unknown
Other contributory causes of importance:	
Nephritis, acute	Mar 12, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Merrill R. [illegible], M. D.

(Address) Payette Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84009

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Fred Parker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) Oct 1855

7. AGE Years 77 Months 4 Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. nun a
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pop corn wagon
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMENT (Address) Mrs Cora Levers Payette, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date 3-21, 1933

19. UNDERTAKER (Address) Glenn C. Landon Payette Ida.

20. FILED Mar 21, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to March 18, 1933
I last saw him alive on Mar 19, 1933: death is said to have occurred on the date stated above, at 315 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Dont know

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

RECEIVED MAR 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84010

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Jeff D Jeffries

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, and year) May 2-1866

7. AGE: Years 66 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McDonald County, Ill.

FATHER
13. NAME Elyah Gordon Jeffries
14. BIRTHPLACE (city or town) (State or country) Mar 19-1833 Kentucky (Hardin Co)

MOTHER
15. MAIDEN NAME C. A. Heaton
16. BIRTHPLACE (city or town) (State or country) Dec 27-1844 Ohio

17. INFORMENT (Address) Alice Griffith Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida. Date 3-15, 1933

19. UNDERTAKER (Address) Glenn C. Sanders Payette Idaho

20. FILED Mar 20, 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 13-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12-, 1932, to Mar 13, 1933.
I last saw him alive on Mar 13-, 1933: death is said to have occurred on the date stated above, at 1145 a.m.
The principal cause of death and related causes of importance were as follows:

Head Injury caused by a fall and striking head on an iron brace

Date of onset: On Sept 20-32

Other contributory causes of importance:

None

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/20, 1932
Where did injury occur? Payette (Payette Co) Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While at work in a box car
Manner of injury A fall & struck his head
Nature of injury Contusion

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while at work
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho RR1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 28 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84011

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma B. Kirkendall 129

(a) Residence. No. 219 N. 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: none
6. DATE OF BIRTH (month, day, and year): Jan 23-1919
7. AGE: Years 14, Months 1, Days 28, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: school girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Payette Idaho

FATHER
13. NAME: Almor B. Kirkendall
14. BIRTHPLACE (city or town) (State or country): Logan Iowa

MOTHER
15. MAIDEN NAME: Daisy Brown
16. BIRTHPLACE (city or town) (State or country): Fulda Minn

17. INFORMENT (Address): A B Kirkendall Payette Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Payette Idaho, Date: 3/15/33 193
19. UNDERTAKER (Address): Glenn C Landon Payette Idaho
20. FILED: Mar 18, 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 12 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1933, to Mar 12, 1933
I last saw her alive on Mar 12, 1933: death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows: Nephritis, chronic
I had attended this patient at intervals for past 5 years, during which time she had a chr. nephritis
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Merrill R. ....., M. D.
(Address) Payette Ida

RECEIVED MAR 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84012

PLACE OF DEATH

County of Payette

City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 10.

(No. 15)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Saloma J. Gusler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jerry Gusler
6. DATE OF BIRTH (month, day, and year): April 9.
7. AGE — Years: 71 | Months: 11 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ludowja Ind.

FATHER
13. NAME: Wm. Frame
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: Ann Hankbarger
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Eva Lawson Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Idaho Date: Mar 8, 1933

19. UNDERTAKER (Address): Glenn C Lawson Payette Idaho

20. FILED: Mar 16 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 1920, 193..., to Mar 7, 1933.
I last saw h-m alive on Mar 6, 1933: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	12 yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) S. R. Woodward, M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84013

PLACE OF DEATH

County of Payette
City of New Plymouth
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 9

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Barnes

(a) Residence. No. New Plymouth Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

91 1/2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of M. Barnes

6. DATE OF BIRTH (month, day, and year) April 8, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME W. G. Barnes

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Jim Reynolds New Plymouth, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida Date Feb. 27, 1933

19. UNDERTAKER H. L. Peterson
(Address) Ontario, Oregon.

20. FILED Mar. 15, 1933 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Feb 24, 1933
I last saw him alive on Feb 12, 1933; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Gangrene of foot	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Paxton M. D.
(Address) Fruitland Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84014

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Luther L. Franklin

(a) Residence. No. 505 North 6th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Franklin

6. DATE OF BIRTH (month, day, and year): April 10-1844

7. AGE: Years 88 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sheboygan New York

FATHER
13. NAME: Whitman Franklin
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: Laura Poole
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Jennie A Knight, Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL: Watertown S. D. Date 3-17 1933

19. UNDERTAKER (Address): Glenn C Landon, Payette Idaho

20. FILED Mar. 13, 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1933, to Mar. 11, 1933
I last saw him alive on Mar. 11, 1933; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Merrill R. Fox, M. D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. ____

DO NOT WRITE IN THIS SPACE

State File No. 84015

Local Registrar's No. 5

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Arlene Ann Geesey

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 27, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
0	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

FATHER

13. NAME George W. Geesey

14. BIRTHPLACE (city or town) Fremont County
(State or country) Minn.

MOTHER

15. MAIDEN NAME Ann Emmett

16. BIRTHPLACE (city or town) ____
(State or country) Elburge Wash.

17. INFORMENT Geo W Geesey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place American Falls Date Mar. 21, 1933

19. UNDERTAKER A. W. Davis
(Address) American Falls, Idaho,

20. FILED 3/21, 1933 Genevieve Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 18, 1933

I last saw her alive on March 18, 1933: death is said to have occurred on the date stated above, at 12:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastroenteritis	

Other contributory causes of importance:

Intussusception of bowels.	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) V. G. Logan, M. D.

(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84016

PLACE OF DEATH

County of Power

City of American Falls, Idaho

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 4

(No. Schilts Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Jo Ann Barnard

(a) Residence. No. Rockland, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3 1931.

7. AGE Years: 1 Months: 9 Days: 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls, Ida

FATHER
13. NAME Charles E. Barnard
14. BIRTHPLACE (city or town) (State or country) Rockland, Ida

MOTHER
15. MAIDEN NAME Elsey Tyler
16. BIRTHPLACE (city or town) (State or country) Rockland, Ida

17. INFORMENT (Address) Ezra Barnard Rockland, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rockland Date 3/13/33 193

19. UNDERTAKER (Address) A. W. Davis American Falls, Ida

20. FILED Mch 11, 1933 Genevieve Noth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1933, to March 11, 1933

I last saw her alive on March 11, 1933: death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
enter lobular pneumonia	

Other contributory causes of importance:
Meningitis (non-contagious)

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. G. Logan, M. D.

(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84017

PLACE OF DEATH
County of Power
City of American Falls
Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 3
(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Orando Judd

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) American Falls, Idaho

FATHER
13. NAME Lowell Judd
14. BIRTHPLACE (city or town) (State or country) GRantsville, Utah

MOTHER
15. MAIDEN NAME Bertha Savage
16. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

17. INFORMENT (Address) Lowell Judd

18. BURIAL, CREMATION, OR REMOVAL
Place Declo, Idaho Date Mar. 11, 1933

19. UNDERTAKER
(Address) [illegible]

20. FILED 3/10, 1933 Genevieve North Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to March 9, 1933.
I last saw him alive on March 9, 1933: death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception of bowels.	
Other contributory causes of importance: Peritonitis	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. H. Logan M. D.
(Address) American Falls, Idaho

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84018

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 132

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Seymour Dalrymple. 49

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Dalrymple

6. DATE OF BIRTH (month, day, and year) Apr-30-1877

7. AGE Years 55 Months 10 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER
13. NAME William Dalrymple
14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER
15. MAIDEN NAME Mary Jane Thompson
16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMENT (Address) A. McPhee Murray Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida Date March 26 1933

19. UNDERTAKER (Address) J. A. Biver (Ward Und Co) Wallace Ida.

20. FILED Mch 24th, 1933 Cassione Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1933, to 3/24, 1933
I last saw him alive on 3/24, 1933: death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, prostate gland	1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Eg. Fitz Gerald, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84019

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1041
Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Dan McKinney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: No inf.

6. DATE OF BIRTH (month, day, and year): no inf.

7. AGE: Years 71, Months 7, Days ..., If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Newark New Jersey

FATHER
13. NAME: —
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): P. E. Tomhill Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Kellogg Idaho Date: Mar 17, 1933

19. UNDERTAKER (Address): McC Thornhill Kellogg Idaho

20. FILED March 13, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 193..., to March 13th, 1933
I last saw him alive on Mar 12th, 1933: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma bladder	

Other contributory causes of importance: Old age.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No.
(Signed) McLindsay, M. D.
(Address) Kellogg Idaho

RECEIVED APR 17 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84020

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 130

(No. Providence Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Manning 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Manning

6. DATE OF BIRTH (month, day, and year) May-25-1874

7. AGE Years 58 Months 9 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia.

FATHER

13. NAME Abraham Manning

14. BIRTHPLACE (city or town) (State or country) Nova Scotia.

MOTHER

15. MAIDEN NAME Ellen Parker

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Mary Manning Wallace Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida Date March 13 1932

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co.) Wallace, Ida.

20. FILED Mch 12, 193 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1933, to 3/10, 1933

I last saw him alive on 3/10, 1933: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary	?

Other contributory causes of importance:

Myocarditis, Chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. J. Fitz Gerald, M. D.

(Address) .....

MARGIN RES OR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84021

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1811
Local Registrar's No. 129
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles O. Dolberg.

(a) Residence. No. (St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Clothes Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Records by friends

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Wallace Ida Date March 15, 1933

19. UNDERTAKER (Address) J. A. Carr Ward Undertaker Wallace Ida

20. FILED March 16, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1933, to March 9, 1933
I last saw him alive on March 9, 1933: death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic Nephritis	
Bronchitis	4 Da
Edema	
Contributory causes of importance:	
Influenza	2 Wks

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Mowery M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84022

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 128

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Richard Anderson 88 b

(a) Residence. No. Saltese, Mont. St. Saltese, Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Winefred Anderson

6. DATE OF BIRTH (month, day, and year) Jan 10-1867

7. AGE Years 66 Months 1 Days 24 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME George Anderson
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Urica Hall.
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) Mrs W. Anderson Wallace, Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Date March 7, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida.

20. FILED Mch 6th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to Mar 4, 1933
I last saw him alive on Mar 4, 1933: death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	several mo.
Chronic	

Other contributory causes of importance:
arteriosclerosis several mo.
nephritis, asthma
Chr. Phthisis both lungs

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84023

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 133

(No. Residence
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Alexander Marshall

44

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Melissa Marshall.

6. DATE OF BIRTH (month, day, and year) Aug 7- 1864

7. AGE: Years 68 | Months 7 | Days 27. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME James Marshall
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Mary McCullough
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) Mrs M Marshall Wallace Ida.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Wn. Date March 31, 1933

19. UNDERTAKER (Address) J. A. Brown Wood Undertaking Co.

20. FILED March 31st, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1933, to 3/29, 1933
I last saw h[illegible] alive on 3/29, 1933; death is said to have occurred on the date stated above, at 1145 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Carcinoma of	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E.D. FitzGerald, M. D.
(Address) Hale Bldg. Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84025

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME BABY MANTHAS

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16/2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years — Months — Days — If LESS than 1 day, 1 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

FATHER
13. NAME Tony Manthas
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Rose Frank
16. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

17. INFORMENT Tony Manthas
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cem Date 4/6/33 193

19. UNDERTAKER M C Naughton
(Address) Kellogg Idaho

20. FILED Apr. 9, 1933 Miss Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 4th, 1933, to Apr 4th, 1933
I last saw him alive on Apr 4th, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H C Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

PLACE OF DEATH

County of Shoshone

City of Wardner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84026

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 18

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME David Franklin Hess

(a) Residence. No. 605 Locust St.
(Usual place of abode) Chicago Ill
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances A. Hess

6. DATE OF BIRTH (month, day, and year) April 10-1846

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
86	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Wholesale Hosiery

10. Date deceased last worked at this occupation (month and year) January 1928

11. Total time (years) spent in this occupation 40.

12. BIRTHPLACE (city or town) (State or country) Oppenhausen Germany

FATHER

13. NAME Henry Hess

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Einstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Rose Hess, Dtr. Chicago Ill

18. BURIAL, ~~CREMATION,~~ OR ~~REMOVAL~~ Chicago Ill.
Place Chicago, Ill. Date April 10 1933

19. UNDERTAKER ~~Franklin~~ M. E. Thornhill
(Address) Kellogg Idaho

20. FILED Apr. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1933, to Apr 5th, 1933
I last saw him alive on Apr 3rd, 1933: death is said to have occurred on the date stated above, at 10 17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
old age	

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) W. O. Lindsay, M. D.
(Address) Kellogg Ida Ida

RECEIVED APR 11 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84027

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 14

(No. 204)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barney Green

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48		-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B-H. & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME No information

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) "

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date May 18, 1933

19. UNDERTAKER W. E. Thompkins
(Address) Kellogg Idaho

20. FILED Apr. 1, 1933 Mrs. Julia McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to March 16, 1933

I last saw h. alive on March 16, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Dropped dead in Waiting Room of the Hardner Hospital
Probably angina pectoris

Date of onset

Other contributory causes of importance:

Alcoholism
(I was told this, to him at the time he dropped dead)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Kennedy, M. D.
(Address) Kellogg, Idaho

RECEIVED APR 2 1933

PLACE OF DEATH

County of Teton

City of Victor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 84028

Local Registrar's No. 81

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101 P

2. FULL NAME Elizabeth Cantwell Berger

(a) Residence. No. Victor, Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry Berger

6. DATE OF BIRTH (month, day, and year) Dec 16-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) St Louis Mo.

FATHER

13. NAME Cantwell

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Donna Bennett Victor Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Victor Ida. Date 2-16-1933

19. UNDERTAKER (Address)

20. FILED 3-20, 1933 Abie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1932, to 2-11, 1933.

I last saw her alive on 2-10, 1933.: death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
Fracture of Neck of femur	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? Victor Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

2/14/33 (Signed) C. L. Parkinson, M. D.

(Address) Driggs Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84029

PLACE OF DEATH

County of Twin Falls

City of Filer

Registration District No. 37

Primary Registration District No. 2086

Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME Warren Cutler

(a) Residence. No. Filer St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 15/1850

7. AGE Years 82 Months 3 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Jessie Cutler

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Martha Robinage

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMENT (Address) L. D. Allen Filer

18. BURIAL, CREMATION, OR REMOVAL Place Filer Date Mar 4, 1933

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED 3/3, 1933 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1933, to March 1, 1933

I last saw him alive on March 1, 1933: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Angina~~	
Pulmonary pneumonia	Jan. 27-33

Other contributory causes of importance:

Angina pectoris	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. A. Dwight, M. D.

(Address) Filer, Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84030

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs Nata M. Goff

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Goff

6. DATE OF BIRTH (month, day, and year): Jan 22 1852

7. AGE — Years: 80 — Months: 8 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: Jas. B. Belleville
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Garrett Folger
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mrs. Ethel Gries Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL — Place: Twin Falls — Date: Mar 6, 1933

19. UNDERTAKER (Address): J. E. Drake Twin Falls

20. FILED 3/6, 1933 — George C. Halley Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, to Mar 4, 1933
I last saw her alive on Mar 4, 1933; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, general debility	

Other contributory causes of importance: Constant care of husband during his last illness

Name of operation: None — Date of .....
What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No — Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Emmar C. Crawford, M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84032

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 44

(No. County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Baby C. T. Gould

(a) Residence. No. 1302 - 11 ave East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Mar. 8/33

7. AGE — Years — Months — Days — If LESS than 1 day, — hrs. or 3 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER
13. NAME C. T. Gould
14. BIRTHPLACE (city or town) (State or country) Wash.

MOTHER
15. MAIDEN NAME Walthia Haynie
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) C. T. Gould 1302 - 11 ave. East

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Mar. 14, 1933

19. UNDERTAKER (Address) S. C. Phillips Twin Falls, Idaho

20. FILED 3/15, 1933 George C. Halley Registrar.

a.c.2.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to March 8, 1933
I last saw him alive on March 8, 1933: death is said to have occurred on the date stated above, at 12:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Immediate Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —
(Signed) N. F. Porter, M. D.
(Address) Twin Falls, Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84033

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Filer.
R.F.D. (No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 42

89

2. FULL NAME Mena Orthel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of John M. Orthel

6. DATE OF BIRTH (month, day, and year) 7/28/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Chris Dunteman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Englehart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Henry Orthel Filer Idn

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisonville Mo. Date 3/13, 1933

19. UNDERTAKER (Address) Evans & Johnson Twin Falls L. Johnson

20. FILED 3/11, 1933 George E. Bailey M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/9/33, 193

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1933, to Mar. 9, 1933

I last saw h alive on Mar. 9, 1933, 193: death is said to have occurred on the date stated above, at 6:30? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	about 1/3/33
Other contributory causes of importance: 1. Cholelithiasis, Cholecystitis, 3 Hepatitis chronic with acute exacerbations. 4. Pyo-cardiris chronic.	many yrs.

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Duncan A. Alexander, M. D.

(Address) Twin Falls, Idaho

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84034

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Franklin Denny

(a) Residence. No. 256 Blue Lakes Blvd. N. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Fe~~male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Stella G. Denny

6. DATE OF BIRTH (month, day, and year): 6/17/1881

7. AGE: Years 51 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Produce
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: Emanuel F. Denny
14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMENT (Address): Mrs Stella Denny Twin Falls, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Twin Falls Date: 3/13/33 193

19. UNDERTAKER (Address): Evans Johnson L. J. Johnson Twin Falls,

20. FILED 3/11, 1933 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Mar 10th, 1933
I last saw him alive on March 10th 1933: death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following Cholecystectomy	

Other contributory causes of importance:
Ruptured gall bladder
Myocarditis

Name of operation: Cholecystectomy Date of .....
What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. C. Lamb, M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84036

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 48

(No. 6 Main) 161a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman Shepard

(a) Residence. No. 6th Ave West St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar. 10/33

7. AGE — Years — Months — Days / If LESS than 1 day, 24 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Ralph Shepard

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Silva Wilcox

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Ralph Shepard, Twin Falls, 6th Ave W

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Mar 13 1933

19. UNDERTAKER F. E. Drake (Address) Twin Falls

20. FILED 3/14, 1933 George O. Talley M.D. acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1933, to Mar. 13, 1933.

I last saw him alive on Mar. 12, 1933; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 mos.)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84038

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 50

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Williamina Scheide

(a) Residence. No. 334 5th Ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If maried, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ferdinand Scheide

6. DATE OF BIRTH (month, day, and year) 5-7-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME August Wisbright
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Ferdinand Scheide 334, 5th Ave. N.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 3-16-33

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 3/15, 1933 George E. Dalley
Registrar.

a.d.?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1933, to March 14, 1933
I last saw her alive on March 13, 1933; death is said to have occurred on the date stated above, at 6.15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemmorhage	Jan 25-33
Other contributory causes of importance: Arteria Sclerosis	?

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John V. Laughlin, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84039

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Owen Dorsey Vandenbark

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22-1855

7. AGE Years 77 Months 6 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dresden Ohio

FATHER

13. NAME Eliphilet Vandenbark

14. BIRTHPLACE (city or town) (State or country) Dresden Ohio.

MOTHER

15. MAIDEN NAME Bethia Cole

16. BIRTHPLACE (city or town) (State or country) Dresden Ohio

17. INFORMENT (Address) J. A. Vandenbark Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 3-21 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida

20. FILED 3/22, 1933 George C. Halley acts. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-19 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932, to 3-19, 1933

I last saw him alive on 3/19/33, 1933: death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	about 1 year.

Other contributory causes of importance:

Secondary portal obstruction, Janudice, chronic	about 3 months.

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193..

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan L. Alexander, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84040

County of Twin Falls
City of Hansen
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 53
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mrs. Dollie Mc Callum

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert McCallum
6. DATE OF BIRTH (month, day, and year): June 17 1885
7. AGE: Years 47 | Months 9 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Houses Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Normans, North Dakota

FATHER
13. NAME: Ezra Williams
14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER
15. MAIDEN NAME: Rosa Van Norman
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): Joseph Williams Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls, Idaho Date: March 25, 1933

19. UNDERTAKER (Address): L. C. Phillips Twin Falls, Idaho

20. FILED 3/28, 1933 George C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1933, to March 23, 1933
I last saw her alive on Mar. 22, 1933: death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis	
Secondary Liver Complication	
Splenitis Following Uremia	
Other contributory causes of importance: Pregnancy terminated at Seven months due to Nephritis	Miscarriage 1932

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John R Morgan, M. D.
(Address) Twin Falls, Ida.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84041

PLACE OF DEATH
County of Twin Falls
City of Kimberly
R.F.D

Registration District No. 37
Primary Registration District No. 2081
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Dudley Sizemore

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 16 - 1916

7. AGE: Years 16 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eden. Ida.

FATHER
13. NAME: W. L. Sizemore
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Eva. Mae Clark
16. BIRTHPLACE (city or town) (State or country): Michigan

17. INFORMENT (Address): W. C. Sizemore Eden. Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: 3/28, 1933

19. UNDERTAKER (Address): Evans & Johnson Twin Falls

20. FILED 3/28, 1933 George E. Bailey Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH. 3/23/33

21. DATE OF DEATH (month, day, and year): 3/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Auto Accident	

Other contributory causes of importance:

No Autopsy held

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/24, 1933
Where did injury occur? 1½ mi E of Kimberly (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury Accidental Auto wreck.
Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F A Dwight, M. D.
(Address) Filer Ida.
Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84042

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 25

(No. 1316-- 6Th. Ave, East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John E. Deakin

(a) Residence. No. 1316--6Th Ave East, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Sxn~~ Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year) May 1oTh1853

7. AGE 79 Years 10 Months 18 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Road Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Paul Minn.

FATHER

13. NAME Robert Deakin

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hanna Stanton,

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs. Frances Graham 1316-6th Ave East, City,

18. BURIAL, CREMATION, OR REMOVAL Place Twinfalls Date Apr. 3, 1933

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED 4/5, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 28Th. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to March 28, 1933

I last saw him alive on March 28, 1933.: death is said to have occurred on the date stated above, at 10PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Respiratory	March 23/33 (5 days)
Other contributory causes of importance:	
Pneumonia Lobular Bilateral Acute	March 26/33 (3 days)

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan N. Alexander, M. D.

(Address) Twin Falls Idaho

act.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84043

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 52
(No. Twin Falls County Gen. Hospital 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chris P. Wiedenman

(a) Residence. No. Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Agnes Wiedenman

6. DATE OF BIRTH (month, day, and year) June 28-1886

7. AGE Years 46 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Peter Wiedenman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Eckert
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) H. H. Fisher Kimberly Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 3-27-, 1933

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls Idaho.

20. FILED 3/27, 1933 George C. Halley M.D. acs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Febr-18, 1933, to Mar 21, 1933
I last saw ~~him~~ alive on Mar-21-, 1933: death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/18/33
recurrence	3/21/33

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. M. Davis, M.D.
(Address) Kimberly Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

PLACE OF DEATH

County of Twin Falls

City of Buhl

R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84044

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Silvius Archie Dickey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Alma H. Dickey

6. DATE OF BIRTH (month, day, and year) June 3rd

7. AGE Years 74 Months 9 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Archabald Dickey

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) A. E. Dickey Twin Falls, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date 3/19, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl, Ida. J. Johnson

20. FILED 3-18, 1933 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb —, 1933, to 17- Mch —, 1933.

I last saw him alive on 13- Mch —, 1933: death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Decompensated heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Arteriosclerosis

(Signed) T. W. MacManus, M. D.

(Address) Buhl, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84045

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Merritt Duffield. 90

(a) Residence. No. R. F. D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: widowed.

6. DATE OF BIRTH (month, day, and year): Feb. 10-1860

7. AGE: Years 73 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sacramento Calif.

FATHER
13. NAME: Thos Jefferson Duffield
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Sara Jane Neff
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Edith Duffield Kambrich

18. BURIAL, CREMATION, OR REMOVAL Place: Hot Springs Cemetery Date: 3/15 1933

19. UNDERTAKER (Address): Breheau - Ida Evans + Johnson J E Schmidt

20. FILED Mar. 14, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1933, to 3-12, 1933

I last saw him alive on 3-12-, 1933: death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	3-8-33
Other contributory causes of importance: Chron. Myocarditis	?

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo Jennings, M. D.
(Address) Buhl, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84046

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 50
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl G Lillibridge.
(a) Residence. No. 409 Broadway St. Buhl, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ethel Brown Lillybridge

6. DATE OF BIRTH (month, day, and year) Aug 22 1884

7. AGE Years 48 Months 6 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greeley Iowa

FATHER
13. NAME Frank Lillibridge
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Susie Smith.
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Ethel Lillibridge Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 3/7, 1933

19. UNDERTAKER (Address) Evans & Johnson J E Schmidt

20. FILED Mar. 6, 1933 J. H. Wurpley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Mar 5, 1933
I last saw him alive on Mar 5, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary tumor	

Other contributory causes of importance:
Location of tumor, pituitary body located in sellatercica. Kind of tumor, there was no autopsy, no operation, no tissues examined.

Name of operation Physical and Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Wurpley, M. D.
(Address) Buhl Ida

RECEIVED APR 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84047

PLACE OF DEATH

County of Valley

City of Roseberry Ida

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Audrey May Hardin 167

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 8th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 Months		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc** .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME Lee Hardin

14. BIRTHPLACE (city or town) McCall Ida
(State or country)

MOTHER

15. MAIDEN NAME Enid May Dragoo

16. BIRTHPLACE (city or town) Edgar Ida
(State or country)

17. INFORMENT Lee Hardin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date March 8 1933

19. UNDERTAKER .....
(Address)

20. FILED March 8, 1933 Gardner Leady
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 7, 1933

I last saw her alive on March 7, 1933; death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Persistent and enlarged thymus gland (Thymic death)	

Other contributory causes of importance:
Examination after death demonstrated a greatly enlarged thymus

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roscoe C Wood, M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84048

PLACE OF DEATH
County of Washington
City of Weiser

CERTIFICATE OF DEATH
Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Aldeddye Holyber

(a) Residence. No. 639. W. Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Arthur Holyber

6. DATE OF BIRTH (month, day and year) Feb 23 - 1874

7. AGE 59 Years | Months 0 | Days 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Issac Brown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) R. L. Lytle 627 E Idaho Weiser Ida

15. Filed Mar 4, 1933 A. R. Hamilton C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933, to Feb 26, 1933
that I last saw her alive on Feb 26, 1933
and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. W. Marshall, M. D.
Feb. 27, 1933 (Address) Weiser

19. Place of Burial, Cremation, or Removal Weiser Idaho | Date of Burial 3/1 1933

20. Undertaker L. C. Northam | Address Weiser Ida

RECEIVED MAR 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84049

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. — Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. **FULL NAME** Charles A. Ott

(a) Residence. No. West 2 Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 19 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
[redacted]	0	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

PARENTS

10. NAME OF FATHER August Ott

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wis.

12. MAIDEN NAME OF MOTHER Emma Lund

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Kansas

14. Informant August Ott
(Address) Weiser Idaho

15. Filed Mar 4, 1933 H. R. Hamilton Registrar.
C.K.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Feb 10, 1933
that I last saw him alive on Feb 10, 1933
and that death occurred, on the date stated above, at 2. P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Jaundice Nevealomm

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) W. D. Marshall M. D.
Feb 13, 1933 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	2-14 1933
20. Undertaker L. C. Northam	Address Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAR 18 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84050

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 13
(No.) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Linden

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Dollie Linden

6. DATE OF BIRTH (month, day and year) Oct 4-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Joseph Linden
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.
12. MAIDEN NAME OF MOTHER Barbara Barton
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Texas

14. Informant R. T. Davis
(Address) Weiser Idaho

15. Filed Mar 4, 1933 H. R. Hamilton Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 3, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26th, 1933, to March 3rd 1933
that I last saw him alive on March 3rd 1933,
and that death occurred, on the date stated above, at 3.00 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Feb 26th 1933
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Dr. R. Hamilton, M. D.
March 3rd, 1933 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	3-5-1933
20. Undertaker L. C. Northam	Address Weiser Ida

RECEIVED APR 10 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84051

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Widner

(a) Residence. No. Midvale St. Ida 164
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ross

6. DATE OF BIRTH (month, day, and year) Nov 17. 1849

7. AGE Years 83 Months 5 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 83 yrs

12. BIRTHPLACE (city or town) (State or country) Knoxville Tennessee

FATHER
13. NAME Henry Wider
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Jim Widner (Son) Midvale Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Date Mar 22 1933

19. UNDERTAKER (Address) J. A. Hudelson Cambridge Ida

20. FILED Apr 6, 1933 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, to Sept. 15, 1932
I last saw him alive on Sept. 15, 1932; death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thomas Hall M. D.
(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1933

84052

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84052

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 107

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME William E. Culver

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Culver

6. DATE OF BIRTH (month, day, and year): May, 23, 1847

7. AGE: Years 85 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frankford, Clinton Co. Ind.

FATHER
13. NAME: Joseph J. Culver.
14. BIRTHPLACE (city or town) (State or country): N. J.

MOTHER
15. MAIDEN NAME: Mary Elizebeth Marsh.
16. BIRTHPLACE (city or town) (State or country): Ind.

17. INFORMENT (Address): Ben Culver. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Morris Hill Cem Date: 4/17/33 193

19. UNDERTAKER (Address): Wm. McBrathey. Boise, Idaho.

20. FILED 4-17, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1922, to April 15, 1933
I last saw him alive on April 15, 1933: death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Left Foot -	

Other contributory causes of importance:
Diabetes
Epithelioma left cheek (of face.)

Name of operation: Amputation Lower 1/3 L. Femur Date of 4/12/33
What test confirmed diagnosis: Laboratory Was there an autopsy? +ph findings.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Alfred Budge Jr M.D., M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O TION is very important. See instruction on back of certificate.

[redacted] S SPACE 53

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Russel James Ferney 10

(a) Residence. No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Ferney

6. DATE OF BIRTH (month, day, and year) Jan. 20 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

FATHER

13. NAME James L. Ferney

14. BIRTHPLACE (city or town) Independence
(State or country) ~~Mt. Pleasant~~ Iowa

MOTHER

15. MAIDEN NAME Nellie Gulliford

16. BIRTHPLACE (city or town) Counterville
(State or country) Iowa

17. INFORMENT Lloyd Ferney
(Address) St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ogden Date April 3, 1933

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED April 2, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from not at all 193..., to ....., 193...

I last saw him alive on Mar. 27, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	Mar. 28.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Limited

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) T. A. Ellison M. D.

(Address) St. Anthony Ida

RECEIVED APR 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8405-4

DO NOT WRITE IN THIS SPACE
State File No. 84054

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2605
Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Joe T. Pearson

(a) Residence. No. R. D. 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho.

FATHER

13. NAME J. C. Pearson

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Christine Olson.

16. BIRTHPLACE (city or town) (State or country) Ovid Idaho.

17. INFORMENT (Address) T. C. Pearson

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date April 16, 1933

19. UNDERTAKER J. C. Peckham
(Address) Caldwell Idaho

20. FILED 4-19, 1933 John A. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1933, to Apr 14, 1933
I last saw him alive on Apr 14, 1933: death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured neck with severed cord (2d & 3d vertebra)	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Apr 12, 1933
Where did injury occur? Caldwell, Canyon Co. Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Road construction
Manner of injury Fell backward from
Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Road & bridge construction
(Signed) G. B. Montgomery, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Downey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 84055

Local Registrar's No. 55

188C

(No. On Highway 10 Miles So. of Downey)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert George Wright

(a) Residence. No. Idaho Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Matilda Bailey

6. DATE OF BIRTH (month, day, and year): Sept. 28, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

FATHER

13. NAME: G. J. Wright

14. BIRTHPLACE (city or town) (State or country): Conn.

MOTHER

15. MAIDEN NAME: Anne Sarah Odell

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Eugene Wright, Idaho Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Date: , 193

19. UNDERTAKER (Address): Woods & Jenkins, Idaho Falls, Idaho

20. FILED 4-11, 193 3 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	
Automobile accident	
Car turned over	
(accidental)	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/10/33
Where did injury occur? At Scene of Accident
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On S.L. Yellowstone Highway
Manner of injury: Automobile Accident
Nature of injury: Crushed Face and Head.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur W. Hall, Coroner M.D.
(Address) Pocatello, Idaho.

ESERVED FOR BINDING

, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 84056

Local Registrar's No. 45

(No. Veterans Administration, Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME John BAILEY

(a) Residence. No. ..... St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of)

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	8	

*OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Marysville, Ohio Date 5/2/33 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-2, 1933 W.W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1931, to April 26, 1933

I last saw him alive on April 26, 1933: death is said to have occurred on the date stated above, at 3:05p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced	

Other contributory causes of importance:

Pneumothorax spontaneous, right	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

840 57

RECEIVED MAY

PLACE OF DEATH

County of Shoshone

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 136

DO NOT WRITE IN THIS SPACE

State File No. 84057

186

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otto Lester Posey

(a) Residence. No. Mullan, Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes Posey

6. DATE OF BIRTH (month, day, and year) May-6-1898

7. AGE Years 34 Months 11 Days 5 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) Apr 11-1933

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Dennis Posey

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) Mrs Agnes Posey Mullan, Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mullan Date Apr 16, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida

20. FILED April 13, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw ~~h~~ ~~alive~~ on ....., 193...: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

Comp Commun
Wed Fracture
of Skull Instant

Date of onset

Other contributory causes of importance:

Mine accident
Morning mine
Mullan Ida

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr 11, 1933

Where did injury occur? Morning mine
(Specify city or town, county, and State)

Mullan Ida

Specify whether injury occurred in industry, in home, or in public place. Morning mine

Manner of injury Cave of Ore

Nature of injury Crushed head

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Mine mining ore

(Signed) J. Mowery Coroner

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

84058

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84058

PLACE OF DEATH
County of Bingham
City of Pingree

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Ellen R. Higby

(a) Residence. No. Pingree Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James S Higby

6. DATE OF BIRTH (month, day, and year): Jan 29 1862

7. AGE: Years 71 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: her home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: John Robinson
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Elizabeth Macandoli
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Mrs Maryl Reece Pingree Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Thomas Date: April 6th 1933

19. UNDERTAKER (Address): E J Peck Blackfoot Idaho

20. FILED: Apr 4, 1933 M. C. Mackinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4 - 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 - 13, 1933, to 4 - 3, 1933
I last saw her alive on 4 - 3, 1933: death is said to have occurred on the date stated above, at 11:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver & Stomach	Sept 1-32

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) J. O. Humphrey M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

84059

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84059

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 126

(No. 1810 Washington Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Mrs. Sarah V. Straight.

(a) Residence. No. 1810 Washington street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Straight.

6. DATE OF BIRTH (month, day, and year) April 30, 1867

7. AGE: Years 66 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER
13. NAME Harrison Prunkard.
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Sarah Shea.
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Grace Straight. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/9/33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-8, 1933 W. L. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1933, to May 7, 1933
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 12:20 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jany 1930

Other contributory causes of importance:
Gene Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ✓
(Signed) Ramesh Stewart, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Image 84061

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84061

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 127

(No. 1311 N. 8th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME James Riebe.

(a) Residence. No. 1311 N. 8th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Riebe

6. DATE OF BIRTH (month, day, and year) July 4-1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Shoemaker.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) E. V. Riebe. Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/9/33, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-8, 1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/8/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933, to May 8, 1933

I last saw him alive on May 5, 1933; death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carditis, arteriosclerosis, nephritis and gastritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Swaney, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Stewart

RECEIVED MAY 8 1933

84062

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84062

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 116

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME James Michael McDade

(a) Residence. No. ..... St. Fields Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Stella McDade

6. DATE OF BIRTH (month, day, and year): Sept. 25 ~~1872~~ 1868

7. AGE: Years 64 ~~60~~ | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Live Stock
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Guildhall Vermont

FATHER
13. NAME: Edward McDade
14. BIRTHPLACE (city or town) (State or country): Guildhall Vermont

MOTHER
15. MAIDEN NAME: Ann Coyne
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): James D. McDade Fields, Oregon

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date 4/27, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise Ida.

20. FILED 4-28, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 13, 1933, to Apr. 24, 1933
I last saw him alive on Apr. 24, 1933: death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis Progressive	Mch 1933

Other contributory causes of importance:
Parkinsons Syndrome Sept 1931
Probably following Flu.

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) James H. Stewart, M. D.
(Address) Boise Idaho

RECEIVED MAY 12 1933

84063

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84063

PLACE OF DEATH
County of Lincoln
City of Dietrich

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 21

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

15

2. FULL NAME John William Salory

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Salory

6. DATE OF BIRTH (month, day, and year) May 26 1859

7. AGE — Years 73 — Months 10 — Days 15 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walker Township Ill

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Nellie Salory

18. BURIAL, CREMATION, OR REMOVAL
Place Date Apr 13, 1933

19. UNDERTAKER (Address) C E Hickok Shoshone Ida

20. FILED 4/12, 1933 J. L. Fuller Registrar.
By A. M. Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-11-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-1-, 1932, to 3-30-, 1933
I last saw him alive on 3-30-, 1933: death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. — —
Manner of injury — —
Nature of injury — —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. H. Bauch M. D.
(Address) Shoshone, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 15 1933

84064

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84064

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Budd Spickelmire 88 b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: 41 Years 6 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catalpa Neb

FATHER
13. NAME Wm A Spickelmire
14. BIRTHPLACE (city or town) (State or country) Boone Iowa

MOTHER
15. MAIDEN NAME Eva C Hull
16. BIRTHPLACE (city or town) (State or country) Boone Co Iowa

17. INFORMENT (Address) R. M. Spickelmire

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Date May 7, 1933

19. UNDERTAKER (Address) A D Robb

20. FILED May 8th, 1933 H. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to May 6, 1933
I last saw him alive on May 3, 1933: death is said to have occurred on the date stated above, at 7:00 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with heart failure	April 1-1933

Other contributory causes of importance:

Bronchial asthma	1918

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roscoe C Ward, M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84065

PLACE OF DEATH
County of Ada
City of Meridian
Registration District No. 2003-11
Primary Registration District No. 2003
Local Registrar's No. 13
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles S Kerman

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE of~~ Ella Sherman

6. DATE OF BIRTH (month, day, and year) Dec 21 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	83	4		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clarion Co. Penn.
(State or country)

FATHER
13. NAME Peter Sherman
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER
15. MAIDEN NAME Julia Amelia Sousa
16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMENT Mr. Fred Sherman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date April 13 1933

19. UNDERTAKER W. E. Waters
(Address) Meridian Idaho

20. FILED 4-21, 1933 W. H. Rice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1933, to April 21, 1933

I last saw ~~him~~ alive on April 15 1933; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	December 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. D. Graves, M. D.

(Address) Meridian Idaho

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84066

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. ~~2003~~ 11
Primary Registration District No. 2003
Local Registrar's No. 12

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cornelia B Ivers Creech

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 20 1899

7. AGE: Years 33 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rogersville Tenn

FATHER
13. NAME F. M. Grassi
14. BIRTHPLACE (city or town) (State or country) Rogersville Tenn

MOTHER
15. MAIDEN NAME Sadie Eisenberg
16. BIRTHPLACE (city or town) (State or country) Rogersville Tenn

17. INFORMENT (Address) Ivers Creech Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Cem Date 4/21, 1933

19. UNDERTAKER B. W. Robison
(Address) Meridian - Ida

20. FILED 4-21, 1933 W H Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1933, to April 19th, 1933
I last saw h alive on April 19, 1933: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Hemorrhage with Convulsions	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. B. Evans, M. D.
(Address) Meridian

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84067

PLACE OF DEATH
County of Ada.
City of Meridian.
Registration District No. 11
Primary Registration District No. 2103
Local Registrar's No. 14
(No. 167)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Homer Green.

(a) Residence. No. Meridian, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): --
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: --
6. DATE OF BIRTH (month, day, and year): May, 8, 1932.
7. AGE: Years | Months: 11 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: --
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: --
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: -
12. BIRTHPLACE (city or town) (State or country): Meridian, Ida.

FATHER
13. NAME: Coleman, E. Green.
14. BIRTHPLACE (city or town) (State or country): Ellsberry Mo. Lincoln Co.

MOTHER
15. MAIDEN NAME: Ruth Emma Cole.
16. BIRTHPLACE (city or town) (State or country): Newago Mich.

17. INFORMENT (Address): Coleman E. Green.
18. BURIAL, CREMATION, OR REMOVAL Place: Meridian Date: 4-27, 1933
19. UNDERTAKER (Address): E. W. Robinson, Meridian Ida
20. FILED 4-27, 1933 W. H. Peer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-25, 193
22. I HEREBY CERTIFY, That I attended deceased from time of birth, 193, to occasionally, 193
I last saw him alive on 4-5-, 1933: death is said to have occurred on the date stated above, at 11.30 P.M.
The principal cause of death and related causes of importance were as follows: Never normal & never increased in weight over 2 pounds, Then began to fail and continues to fail until he died.

Date of onset

Other contributory causes of importance: -

Name of operation: - Date of:
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - , 193
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury: -
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? -
If so, specify
(Signed) F. J. Coleman, M. D.
(Address) F. J. Coleman, Kuna, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84426

also see 1961

- PLACE OF DEATH

County of Ada.

City of Meridian.

Registration District No. 11

Primary Registration District No. 2103

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Robert Homer Green.

(a) Residence. No. Meridian, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	--

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) 5-8-1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc --

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Meridi n, Ida.

FATHER

13. NAME Coleman, E. Green.

14. BIRTHPLACE (city or town) (State or country) Ellsberry Mo. Lincoln Co.

MOTHER

15. MAIDEN NAME Ruth Emma Cole.

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Coleman E. Green.

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date 4-27, 1933

19. UNDERTAKER B. W. Robison
(Address) Meridian

20. FILED 4-27, 1933 W. H. Peer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-25, 193

22. I HEREBY CERTIFY, That I attended deceased from time of birth, 193, to occasionally 193

I last saw him alive on 4-5-33, death is said to have occurred on the date stated above, at 11:30 P M

The principal cause of death and related causes of importance were as follows: Never normal & never increased in weight over 2 pounds, Then began to fail and continues to fail until he died.

Date of onset

Other contributory causes of importance: -

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 193

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? -

If so, specify -

(Signed) F. J. Coleman, M. D.

(Address) Kuna, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84068

County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 33

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME William Herberth

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mary Pults. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Cem. Date 4/5/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4-4, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-3-1933

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1933, to April 3, 1933

I last saw h— alive on April 2, 1933: death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84069

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 32

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Holcomb

(a) Residence. No. Orchard St. So Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

43

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mrried

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Holcomb

6. DATE OF BIRTH (month, day, and year) Sept 25 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Charles Holcomb

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Dont Know
(State or country) U.S.A.

17. INFORMENT (Address) Myrtle Holcomb Orchard St. Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 3/31, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-1, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 29, 1933

I last saw him alive on March 29, 1933: death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of the Face	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) .....

Original.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84070

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 120
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harrison Clinton Eckert

(a) Residence. No. 116 Bannock St. Boise Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Drusilla Mouser

6. DATE OF BIRTH (month, day and year) 7-2-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Agricultural
(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Sacramento Cal.

PARENTS
10. NAME OF FATHER Hiram Eckert
11. BIRTHPLACE OF FATHER (city or town) (State or Country) California
12. MAIDEN NAME OF MOTHER Lydia Alberta Welch
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Amos Eckert, Boise, Ida.

15. Filed 5-4, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 2 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to May 2, 1933, that I last saw him alive on May 2, 1933, and that death occurred, on the date stated above, at 6.10 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility (old age).

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Stroke of paralysis

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Mountain Home Ida.
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. H. Schuyler, M. D.
May 3, 1933. (Address) Boise, Ida.

19. Place of Burial, Cremation or Removal	Date of Burial
Mountain Home, Ida.	May 4 1933
20. Undertaker	Address
J. L. Zacher	Mt. Home, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84072

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 99

(No. 416 south 3rd street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Mrs. Elvira Shoemaker

(a) Residence. No. 416 south 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sheridan Co. Mo.
(State or country)

FATHER

13. NAME William Hurt.

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME ----------

16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMENT Oscar James Shoemaker.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 4/6/33, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 4-5, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/4/33 193

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Apr 4, 1933
last saw her alive on Apr 3, 1933; death is said to have occurred on the date stated above, at 7:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis & Gall Stones	Years ago

Other contributory causes of importance:

Stone in Common Duct & Obstruction with Jaundice	Apr 1 1933

Name of operation Refused Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Bradshaw M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84073

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 98

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Mrs. Naomi Woodworth Bean

(a) Residence. No. Cascade, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harry R. Bean

6. DATE OF BIRTH (month, day, and year) Oct. 24-1993

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME A. D. Tallman.

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Mary Bickerstaff.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Harry R. Bean. Cascade, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place New Phymouth, Ida. Date 4/6/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/3/33 193

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1933 to Apr 3, 1933
I last saw her alive on Apr, 1933; death is said to have occurred on the date stated above, at 8 30p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	

Other contributory causes of importance:

appendectomy	3/28/33

Name of operation appendectomy Date of 3/28/33
What test confirmed diagnosis? Clinical findings

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred M. Alexander, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84074

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 97

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME Sophia Percy

(a) Residence. No. 1206 Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin C Percy

6. DATE OF BIRTH (month, day, and year) July 12th. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Hope
(State or country) Quebeck, Canada.

FATHER

13. NAME William Norman Armstrong

14. BIRTHPLACE (city or town) Scottland
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMENT Mrs. Ed T. Hastings
(Address) Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise, Ida. Date 4-5, 1933

19. UNDERTAKER Schreiber & McCann,
(Address) Boise, Ida.

20. FILED 4-5, 1933 W. N. Rodden
Registrar.

Walle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/4 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 4, 1933

I last saw h[illegible] alive on April 4, 1933; death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardosis	
Myocardial Degeneration	
Arthritis Deformans	

Other contributory causes of importance:

Arthritis Deformans	
Senility	
Pleurisy	

Name of operation None Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Wahle, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAY 8 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84075

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 96
(No. 510 N. 11) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John D. Gish

(a) Residence. No. 510 North 11 St. Glenns Ferry Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 7-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. About 3 years ago
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida.

FATHER

13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) D. E. Boyter Burial Glenns Ferry County

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date 4-6, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Ida

20. FILED 4-5, 1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to April 3, 1933
I last saw him alive on April 3, 1933: death is said to have occurred on the date stated above, at 3.0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	?

Other contributory causes of importance:
Senility.

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify
(Signed) Orval T. Nokes, M. D.
(Address) 304-10 Eastman Bldg Boise, Idaho

Nokes.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84076

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 95

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Schmid

(a) Residence. No. New Plymouth Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Heinman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Emil Schmid New Plymouth Ida

18. BURIAL, CREMATION, OR REMOVAL Place Payette, Idaho Date 4/3, 1933

19. UNDERTAKER W. L. Peterson (Address) Ontario Ore.

20. FILED 4-4, 1933 W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Mar. 31, 1933
I last saw her alive on 3-31, 1933: death is said to have occurred on the date stated above, at 3.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Stomach	Dec 1932
(2) Decubitus Anaemia	
(3) Surgical Shock	

Other contributory causes of importance:

Name of operation Rectal Gastrostomy Date 3-31-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84077

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 94

(No. 708 McKinley)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Esther Florence Sherman.

(a) Residence. No. 708 McKinley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Glen Sherman.

6. DATE OF BIRTH (month, day, and year): Nov. 14-1906

7. AGE: Years 26, Months 4, Days 17. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Picabo, Idaho.

FATHER
13. NAME: A. W. Baldwin.
14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER
15. MAIDEN NAME: Minnie White.
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): A. W. Baldwin. Picabo, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Picabo, Idaho. Date: Shipped 4/2/33 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 4-2, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/1/33 193

22. I HEREBY CERTIFY, That ~~I attended deceased from ..... 193 ..., to ..... 193 ..., I last saw her alive on ..... 193 ...~~ death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown, but natural.	
No indication of foul play.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. T. McCann Coroner, ~~M.D.~~

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84078

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

84

2. FULL NAME Minnie Hall.

(a) Residence. No. Ivy Wild, South Boise. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wyman. L. Hall.

6. DATE OF BIRTH (month, day, and year) April. 18.1881

7. AGE: 52 Years, Months: 0, Days: 10. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Youngstown. Ohio.
(State or country)

FATHER

13. NAME Henry Thomas.

14. BIRTHPLACE (city or town) Wales.
(State or country)

MOTHER

15. MAIDEN NAME Jane Prichard.

16. BIRTHPLACE (city or town) Youngstwon, Ohio.
(State or country)

17. INFORMENT Wyman. L. Hall.
(Address) R.D. #. 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date April. 30 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 28 1933

22. I HEREBY CERTIFY, That I attended deceased from family Phys. July, 1932, to Apr 28, 1933

I last saw her alive on April 27 9 PM 1933: death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Sclerosis first noticed in July 1932 Paraplegia complete now 1.	

Other contributory causes of importance:
gradual progressive paralysis extending upward until respiratory centers involved.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. M. Holverson, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

Headman K

DO NOT WRITE IN THIS SPACE

State File No. 84079

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joy Elise Godfrey.

(a) Residence. No. Strawberry Glenn. 5 Miles West of Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 7.1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Clarence Milo Godfrey.

14. BIRTHPLACE (city or town) Chicago, Ill. (State or country)

MOTHER

15. MAIDEN NAME N. Josephene Andrews.

16. BIRTHPLACE (city or town) New York. N.Y. (State or country)

17. INFORMENT Clarence Milo Godfrey. (Address) R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date April. 25 1933.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 4 21, 1933 W. Z. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on April 20, 1933, to , 193

I last saw her alive on April 20, 1933; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	4/18/33

Other contributory causes of importance:

Christian Science

Name of operation Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H.E. Pedman, M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84080

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 41

(No. Boise Route 4)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Julia A Heater

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE of~~ J. D. Heater

6. DATE OF BIRTH (month, day, and year) Aug 19, 1854

7. AGE Years 78 Months 7 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rome New York

FATHER

13. NAME Philip Tricker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johnna Nuffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Earl Heater Boise Ida Rt 4

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Ida Date Apr. 20, 1933

19. UNDERTAKER (Address) B. W. Robison Meridian Ida

20. FILED 4-19, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1932, to April 18th, 1933

I last saw her alive on April 17th, 1933: death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

Abdominal carcinoma

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A B Boeck, M. D.

(Address) Boise Ida

RECEIVED MAY 8 1933

Galloway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84081

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 40

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Anderson

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Anderson

6. DATE OF BIRTH (month, day, and year) May 15, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richfield, Utah.

FATHER

13. NAME John Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Annie Olson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Amelia Anderson Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant, Utah Date 4/18/33 Shipped

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 4-17, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/17/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to April 17, 1933

I last saw him alive on Apr 16, 1933: death is said to have occurred on the date stated above, at 6:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) M. Galloway, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84082

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 39

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. J. Sharon

(a) Residence. No. ? St. ?
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ?

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, and year): 1847

7. AGE: Years 86 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: ?
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Farm
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ?

FATHER

13. NAME: ? Sharon
14. BIRTHPLACE (city or town) (State or country): ? Switzerland

MOTHER

15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): A. Schreiber, Boise
18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: 4-14 1933
19. UNDERTAKER: Schreiber & McLean (Address): Boise
20. FILED 4-13, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4 — 11 1933
22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to April 11, 1933
I last saw him alive on April 10, 1933: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Stomach	
Other contributory causes of importance:	
Chronic Gastrectasis	

Name of operation: none Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Greenaway, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84083
State File No.

County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 36

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Benjamin Hamilton.

(a) Residence. No. Ada County Hospital. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 6. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME James Hamilton.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Anna Turner.

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMENT (Address) Mrs. Ellen Hough. 409 S. Main Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date April. 8, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-7, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to April 6, 1933

I last saw him alive on April 6, 1933: death is said to have occurred on the date stated above, at 3:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Landrys Paralysis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84084

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 35

(No. Boise, Idaho. R#2.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Martha E. Bogenrief

(a) Residence. No. Boise, Idaho. R#2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James I. Bogenrief.

6. DATE OF BIRTH (month, day, and year): Nov. 20-1844

7. AGE: 88 Years, Months: 4, Days: 13, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond, Ind.

FATHER
13. NAME: Silas Bond.
14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER
15. MAIDEN NAME: Rebecca Williams.
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMENT (Address): Clyde F. Bogenrief. Boise, Idaho. R#2.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date 4/5/33, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 4-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/3/33 193

22. I HEREBY CERTIFY, That I attended deceased from family physician, 193, to, 193
I last saw her ~~alive~~ on dead. Ap. 3, 1933: death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
disability due to extreme age and repeated attacks of influenza.	
paralysis probably due to	
Other contributory causes of importance: cerebral hemorrhage at 4 a.m. day of death.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. M. Holverson, M. D.
(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84085

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 34
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Boyd McConnell Stewart

92

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie J. Stewart

6. DATE OF BIRTH (month, day, and year) March 17th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 ~~64~~	—	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Freighter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME John Stewart
14. BIRTHPLACE (city or town) Pittsbiug, Pa.
(State or country)

MOTHER
15. MAIDEN NAME Jane Bradford
16. BIRTHPLACE (city or town) Pittsburg, Pa.
(State or country)

17. INFORMENT (Address) Fannie J Stewart wife.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 4-5, 1933

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 4-4, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3 —, 1933, to April 2, 1933
I last saw him alive on April 1, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo Angiitis Obliterans	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Calloway, M.D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84086

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 117
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Harrison Pruitt.

(a) Residence. No. 1203 N. 9th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Beulah Pruitt.

6. DATE OF BIRTH (month, day, and year) May 7-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boise Payette Lbr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Thomas Pruitt.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Eugene Pruitt. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4-30-33

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 4-28, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/26/33 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull with cerebral contusion	4/26/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/26, 1933

Where did injury occur? Barber Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry - lumbermill

Manner of injury Fall

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) H. A. Forbeck, M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84087

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 115

(No. 185)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augusta Schmidt

(a) Residence. No. 1116 Harrison St. Boise Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip Schmidt

6. DATE OF BIRTH (month, day, and year): Aug. 30, 1844

7. AGE: 88 Years | 7 Months | 25 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: retired housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Berlin ? Germany

FATHER

13. NAME: Gustave Kroeger

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhelmina Meier

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs Harold Quinn 1818 Jeff. Boise

18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 4-28, 1933 St. John's

19. UNDERTAKER (Address): Schreiber & McCann Boise

20. FILED 4-28, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933, to April 25, 1933

I last saw her alive on April 25, 1933: death is said to have occurred on the date stated above, at 10 30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion from fall	4/21/33
Senility	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/21, 1933

Where did injury occur? Boise Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Golsch M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84088

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 114

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Alice Beaumont.

(a) Residence. No. 404. S. 3rd Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Joe. W. Beaumont

6. DATE OF BIRTH (month, day, and year) June. 16. 1876.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	10	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash.

FATHER

13. NAME William Pinnegar.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) J. W. Beaumont. 404. S. 3rd Street.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date April. 25. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-24-1933 W. A. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-23 1933.

22. I HEREBY CERTIFY, That I attended deceased from January 1931, to Death. 1933.
I last saw her alive on 4-22, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Indefinate

Other contributory causes of importance:

Arteriosclerosis & Myocarditis

Name of operation None Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. T. West, M. D.
(Address) Boise Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84089

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 113

(No. 1718 W. Idaho Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Laura A. Berry

(a) Residence. No. 1718 W. Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of E. D. Berry.

6. DATE OF BIRTH (month, day, and year) Nov. 20-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Charles Sidles.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah Lowry.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) E. D. Berry. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4/24/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-24, 1933 W. A. Rhoden. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21/33 193

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932, to April 21, 1933
I last saw her alive on April 21, 1933; death is said to have occurred on the date stated above, at 7P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cancer of Breast Metastasis to Lungs.	

Other contributory causes of importance:

Exhaustion

Name of operation Radical Breast Date of 1928

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Illingworth, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84090

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 112

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Whitney Furber. 18

(a) Residence. No. 814. 1 Street North, Nampa St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Madeline Furber.

6. DATE OF BIRTH (month, day, and year) June. 30. 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Pierce. P. Furber.

14. BIRTHPLACE (city or town) (State or country) St Louis. Mo.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Madeline Furber. 814. 1 Street North. Nampa

18. BURIAL, CREMATION, OR REMOVAL Kohler Lawn Cemetery Date Nampa, Idaho. April. 22. 1933

19. UNDERTAKER (Address) Summers & Krebs, Boise, Ida.

20. FILED 4-22, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1933, to 4/20, 1933

I last saw h.m alive on 4/20, 1933, death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mt. Spotted fever	About 4/4-33
Other contributory causes of importance:	4/8-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ralph Faoli, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Surrendered ✓

DO NOT WRITE IN THIS SPACE

State File No. 84091

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 111

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Porter Geiger.

(a) Residence. No. 1315. N. 10 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 17. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) East Dexmont
(State or country) Maine.

FATHER

13. NAME George. W. Porter.

14. BIRTHPLACE (city or town) Maine.
(State or country)

MOTHER

15. MAIDEN NAME Caroline Auguata Prentiss.

16. BIRTHPLACE (city or town)
(State or country) Maine.

17. INFORMENT (Address) Miss Florence Geiger. 1315. N. 10 th St. Boise.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Apr. 23 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-22, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to Apr 20, 1933

I last saw h[illegible] alive on Apr 20, 1933: death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
High blood pressure	

Other contributory causes of importance:

Probably Cerebral hemorhage or Angina pectoris

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reno Numbers, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84092

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 110

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Ann Josephene Godfrey.

(a) Residence. No. Strawberry Glenn. 5 Miles West Of St. Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Milo Godfrey.

6. DATE OF BIRTH (month, day, and year) July. 19.1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York. N.Y.
(State or country)

FATHER

13. NAME David Andrews.

14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Sarah. E. Kinkead.

16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMENT (Address) Clarence. Milo Godfrey. R.D. # 1. Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place New York. N.Y. Date April. 25. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 4-22, 1933 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1933, to death, 193

I last saw her alive on 4-21, 1933: death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcal Broncho-pneumonia.	4-20-33.

Other contributory causes of importance:

Malnutrition

Name of operation None, Date of

What test confirmed diagnosis Phys. findings? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Neal M. D.

(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84093

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 109
(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Franklin Ford.

(a) Residence. No. Boise, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 25-1911

7. AGE: Years 22 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Deliveryman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boise Butcher Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Star, Idaho.

FATHER
13. NAME Charles A. Ford.
14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

MOTHER
15. MAIDEN NAME Florence Hearsh.
16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMENT (Address) Charles A. Ford. Boise, Idaho. Route #1.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4-23-33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/21/33 193

22. I HEREBY CERTIFY, That I attended deceased from 4 16, 1932, to 4 21, 1933.
I last saw him alive on 4 21, 1933: death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Appendicitis~~	
Appendicitis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. Fr. catch
(Signed) , M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84094

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 108
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Martin Luther Smith

(a) Residence. No. St. Eagle, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Olive E. Smith

6. DATE OF BIRTH (month, day, and year) June 7 - 1860

7. AGE Years 72 Months 10 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Ed Smith
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Margarete Shrader
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Leo Smith Nampa Idaho R1

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Apr. 17 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 4-19, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3d, 1933, to April 13th, 1933
I last saw him alive on April 13th, 1933: death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:
Hypertension

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) [signature] M. D.
(Address)

Back

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84095

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 106

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Mrs. Madeline F. Poulson.

(a) Residence. No. 2216 Idaho Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Harry W. Poulson.

6. DATE OF BIRTH (month, day, and year): April 8-1904

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
28	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cleveland, Ohio.

FATHER

13. NAME: Samuel B. Eisiminger.

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Goldie N. Smith.

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMENT (Address): Harry W. Poulson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 4/9/33 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 4-17, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to April 7, 1933

I last saw her alive on April 7, 1933: death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sharp sudden pain in lower abdomen	4-5-33
Peritonitis followed	

Other contributory causes of importance:

Laparotomy & drainage

Name of operation Date of 4-7-33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. B. Bock, M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 105

DO NOT WRITE IN THIS SPACE

State File No. 84096

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Elva May Babcock

(a) Residence. No. Glenns Ferry, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clifford G. Babcock.

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shuber Co. Ind.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elva M. Sherron.

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) C. G. Babcock. Glenns Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4/17/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 4-17, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 -, 193..., to Apr 15, 1933

I last saw her alive on Apr 15, 193... a death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystectomy for gall Stones.	

Other contributory causes of importance:

Mesenteric Thrombosis

Name of operation Cholecystectomy Date of 4/13/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Pettinger, M. D.

(Address) Boise, Idaho.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84097

PLACE OF DEATH
County of ~~Cany~~ Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. ~~34~~ 104
(No. St. Kukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

42

2. FULL NAME James Otto Lee
(a) Residence. No. Boise Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 18 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas.

FATHER
13. NAME J. L. Lee
14. BIRTHPLACE (city or town) (State or country) Arkansas.

MOTHER
15. MAIDEN NAME Nellie Brooks
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) J. L. Lee Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 4-2, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 4-17, 1933 U. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 30 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to Mar 30, 1933
I last saw him alive on Mar 30, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsilitis	3-23-33
Otitis Media	3-25-33
Mastoiditis	3-26-33
Lateral Sinus Thrombosis	3-30-33

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 3-27-33
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Bosch M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84098

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 103

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnold Edwin Lemer.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.11.1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Archie C. Lemer

14. BIRTHPLACE (city or town) Bennington
(State or country) Oklahoma

MOTHER

15. MAIDEN NAME Tura Shaw.

16. BIRTHPLACE (city or town) Bowie
(State or country) Texas

17. INFORMENT (Address) Archie C. Lemer 409.N.1.st.Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill. Date April.14 1933

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 4-14, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April.13 1933

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193..., to 4-13, 1933
I last saw him alive on 4-12, 1933: death is said to have occurred on the date stated above, at 8.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
(Beant 7 mos. gestation)	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. P. West, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

Bruce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84099

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 102

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Richard James Marker.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) April 2-1933

7. AGE Years: 0 Months: 0 Days: 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Ernest Marker.
14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER
15. MAIDEN NAME Katherine Popp.
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Ernest Marker. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 4-6, 1933

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 4-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/5/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933, to April 8, 1933
I last saw him alive on Apr 7, 1933; death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Congenital	
Atelectasis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward [illegible], M. D.
(Address) Boise, Idaho.

RECEIVED MAY 8 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84100

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward John MacInnis.

(a) Residence. No. 1002. north 23. street. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna. MacInnis.

6. DATE OF BIRTH (month, day, and year) Jan. 1. 1860.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc R.R. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Badeck
(State or country) Nova Scotia.

FATHER

13. NAME John Edward MacInnis.

14. BIRTHPLACE (city or town) .....
(State or country) Scotland.

MOTHER

15. MAIDEN NAME Effie McDonald.

16. BIRTHPLACE (city or town) .....
(State or country) Scotland.

17. INFORMENT Mrs Edna MacInnis.
(Address) 1002. north 23. street. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill. Date April. 7 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 4-7, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Apr 5, 1933
last saw him alive on Apr 5, 1933: death is said to have occurred on the date stated above, at 1.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Carcinoma of Stomach.	Jan 1 1932
Other contributory causes of importance: General Malnutrition	Jan 1 1933

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) O. M. Bradshaw, M. D.
(Address) Boise Idaho.

RECEIVED MAY 2 1933

PLACE OF DEATH

County of Ada

City of ~~Boise~~ Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84101

Registration District No. 9+10

Primary Registration District No. 9+10 Local Registrar's No. 1

(No. Eagle, Idaho. Route #1.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Mrs. Martha Bailey Smith.

(a) Residence. No. Eagle, Idaho. R. #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Levi Smith

6. DATE OF BIRTH (month, day, and year): Sept. 20-1856

7. AGE: Years 76 Months 6 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada.

FATHER

13. NAME: Elijah Bailey.

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: ----------

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Frank P. Smith. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem Date ....., 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 4/13, 1933 Orville Jackson Registrar. Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/12/33 193

22. I HEREBY CERTIFY, That I attended deceased from Some time in, 1929, to death, 193

I last saw her alive on 4-11, 1933: death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1st Nov 1929
recurrent attacks.	

Other contributory causes of importance:

Myocarditis	Many years
Arteriosclerosis.	" "

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. West, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84102

PLACE OF DEATH
County of Ada
City of Eagle
Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

157

2. FULL NAME Thomas W. Grath

(a) Residence. No. ..... Eagle Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura McGrath

6. DATE OF BIRTH (month, day, and year) May 24 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Thomas McGrath

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mathilda Lincoln

16. BIRTHPLACE (city or town) (State or country) Maryland U.S.A.

17. INFORMENT (Address) John McGrath Eagle Ada Co

18. BURIAL, CREMATION, OR REMOVAL Place Dry Creek Cemetery Date 4-16, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Ida

20. FILED 4/15, 1933 Orville Reed Registrar

Eagle Dr. Brayton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/13 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933, to ..., 193...
I last saw him alive on Mar 28, 1933: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Gangrene of right Leg	March 15, 1933
Other contributory causes of importance: Toxaemia & exhaustion	Mar 28 1933

Name of operation None (Refused) Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. M. Brayton, M. D.
(Address) Boise Idaho

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MARGIN RESERVED FOR BINDING

Dr Mangum Nampa 903 Hotel

RECEIVED MAY 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84103

PLACE OF DEATH
County of Ada
City of Kuna

Registration District No. 124
Primary Registration District No. 2202 Local Registrar's No. 222

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ella Rhodes 90

(a) Residence. No. Kuna, R.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July-18-1914

7. AGE Years 18 Months 9 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Id

FATHER
13. NAME Wm Rhodes
14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER
15. MAIDEN NAME Flossie Torrey
16. BIRTHPLACE (city or town) (State or country) Pownsville Mo

17. INFORMENT (Address) Mrs T. J. Lyda Kuna Id.

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cem Date May 15 1933

19. UNDERTAKER (Address) W S Mater Meridian Id

20. FILED 5-14-, 1933 Geo H Whitehouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to May 13, 1933
I last saw her alive on May 13, 1933: death is said to have occurred on the date stated above, at 12:00 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Thos E Mangum, M. D.
(Address) Nampa, Ida

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84104

PLACE OF DEATH
County of Adams.
City of Council

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 39
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Thomas Thompson
(a) Residence. No. Fruitvale St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word.)~~ Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mary Ann Thompson.

6. DATE OF BIRTH (month, day and year) Oct 17, 1857

7. AGE

Years	Months	Days	If LESS than 1 day,
76	7	26	X hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Union County Iowa
(State or country)

PARENTS

10. NAME OF FATHER ~~Unknown~~ John T. Thompson
11. BIRTHPLACE OF FATHER (city or town) ~~Unknown~~ Michigan.
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant (Address) Wife. Mary Ann Thompson

15. Filed June 10, 1933. Alvin S Thurston M D
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 13, 1933
that I last saw him alive on May 13, 1933
and that death occurred, on the date stated above, at 9:45 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute catarrhal jaundice. c̄ Acute intestinal obstruction as terminal cause (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis c̄ Aortitis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? none Date of ✓
Was there an autopsy? no.
What test confirmed diagnosis? Clinical
(Signed) Alvin S Thurston M D, M. D.
May 15, 1933 (Address) Council Idaho

19. Place of Burial, Cremation, or Removal Richland Ore. Date of Burial May 16 1933

20. Undertaker Bob Young Local Jesse Hudson. Address Council Cambridge

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84105

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 23
Primary Registration District No. 2160
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

161 b

2. FULL NAME Jack Hamilton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 6 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day and year) April 25, 1933

7. AGE Years | Months | Days | If LESS than 1 day, 6 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Downey Idaho

PARENTS

10. NAME OF FATHER Keneth Walter Hamilton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kamrar Iowa
12. MAIDEN NAME OF MOTHER Bessie Clara Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Shoshone Idaho

14. Informant K. W. Hamilton
(Address) Downey Ida (copy from Birth cert.

15. Filed May 8, 1933 Mary E. Coffin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth, 19..., to Death 4-20, 1933
that I last saw him alive on April 25, 1933
and that death occurred, on the date stated above, at 9:45 P. m.
The CAUSE OF DEATH* was as follows:
Placenta Previa Lateralis & strangulation of cord around neck.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) None known.
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? — —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Exam
(Signed) C. A. Rich, M. D.
April 26, 1933 (Address) Lava Hot Spg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Downey
Date of Burial 4-26 1933

20. Undertaker Morgan's Inc. J. D. Morgan
Address Downey, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84106

PLACE OF DEATH

County of Bannock Registration District No. 83

City of Downey Idaho Primary Registration District No. 2100 Local Registrar's No. 6

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George James Lake

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 30 yrs. — mos. — ds. How long in U. S. if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Johanna Rosdahl

6. DATE OF BIRTH (month, day and year) Feb. 15 — 1861

7. AGE 72 Years | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) London
(State or country) England

PARENTS

10. NAME OF FATHER John James Lake

11. BIRTHPLACE OF FATHER (city or town) London
(State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Elizabeth Cartwright

13. BIRTHPLACE OF MOTHER (city or town) London England
(State or County)

14. Informant (Address) Nora Lake Downey Idaho

15. Filed May 8, 1933 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 30, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March - 1 - 1933, to April - 30 - 1933
that I last saw him alive on April 25 - 1933
and that death occurred, on the date stated above, at 2:50 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Cardio-Vascular and Renal Disease.
Chronic Interstitial Nephritis
..... (duration) several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial asthma
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. J. Harbigsen, M. D.
May 8, 1933. (Address) Downey Idaho

19. Place of Burial, Cremation, or Removal Cambridge Cemetery | Date of Burial April 3 1933

20. Undertaker None | Address — — —

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84107

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 66

(No. Residence 927 West Lander)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Pharris

74a

(a) Residence. No. 927 West Lander St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edward F. Pharris

6. DATE OF BIRTH (month, day, and year): Sept 20, 1864

7. AGE: Years 68 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mt Pleasant Utah

FATHER
13. NAME: Albert Farnsworth
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Martha Hall
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs DeWitt Bevans Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Mt View Cemetery Date: May 1, 1933

19. UNDERTAKER (Address): Arthur W. Hall Pocatello Idaho

20. FILED 4-29, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 29 1933

22. I HEREBY CERTIFY, That I attended/deceased from 4/25, 1933, to 4/29, 1933
I last/saw her alive on 4/29, 1933: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Sunlight & Height
Blood Pressure

Name of operation: no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84108

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 65

(No. 107)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wanda M. Murnan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John B
6. DATE OF BIRTH (month, day, and year): July 2, 1886
7. AGE: Years 46 Months 9 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): John B. Murnan Pocatello
18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: May 1, 1933
19. UNDERTAKER (Address): A. L. McHan
20. FILED 4-29, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 28 1933
22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1933, to 4/27, 1933
I last saw her alive on 4/27/33, 1933: death is said to have occurred on the date stated above, at 11:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Pulmonary Embolis	
Other contributory causes of importance: Chronic Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84109

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 38
Primary Registration District No. 3161
Local Registrar's No. 34-

(No. 308 North Ninth Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline Douglas Shaw

74a

(a) Residence. No. 308 North Ninth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of James Thomas Shaw

6. DATE OF BIRTH (month, day, and year) Aug. 30, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Grantsville, Utah.

FATHER

13. NAME: David Douglas

14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER

15. MAIDEN NAME: Adeline J. McGee

16. BIRTHPLACE (city or town) (State or country): Scotland.

17. INFORMENT (Address): Mrs. Joseph Wright, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Apr. 30, 193 3.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED April 29, 193 3. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 28, 193 3.

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 193 3, to 4/28, 193 3
I last saw h alive on 4/27, 193 3: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Senile debility	

Name of operation None. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84110

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Bessie Brado 124

(a) Residence. No. Aberdeen Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Oscar Brado

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 57 | Months 4 | Days 5 | If LESS than 1 day, ~~hrs.~~ or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Gastra Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Oscar Brado Aberdeen Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Ida Date Apr 30 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello, Ida.

20. FILED 4-29, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1933, to Apr. 27, 1933
I last saw her alive on April 27, 1933: death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute and Chronic Cholecystitis	5 yrs + 3 wks

Other contributory causes of importance:
Shock and Exhaustion 5 days

Name of operation Cholecystectomy Date of 4/26/33
What test confirmed diagnosis? Opt. & Cl. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) William F. Howard, M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 84111

Local Registrar's No. 62

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Mae Carver

(a) Residence. No. 1433 North Arthur Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1922.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

FATHER

13. NAME Parley L. Carver

14. BIRTHPLACE (city or town) (State or country) Plain City, Utah.

MOTHER

15. MAIDEN NAME Hazel Smith

16. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

17. INFORMENT (Address) Parley L. Carver Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Preston, Idaho. Date Apr. 27., 1933

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Apr. 25, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1933, to 4-25, 1933
I last saw h[illegible] alive on 4/25, 1933; death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. P. Toomey, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 29
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
84112
State File No.

Local Registrar's No. 61

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Girolomo Longhaldi

(a) Residence. No. 724 N. 7th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Gen. Shops

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Cemetery Date Apr. 26 1933

19. UNDERTAKER Downard's Fun. Home (Address) Pocatello Idaho

20. FILED 4-25, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24 1933, to April 24, 1933
I last saw h alive on April, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Nephritis	

Other contributory causes of importance:

Nephritis	

Name of operation Date of

What test confirmed diagnosis? Eye Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Lynn, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84113
State File No.

Registration District No.
Primary Registration District No. Local Registrar's No. 60

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Jacob Elle

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT (Address) Gen. Hosp. Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Apr. 25 1933

19. UNDERTAKER Downard & Fin. Home
(Address) Pocatello Idaho

20. FILED Apr 25, 1933 D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1933, to Apr 24, 1933
I last saw h. alive on Apr 24, 1933: death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac renal -	
abscess Rt lung -	
nephritis -	
Exhaustion	
Other contributory causes of importance:	
Pneumonia - abscess	
Rt lung (apex)	
nephritis	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. E. Lyman, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84114

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 39
(No. St Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
49

2. FULL NAME Mrs. Isabel Rooke

(a) Residence. No. Woolley Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Phil H.

6. DATE OF BIRTH (month, day, and year) Aug 20, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bozeman Montana

FATHER
13. NAME Joseph Fried
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Elizabeth Arnold
16. BIRTHPLACE (city or town) (State or country) Bozeman Mont.

17. INFORMENT (Address) Phil L. Rooke Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Apr. 17, 1933

19. UNDERTAKER Downing's Fun. Home (Address) Pocatello, Idaho

20. FILED 4-17, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 -, 1933, to April 14, 1933.
I last saw her alive on April 14, 1933; death is said to have occurred on the date stated above, at 8:55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage following Cesarean Section	
Contributed	
Other contributory causes of importance: Heart failure.	

Name of operation Hysterectomy Date of 4/14/33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. E. Francis, M. D.
(Address) Pocatello Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84115

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 58

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Roy H. Nicholson

(a) Residence. No. 238 Taft Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Nicholson

6. DATE OF BIRTH (month, day, and year) 7/22/1900

7. AGE Years 32 Months 8 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shopworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.S.L. Railroad
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Roy-H-~~ (State or country) Iowa

FATHER
13. NAME F.L. Nicholson
14. BIRTHPLACE (city or town) Unknown (State or country) New York

MOTHER
15. MAIDEN NAME Leota Leach
16. BIRTHPLACE (city or town) Unknown (State or country) NewYork

17. INFORMENT Mrs Roy Nicholson (Address) 238 Taft Pocatello

18. BURIAL, ~~CREMATION,~~ OR REMOVAL Place Rigby Idaho Date 4/13/33 193

19. UNDERTAKER Hall Mortuary (Address) Pocatello Idaho

20. FILED 4/13/33 193 D. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to April 10, 1933.
I last saw him alive on April 10, 1933: death is said to have occurred on the date stated above, at 5.30P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) H. H. Hughart, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 84116

Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Jones

(a) Residence. No. 241 N. 13th St. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lilly Jones

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. city worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. city of Pocatello

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Butte Montana

FATHER

13. NAME David Jones

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary A. Evans

16. BIRTHPLACE (city or town) (State or country) Brigham Utah

17. INFORMENT (Address) Mrs Lilly Jones 241 N. 13th St. Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place Mtn. View Cem. Date Apr. 14 1933

19. UNDERTAKER (Address) H. L. McClain Pocatello Idaho,

20. FILED 1-13, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 9, th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1930, to April 9, 1933

I last saw him alive on April 9, 1933: death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
With myocardial degeneracy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Rae, M. D.

(Address) Pocatello Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84117

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 56
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Paul Keck 57

(a) Residence. No. 546 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Violet
6. DATE OF BIRTH (month, day, and year) Jan., 10, 1898
7. AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. upholsterer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Basel Switzerland

FATHER
13. NAME Carl Keck
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Marie Wyss
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Mrs. Alfred Keck 546 N. Main

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Apr., 12, 1933

19. UNDERTAKER (Address) Downards Funeral Home Pocatello Idaho

20. FILED 4-11, 1933 D. C. Ray. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April, 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1933, to 4-10, 1933
I last saw him alive on 4/10/, 1933: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Coma)	

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? Pocatello General Hospital
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. General Hospital
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Pocatello Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84118

PLACE OF DEATH
County of Bannock
Town
City of Robbin

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 54

(No.) 107
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME TRESSIA L HATCH

(a) Residence. No. Robbin Post Office St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Simmons H. Hatch

6. DATE OF BIRTH (month, day, and year) 8/ 1/ 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plain City Utah

FATHER

13. NAME J.V. England

14. BIRTHPLACE (city or town) (State or country) Plain City Utah

MOTHER

15. MAIDEN NAME Emma Stewart

16. BIRTHPLACE (city or town) (State or country) Plain City Utah

17. INFORMENT (Address) Simmons H. Hatch Robbin Post Office

18. BURIAL, CREMATION, & REMOVAL Place Moreland Idaho Date 4/12/33 193

19. UNDERTAKER (Address) Hall Mortuary Pocatello Idaho

20. FILED 4-12, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/8/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 3, 193 3, to March 23, 193 3.
I last saw her alive on March 23, 193 3; death is said to have occurred on the date stated above, at 8.30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4,8,33

Other contributory causes of importance:
She had Jerminal Cefosis Bronchiectasis and Laryngeal Stenosis

Name of operation Date of 3,3,33
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Ray Hatch, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84119

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Nelson Theron Wood

(a) Residence. No. 1427 S. 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Johanna

6. DATE OF BIRTH (month, day, and year) May 23, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arbor Mich.

FATHER

13. NAME Hiram N. Wood

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Martha Focke

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) ~~Geo. Hoggs~~ 1364 S. 6th

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date Apr. 7, 1933

19. UNDERTAKER Edwards Fun. Home
(Address) Pocatello Idaho

20. FILED 4-7, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 28 1933, to Apr 6 1933

I last saw him alive on Apr. 5th 1933: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	
Senility.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James F. Miller, M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84120

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No.

Primary Registration District No.

Local Registrar's No. 22

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Albert Norris

(a) Residence. No. 643 W. Lewis Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): July 6, 1848

7. AGE: Years 84 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York State

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Chester Norris

18. BURIAL, CREMATION, OR REMOVAL Place Mtn. View Cem. Date Apr. 4, 1933

19. UNDERTAKER (Address): H L McHan Pocatello Ida

20. FILED 4-4, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1933, to Apr. 2, 1933

I last saw him alive on Apr 2, 1933: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal	
Chr. nephritis	
Mesentery - thrombosis	

Other contributory causes of importance:

Cardio-renal

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Irwin M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 84121

Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Dr. C. E. Bryant

(a) Residence. No. County Farm. (Usual place of abode) Pocatello St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired M. D.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Clarence Bryant Pingree Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mtn. View Cem. Date Apr. 4, 1933

19. UNDERTAKER (Address) H. L. McEfgan Pocatello Ida

20. FILED 4-4, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/2 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Apr 2, 1933.

I last saw h[illegible] alive on Apr 2, 1933 death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal	
Chr. Bronchitis	
Emphysema	
Other contributory causes of importance:	
Chr. Bronchitis, Chr. Bronchial Asthma	
Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Unknown Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Swan, M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84122

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 42

(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

179

2. FULL NAME Vivian Ilean McGaskill Smith

(a) Residence. No. 134 S 3rd Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): 3/8/1920

7. AGE: Years 13 Months 0 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: School Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gooding Idaho

FATHER
13. NAME: Clarence McGaskill
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Ethel Ward
16. BIRTHPLACE (city or town) (State or country): Soda Springs Idaho

17. INFORMENT (Address): Frank Smith 134 S 3rd

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Pocatello Idaho Date: 3/24/33, 193

19. UNDERTAKER (Address): Hall Mortuary Pocatello Idaho

20. FILED Mar 24, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 3-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 13 Feb, 1933, to Mar 21, 1933
I last saw her alive on Mar 24, 1933, death is said to have occurred on the date stated above, at 9:48 a.m.
The principal cause of death and related causes of importance were as follows:
3rd Degree burns of body - anaemia (Mal nutrition)
Date of onset
Other contributory causes of importance:
3rd degree burns body - anaemia

Name of operation: none Date of
What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Jaurie, M. D.
(Address) Pocatello Idaho

MAY 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84123

PLACE OF DEATH
County of Bear Lake
City of Bloomington Ida.

Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Madsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 25 1914

7. AGE Years 18 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year) Jan 1933
11. Total time (years) spent in this occupation all of Life

12. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

FATHER
13. NAME Asa Madsen
14. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

MOTHER
15. MAIDEN NAME Cynthia Hulme
16. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

17. INFORMENT (Address) Asa Madsen Bloomington Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Idaho Date April 11, 1933

19. UNDERTAKER (Address) D. S. Price Paris, Idaho

20. FILED April 30, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8 1933

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1933 to April 8, 1933
I last saw her alive on April 8, 1933: death is said to have occurred on the date stated above, at 3:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Menengitis	

Other contributory causes of importance: Middle ear infection following Scarlet Fever
Microscopic examination of Cerebro-spinal fluid showed Strep & pus cells.
Positive Kernig Neck Rigidity of muscles especial of neck.
Name of operation ..... Date of .....
What test confirmed diagnosis? Delerium Was there an autopsy? No
Fever.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Spencer H Rich, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84124

PLACE OF DEATH
County of Denewah
City of St. Maries, Ida.

Registration District No. 32
Primary Registration District No. 20/49
Local Registrar's No. 19

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Meddaugh 58a

(a) Residence. No. St. Maries Hospital St. 11th & College
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 75 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. (1) Retired blacksmith (2) Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (1) In woods work (2) St Maries Hospital
10. Date deceased last worked at this occupation (month and year) 2/27/33
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Dr C A Robins
(Address) St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 4/30, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries Ida

20. FILED 5/8, 1933 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1931, to 4-27, 1933
I last saw him alive on 4-27, 1933: death is said to have occurred on the date stated above, at 10:37 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1931

Other contributory causes of importance:
Age and its infirmities

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No injury
(Specify city or town county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Robins, M. D.
(Address) St. Maries Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84125

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Bertha Edwards

(a) Residence. No. Chatcalet Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ward K. Edwards

6. DATE OF BIRTH (month, day, and year) June 30, 1883

7. AGE: Years 49 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Estacado Ore.

FATHER
13. NAME Hiram Newman
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Eva McCoy's
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) Ward Edwards St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 4/30, 1933

19. UNDERTAKER (Address) Geo E. Mitchell St Maries Idaho

20. FILED 5/8, 1933 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to Apr-26, 1933.
I last saw her alive on Apr 1, 1933; death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and adnexa	

Other contributory causes of importance:
Was operated on in Sacred Heart Hospital some time in 1932 for Carcinoma

Name of operation ? Date of 1932
What test confirmed diagnosis Clin. Symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Owen D. Pratt, M. D.
(Address) St. Maries, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84126

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James T Swindell

(a) Residence. No. Meadowhurst St. 170
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 15-1855

7. AGE: Years 73 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Saw files & Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paducah Ky
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT C. P. Clemins
(Address) St Maries Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 4/24, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries

20. FILED 5/8, 1933 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in head	
Shot with 38 Revolver back of	
right ear emerging on	
left temple suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4/24 1933
Where did injury occur? near St Maries Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gunshot
Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Geo E Mitchell Coroner, M.D.
(Address) St Maries Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84127

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 16
(No. St Maries Hospital) 91b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh H. Gallagher
(a) Residence. No. 31th - 14 St St. St Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary W Gallagher
6. DATE OF BIRTH (month, day, and year) July 4th 1881
7. AGE 52 Years ✓ Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lonar C M & P
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) March 11-33
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) County Donagal
(State or country) Ireland

FATHER
13. NAME Patrick Gallagher
14. BIRTHPLACE (city or town) County Donegal
(State or country) Ireland

MOTHER
15. MAIDEN NAME Mary W Hailey
16. BIRTHPLACE (city or town) Minneapolis
(State or country) Minnesota

17. INFORMENT St Maries Ida
(Address) H M Donovan

18. BURIAL, CREMATION, OR REMOVAL
Place Minneapolis Date April 14th, 1933

19. UNDERTAKER Ross E Mitchell
(Address) St Maries Idaho

20. FILED Apr. 11, 1933 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Apr 10, 1933
I last saw him alive on Apr 10, 1933: death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Aortitis	1931
Myocardial failure	1933
Pulmonary embolism	1933

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L E Cornwall, M. D.
(Address) St Maries Idaho

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84128

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 15

(No.) 742
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Pearl Mitchell

(a) Residence, No. 424 St. Eleventh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 1st. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19.

12. BIRTHPLACE (city or town) (State or country) North Branch Kansas

FATHER

13. NAME Geo. E. Mitchell

14. BIRTHPLACE (city or town) (State or country) Nigel Green Wisconsin

MOTHER

15. MAIDEN NAME Ida M. May

16. BIRTHPLACE (city or town) (State or country) Dwight Illinois

17. INFORMENT (Address) Ida M. Mitchell St. Maries Ida.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Spokane Date 4-6, 1933

19. UNDERTAKER Geo. E. Mitchell
(Address) St. Maries Ida

20. FILED 4-5, 1933 Walter Berg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/2 1933

22. I HEREBY CERTIFY, That I attended deceased from — , 193 , to 4/2 , 1933

I last saw her alive on 3/28 , 1933 : death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorage	
died in bed at night	
with no preceeding symptoms	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Owen D. Platt, M. D.

(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84129

PLACE OF DEATH

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 56

(No. McMillon Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Sidney Shoell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of --
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME Sidney Shoell

14. BIRTHPLACE (city or town) (State or country) Pleasent Grove Utah

MOTHER

15. MAIDEN NAME Eva Prest

16. BIRTHPLACE (city or town) (State or country) Pailar. Idaho

17. INFORMENT (Address) Sidney Shoell Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Grove City Cem. Date Apr. 28, 1933

19. UNDERTAKER E J Peck Blackfoot Idaho
(Address)

20. FILED April 27, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to April 25, 1933
I last saw him alive on April 25, 1933: death is said to have occurred on the date stated above, at 2.A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant Fever	Apr. 1.
Other contributory causes of importance:	

Name of operation None Date of --
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury --, 193
Where did injury occur? ---------
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---------
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H A Mallett, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84130

PLACE OF DEATH

County of Bingham
City of Blackfoot
R. F. D. No 2.

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 55
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Roland Gurney
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) April 23, 1933

7. AGE: Years — Months — Days 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

PARENTS

10. NAME OF FATHER Frederick Wm. Gurney
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lehi, Utah
12. MAIDEN NAME OF MOTHER Fern Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lehi Utah

14. Informant (Address) Frederick Wm. Gurney

15. Filed Apr. 25, 1933 Mrs A [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1933 to Apr 24, 1933
that I last saw him alive on Apr 23, 1933
and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

~~Ate~~ Atelectasis
Since birth (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature
(duration) yrs. 7½ mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W W Beck, M. D.
Apr 25, 1933 (Address) Blackfoot, Ida

19. Place of Burial, ~~Cremation~~ or ~~Removal~~ Rowsville-Thomas Cem. Date of Burial Apr. 25 1933

20. Undertaker Fred. Wm. Gurney Address Blackfoot Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84131

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 52

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

121

2. FULL NAME Richard R. Haslam

(a) Residence. No. Thomas, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Laura B. Haslam

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Wellsville, Utah

FATHER

13. NAME James H. Haslam

14. BIRTHPLACE (city or town) (State or country) Bolton, England

MOTHER

15. MAIDEN NAME Ann Redford

16. BIRTHPLACE (city or town) (State or country) Ratliff, England

17. INFORMENT (Address) Laura B. Haslam Blackfoot Rt. 2 ~~Pingree Idaho~~

18. BURIAL, CREMATION, OR REMOVAL Place Wellsville, Utah Date May 24, 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot, Idaho

20. FILED May 24, 1933 J. Wm. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to May 22, 1933

I last saw him alive on April 19, 1933 death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis.	May 1933

Other contributory causes of importance:

General oedema	May 1933

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) O. E. Smith, M. D.

(Address) Blackfoot Idaho

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 841324

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Gaumer

(a) Residence. No. 380 West Judicial St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20, 1855

7. AGE: Years 77 | Months 11 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norristown (State or country) Penn

FATHER
13. NAME Jacob Beyer
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Hannah Detra
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Laura L. Gaumer Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Grove City Cem. Date April 22 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Apr. 21, 1933 Mrs Helen E. Gatrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 20, 1933
I last saw her alive on April 20, 1933: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) H. W. Mitchell, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84133

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 53

164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredericka Lindig

(a) Residence. No. East Blackfoot St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Shoemaker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Wilhelmina Barrette Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date Apr. 22, 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot, Idaho

20. FILED Apr. 19, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to April 17, 1933.
I last saw h[illegible] alive on April 17, 1933.: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. W. Mitchell, M. D.
(Address) [illegible]

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84134

PLACE OF DEATH
County of Bingham
City of Blackfoot, Idaho

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 51.
(No. So. E. Judicial)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Walton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mall
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year)
7. AGE 75 Years | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation All

12. BIRTHPLACE (city or town) Bountiful
(State or country) Davis County, Utah

FATHER
13. NAME Dana Walton
14. BIRTHPLACE (city or town) Mexico City
(State or country) State Maine

MOTHER
15. MAIDEN NAME Rebecca Card
16. BIRTHPLACE (city or town) .....
(State or country) Maine

17. INFORMENT C. A. Walton
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Thompson Ck Date On record, 193

19. UNDERTAKER Shaw & Lawson
(Address)

20. FILED Apr. 15, 1933 Mrs. Helen E. Fabrice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 15, 1933
I last saw ~~h~~ alive on April 15, 1933; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F. W. Mitchell, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84135

PLACE OF DEATH
County of Bingham
City of Firth

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 50

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adolph F Johannessen

(a) Residence. No. R. F. D. at Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 20 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Johannessen

6. DATE OF BIRTH (month, day, and year): Dec 21 1838

7. AGE: Years 94 | Months 3. | Days 23. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Common.
10. Date deceased last worked at this occupation (month and year): Retired 20 yrs.
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Smoland. Sweden

FATHER
13. NAME: John Gaar
14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER
15. MAIDEN NAME: Houssa
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): (Robert) Robt. Adolphson, Firth Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: New Hudson Cemetery Burial Date: 4, 1933

19. UNDERTAKER (Address): V. F. McHan, Idaho Falls Ida.

20. FILED: Apr 16 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/14 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9th, 1933, to Apr. 14th, 1933
I last saw him alive on Apr. 9, 1933: death is said to have occurred on the date stated above, at 7.55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	?

Other contributory causes of importance:
And family think appoplexy at the last — 4/14-33

Name of operation: [illegible] Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) F. V. Roberts M. D.
(Address) Shelley Ida

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84136

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 49, 90
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILLIAM A LONG

(a) Residence. No. ... St. SALMON
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME --- do not know

14. BIRTHPLACE (city or town) (State or country) --- do not know

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sal... Idaho Date 5-14, 1933

19. UNDERTAKER E J Peck (Address) Blackfoot Idaho

20. FILED May 14, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 15th 1931, 193... to Apr 14th 1933, 193...
I last saw him alive on Apr 14th, 1933 death is said to have occurred on the date stated above, at 8:10 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC VALVULAR	Sept
DISEASE	8
Mitral insufficiency	1932
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Chas A Lowe, M.D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84137

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1(a)

2. FULL NAME Ross Hanson
(a) Residence. No. Shelley Rt # 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct 3 1918
7. AGE Years 14 Months 6 Days 11 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER
13. NAME L. V. Hanson
14. BIRTHPLACE (city or town) (State or country) Hyrum Utah

MOTHER
15. MAIDEN NAME Alice Hess
16. BIRTHPLACE (city or town) (State or country) Basalt Idaho

17. INFORMENT (Address) L. V. Hanson Shelley, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Goshen Idaho Date April 18, 1933
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho
20. FILED Apr. 15, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14 1933
22. I HEREBY CERTIFY, That I attended deceased from 4-8-, 1933, to 4-14-, 1933
I last saw him alive on 4-12-, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	4-1-1933
Other contributory causes of importance: Perforation of intestine with probable rupture of artery + hemorrhage	4-14-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Elwin Cutler, M. D.
(Address) Box 86 Shelley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84138

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 47 (47)

182

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Colin J. Evans

(a) Residence. No. North East Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug. 29-1930

7. AGE: Years 2 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho.

FATHER

13. NAME Earl N. Evans

14. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho.

MOTHER

15. MAIDEN NAME Bessie L. Keveren

16. BIRTHPLACE (city or town) (State or country) Providence Utah.

17. INFORMENT (Address) Earl N. Evans Blackfoot

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date Apr. 15, 1933

19. UNDERTAKER (Address) E. T. Keck Blackfoot, Idaho.

20. FILED April 14, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 13, 1933

I last saw him alive on Wed April 13, 1933: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in ditch	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/13, 1933

Where did injury occur? Dhimos (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell in ditch

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. W. Mitchell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84139

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 45.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78

2. FULL NAME WILHELMINA GRAMKOW

(a) Residence. No. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: WILLIAM GRAMKOW

6. DATE OF BIRTH (month, day, and year): Apr. 25, 1879

7. AGE: 53 Years | Months: 11 | Days: 10 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Hanover Germany

FATHER
13. NAME: do not know
14. BIRTHPLACE (city or town) (State or country): Halberstadt Germany

MOTHER
15. MAIDEN NAME: Mundhenke
16. BIRTHPLACE (city or town) (State or country): Hanover Germany

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: 4-6, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise, Ida

20. FILED Apr. 6, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18th, 1933, to April 5th, 1933

I last saw her alive on Apr. 5th, 1933: death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
EPILEPSY	1931

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193..
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify --
(Signed) Chas R. Lowe M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84140

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 46.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME PAUL PIZEY

(a) Residence. No. ..... St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie B. Pizey

6. DATE OF BIRTH (month, day, and year) June 7 1871

7. AGE 61 Years | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Boise Idaho Date Apr. 9, 1933

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Apr 9, 1933 Mrs Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1931, to Apr. 8th, 1933, 193..
I last saw him alive on Apr. 8th, 1933: death is said to have occurred on the date stated above, at 5:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Blood Wassermann and clinical symptoms. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84141

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 57

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME FAY HUBBARD

(a) Residence. No. ... St. ALBION, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	---

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep Herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Ozark Mt. Missouri

FATHER
13. NAME -do not know
14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) (State or country) do not know do not know

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Apr. 26, 1933

19. UNDERTAKER Warren Clark
(Address) Blackfoot Idaho

20. FILED Apr. 26, 1933 Mrs Walter C Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1933 to Apr. 25th, 1933
I last saw him alive on Apr. 25th, 1933: death is said to have occurred on the date stated above, at 7:40 mPM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE	Apr. 19 1923
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193..
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84142

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 8

(No.) 160
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Hunter

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

FATHER
13. NAME Albert G. Hunter
14. BIRTHPLACE (city or town) American Fork
(State or country) Utah

MOTHER
15. MAIDEN NAME Leona Taylor
16. BIRTHPLACE (city or town) Clinton
(State or country) Illinois

17. INFORMENT Albert G. Hunter
(Address) Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salt Lake City Date Apr. 24, 1933
Utah

19. UNDERTAKER Friends
(Address)

20. FILED 4 / 24, 1933 M. C. Mackinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 23, 1933
I last saw her alive on Apr 23, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	Apr 20, 1933
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. C. Mackinnon, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 84143

Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

940

2. FULL NAME Marie Louise Wiens

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

FATHER

13. NAME Gerhard Henry Wiens

14. BIRTHPLACE (city or town) Aberdeen
(State or country) Russia

MOTHER

15. MAIDEN NAME Maria Dickman

16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMENT (Address) Gerhard Wiens Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, Idaho Date Apr. 26, 1933

19. UNDERTAKER Friends
(Address)

20. FILED 4 - 27, 1933 M. C. Mackinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to April 26, 1933

I last saw her alive on April 25, 1933; death is said to have occurred on the date stated above, at 4:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 26, 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. C. Mackinnon, M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84144

PLACE OF DEATH
County of Bingham
City of Aberdeen
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina L. Peterson

(a) Residence. No. Aberdeen, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Peter Peterson

6. DATE OF BIRTH (month, day, and year) June 27, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

FATHER

13. NAME Mortensen

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Karn Sophia Larsen

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMENT W. M. Kiatt
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spanish Fork, Utah Date 4-20, 1933

19. UNDERTAKER F. A. W. Davis
(Address) American Falls, Idaho

20. FILED 4-19, 1933 M. C. Mortenson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to April 19, 1933
I last saw her alive on April 19, 1933: death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach,	June '31
Hemorrhage of the Stomach	Apr. '32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) M. C. Mortenson, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84145

PLACE OF DEATH

County of Blaine
City of Ketchum
Registration District No. 57
Primary Registration District No. 2922
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Coroner Cavanaugh

2. FULL NAME Joseph C. Seale

(a) Residence. No. St. 89
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) March 27-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) (State or country) Lorayne Ill

FATHER

13. NAME James Seale

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Nellie Simpson

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Frank Thiettun Kimberly Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date ✓, 193

19. UNDERTAKER L. J. Harris (Address) Hailey Idaho

20. FILED 5-1, 1933 P. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Found dead in Cabin - evidently an attack of Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright Co., M. D.

(Address) Coroner Blaine Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84146

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 5022
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roland Williams

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Davis

6. DATE OF BIRTH (month, day, and year) Nov - 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridger Wyoming

FATHER

13. NAME X

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Grace Williams Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place City Plot Date April 23 1933

19. UNDERTAKER (Address) L. F. Harris Hailey Idaho

20. FILED 5-1, 1933 P. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1933, to 4/18, 1933
I last saw him alive on 4-18, 1933: death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
Other contributory causes of importance: Chronic Nephritis	2 yrs

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84147

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 18
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Elmer Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Feb 16 - 1862

7. AGE Years 71 Months 1 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb 1933
11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) Val Prazo
(State or country) Indiana

FATHER
13. NAME George Brown
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER
15. MAIDEN NAME Helen Blackley
16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMENT Arthur Brown
(Address) Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place City Plot Date April 18, 1933

19. UNDERTAKER L. J. Harris
(Address) Hailey - Ida.

20. FILED 5 - 1, 1933 P. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1933, to 4-15, 1933
I last saw him alive on 4-15, 1933; death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	3 mo
Other contributory causes of importance:	
Interstitial Nephritis	6 mo

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. W. Fox, M. D.
(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84148

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 17

(No. 130 Wright)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Wilhelm Louis Hartung

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Nov 16 - 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buflaben via Goetha Germany -

FATHER

13. NAME Wilhelm Hartung

14. BIRTHPLACE (city or town) (State or country) Germany -

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) Germany -

17. INFORMENT (Address) Freida Meyer Hailey - Ida.

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. Plot Date April 9, 1933

19. UNDERTAKER (Address) L. J. Hamm Hailey Ida.

20. FILED 5 - 1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 4 - 1, 1933, to 4 - 6, 1933

I last saw her alive on 4 - 6, 1933; death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremic Poisoning	10 days

Other contributory causes of importance:

Acute Nephritis & Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert A. Wright, M. D.

(Address) Hailey, Idaho

RECEIVED MAY 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE

State File No. 84149

Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amanda L. Britter

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Feb 15-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brown County
(State or country) Ohio

FATHER

13. NAME Berthelmer Ernst

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Elenor Jacobs

16. BIRTHPLACE (city or town) Maysville
(State or country) Kentucky

17. INFORMENT Josephine E. Richardson
(Address) Hailey - Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Hailey Cemetery Date April 8, 1933

19. UNDERTAKER L. L. Harris
(Address) Hailey - Ida.

20. FILED 5-1, 1933 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1932, to 4-6, 1933

I last saw her alive on 4-6, 1933: death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84150

PLACE OF DEATH
County of Blaine
City of Picabo

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 15

(No.) 187
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marvin Dee Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	^

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 5-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	8 ~~20~~		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Picabo
(State or country) Idaho

FATHER
13. NAME Freman R. Smith
14. BIRTHPLACE (city or town) Picabo
(State or country) Ida.

MOTHER
15. MAIDEN NAME Edna R. Smith
16. BIRTHPLACE (city or town) Camp DeLine
(State or country) Idaho

17. INFORMENT Freman R. Smith
(Address) Picabo - Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Picabo - Ida. Date April 7, 1933

19. UNDERTAKER L. J. Harris
(Address) Hailey - Ida.

20. FILED 5 - 1, 1933 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 ; death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally drowned	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert H. Wright, M. D.
(Address) Coroner - Blaine County

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84151

PLACE OF DEATH
County of Blaine
City of Picabo

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 20

(No.) 168
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William D. Hunter

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Mch - 19 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10. NAME OF FATHER John Hunter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oklahoma
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) ✓

14. Informant John H. Hunter.
(Address) Hailey, Idaho.

15. Filed 5 - 1, 1933 R. H. Wright - Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 23 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 1:30 P m.
The CAUSE OF DEATH* was as follows:

Had no Doctor - totally blind for 20 years.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Robert H. Wright - M. D. Registra
5 - 1, 1933 (Address) Blaine Co -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Picabo, Idaho	4 - 25 1933
20. Undertaker: No undertaker	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

PLACE OF DEATH

County of Bonner

City of Dover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84152

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Norma Jean Sweet

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1930

7. AGE Years 1 Months 5 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dover
(State or country) Idaho

FATHER

13. NAME Norman Sweet

14. BIRTHPLACE (city or town) Pellston
(State or country) Michigan

MOTHER

15. MAIDEN NAME Margarette Maness

16. BIRTHPLACE (city or town) Hillyard
(State or country) Washington

17. INFORMENT Norman Sweet
(Address) Dover, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida Date May 1st, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 5-1-, 1933 Floyd G. Wendle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1933, to Apr 29, 1933

I last saw her alive on Apr 28, 1933; death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Apr 26, 1933

Other contributory causes of importance:

Asthma	Feby 1933

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 84153

Local Registrar's No. 33

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Lucetta C. White

(a) Residence. No. ..... St. Kootenai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wm H. White

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) W. H. White Kootenai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pack River, Ida. Date May 1, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED April 29, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 193..
to ....., 193..
I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease,	Several yrs
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Floyd A. Wendle, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84154
State File No.

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 32
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Mrs Hannah Danielson

(a) Residence. No. 1010 N 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Danielson

6. DATE OF BIRTH (month, day, and year) Mar 18 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Hans Hanson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Engwald Anderson Coeur d Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 4/27, 1933

19. UNDERTAKER Turnbull Co (Address) Sandpoint

20. FILED April 26, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1933, to Apr 24, 1933
I last saw h alive on April 24, 1933: death is said to have occurred on the date stated above, at 7.20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Apr 19 1933
Other contributory causes of importance: Appendicitis	Apr 19 1933

Name of operation appendectomy Date of Apr 19 1933
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED MAY 4 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84155

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 31

(No. Washington & Walnut ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME Andrew O Solberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hertz Solberg

6. DATE OF BIRTH (month, day, and year) June 6 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Ole Solberg

14. BIRTHPLACE (city or town) (State or country) Martha Norway

MOTHER

15. MAIDEN NAME Martha Solberg

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Harold Solberg Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 4/26, 1933

19. UNDERTAKER Townsend Co (Address) Sandpoint Idaho

20. FILED April 26 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1933, to Apr 23, 1933

I last saw him alive on Apr 23, 1933: death is said to have occurred on the date stated above, at 1.2130 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteria Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) B J Wynn, M. D.

(Address) Sandpoint Idaho

RECEIVED MAY 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155.

DO NOT WRITE IN THIS SPACE
84156
State File No.

Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME ANNA MARGARET FALM

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) DEC. 24, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME CARSON I. Jobisen

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ANNA MARY PETERSON

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMENT (Address) J. W. Falam R.F.D. 2 - Sandpoint Ida

18. BURIAL, CREMATION, OR REMOVAL Place SANDPOINT IDA Date APR. 25, 1933 LAKEVIEW. Cem.

19. UNDERTAKER (Address) L. B. Moon Sandpoint, Idaho.

20. FILED April 25, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 22 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Apr 22, 1933.

I last saw h[illegible] alive on Apr 22, 1933: death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Acute tonsilitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L E Alcorn, M. D.

(Address) Sandpoint Ida

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84157

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155.
Local Registrar's No. 29

(No. Alcorn Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Abram Kent

(a) Residence. No. 529 S. Florence Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1913.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Corning
(State or country) New York

FATHER

13. NAME Mile C. Kent

14. BIRTHPLACE (city or town) Bradford Co.
(State or country) Pa.

MOTHER

15. MAIDEN NAME Esther White

16. BIRTHPLACE (city or town) Big Flats
(State or country) New York

17. INFORMENT (Address) L. G. Moon, Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Ida. Date Apr. 22, 1933
Pinecrest Cem.

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Ida.

20. FILED April 21, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to April 20, 1933
I last saw h... alive on April 20, 1933: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cardiaca	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 26

DO NOT WRITE IN THIS SPACE

State File No. 84158

(No. 510 N 4th Ave)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Edgar Kyes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ellen Kyes.

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1835

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	97	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil Enginneer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Michigan Territory

FATHER

13. NAME Ashley Kyes

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Maria McDonald

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) Mrs. Frank Bratton Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Apr. 16, 1933 Lakeview Cem

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED April 16 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1933, to Apr 13, 1933

I last saw him alive on Apr 13, 1933: death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Mar 28
Bronchio pneumonia	Apr 4

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. G. Starkweather, M.D.

(Address) Sandpoint Idaho

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84159

PLACE OF DEATH

County of Bonner

City of Colburn

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

580

2. FULL NAME John J. Mc Ilhargey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mc Ilhargey

6. DATE OF BIRTH (month, day, and year) Oct 30, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Saginaw
(State or country) Mich

FATHER

13. NAME Chas. Edward Stewart

14. BIRTHPLACE (city or town) New London
(State or country) Canada

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMENT Michael Mc Ilhargey
(Address) Colburn, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Mc Arthur, Idaho Date Apr. 7, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED April 7, 1933 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Mar. 19, 1933.

I last saw him alive on Mar. 19, 1933; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	July 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) S. E. Jones, M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84160

PLACE OF DEATH
County of Bonner
City of Granite

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

78

2. FULL NAME Anna I. Bonney.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1916.

7. AGE: Years 16. Months 3 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goodland Kansas

FATHER
13. NAME Earl Bonney.
14. BIRTHPLACE (city or town) (State or country) S. Dakota

MOTHER
15. MAIDEN NAME Sarah A. Stauffer
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Donald Bonney Careywood, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date Apr. 4, 1933 Priest Cem.

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho.

20. FILED April 4, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Apr 2~~ Apr. 2, 1933, to Apr 2, 1933

I last saw her alive on Apr 2, 1933: death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy - Respiratory death during epileptic attack.	1917

Other contributory causes of importance:
Under development.
Chr. Myocarditis

Name of operation None Date of ~~—~~
What test confirmed diagnosis? Ct. seen during series of convulsions Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) F. F. Hooning, M. D.
(Address) Rathdrum Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84161

PLACE OF DEATH
County of Bonner Nordman
City of Nordman

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Walter F. Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divor ced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1874

7. AGE Years: 59 Months: Days: If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Mar. 1933
11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Saginaw Mich

FATHER
13. NAME John Wilson
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah --
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Eleanor Linsert 1606 Sunset Ave Seattle, Wn.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida Date Apr. 24 1933 Pinecrest Cem.

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho.

20. FILED April 24, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) About Mar. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism.	
Crushed by falling wall.	
Collapse of old building.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Mar, 1933
Where did injury occur? Nordman, Bonner County Ida. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Crushed by falling wall
Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature] Coroner, M. D.
(Address) Sandpoint, Idaho.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84162

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter August Lundblade. 44

(a) Residence. No. New Sweden St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Carolina Lundblade Hess

6. DATE OF BIRTH (month, day, and year) June 13 1849.

7. AGE: Years 83 | Months 10 | Days 13. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller & Farmer.
10. Date deceased last worked at this occupation (month and year) Retired 1917
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Varland Sweden

FATHER
13. NAME John Lundblade
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Arthur Lundblade Idaho Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place New Sweden Date 4/30 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Apr. 29, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933, to April 26, 1933
I last saw him alive on April 26, 1933: death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. R. Sodenquist, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84163

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 83
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Cooper
(a) Residence. No. Dubois St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 26, 1933
7. AGE Years: Premature Months: 7 mo. Days: — If LESS than ~~1 day~~, 1/2 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)

FATHER
13. NAME John Morrison Cooper
14. BIRTHPLACE (city or town) Canyon, Texas
(State or country)

MOTHER
15. MAIDEN NAME Helen Roberta Somers
16. BIRTHPLACE (city or town) Argonia Kansas
(State or country)

17. INFORMENT Father
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Idaho Date Apr 27, 1933
19. UNDERTAKER none
(Address)
20. FILED Apr. 27, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 26 1933
22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933, to April 26, 1933
I last saw her alive on April 26, 1933: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 7 Months	

Other contributory causes of importance:
Weak heart

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify ~~city or town~~, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED MAY 0 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84164

PLACE OF DEATH
County of Bonneville
City of Ririe

Registration District No. 73
Primary Registration District No. 21 N-0
Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

21

2. FULL NAME Milo Clyde Wheeler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1932

7. AGE: Years 1 | Months 2 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ririe, Idaho

FATHER
13. NAME Milo Priston Wheeler
14. BIRTHPLACE (city or town) (State or country) Lewiston, Utah.

MOTHER
15. MAIDEN NAME Mae Heaton
16. BIRTHPLACE (city or town) (State or country) Rigby Rt. 3 Idaho.

17. INFORMENT (Address) Milo P. Wheeler Ririe, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ririe, Idaho. Date April 9, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida

20. FILED Apr. 10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1933, to April 8, 1933.
I last saw him alive on April 8, 193...: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	Mar 17
Other contributory causes of importance: Acute myocarditis	April 5

Name of operation None Date of .....
What test confirmed diagnosis? Clinical and Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Idaho.

RECEIVED MAR 1 0 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84165

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2117
Local Registrar's No. 81

(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Frederick Andrew

(a) Residence. No. Idaho Falls Rt #7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Marian G. Andrew

6. DATE OF BIRTH (month, day, and year) March 6, 1853

7. AGE Years 76 Months 1 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER
13. NAME Frederick Andrew
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Whitaker
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) G. Andrew Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date April 26, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Apr 26, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to April 24, 1933
I last saw him alive on April 24, 1933: death is said to have occurred on the date stated above, at 1-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Mitral Stenosis	

Other contributory causes of importance:

Influenza	January 1933

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls 4/25/33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84166

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evelyn Joyce Edwards. 126

(a) Residence. No. Blaine Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year) Jan 18 1928

7. AGE: Years 5 | Months 2 | Days 24. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mansfield. Arkansas.

FATHER

13. NAME: Silas G. Edwards.
14. BIRTHPLACE (city or town) (State or country): Burke Texas.

MOTHER

15. MAIDEN NAME: Minnie Upton
16. BIRTHPLACE (city or town) (State or country): Dennis Mississippi

17. INFORMENT (Address): Silas G. Edwards Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date 4/14 1933
19. UNDERTAKER (Address): V. F. McFarland Idaho Falls Ida.
20. FILED May 20, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 12 1933
22. I HEREBY CERTIFY, That I attended deceased from 10:30 April 11 to 11:30 April 12th, 1933, to April 12th 11:30 AM 1933
I last saw h alive on April 12th, 1933: death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
With convulsion	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thomas C. Wilson, M. D.
(Address) 124 N. Eastern or Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84167

PLACE OF DEATH
County of Bonneville
City of Ida Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 79

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Paulver

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 13 mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

92

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 36 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Foundryman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 15 - 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) T. W. Ballard, Ida Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Logan Utah Date 4-25, 1933 Removal

19. UNDERTAKER (Address) Ol Buck, Idaho Falls

20. FILED Apr 25, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to Apr 22, 1933
I last saw him alive on Apr 22, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:
Thrombo Angiitis Obliterans

Name of operation Amputation Leg Date of March 22 33
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2 1 0

DO NOT WRITE IN THIS SPACE
State File No. 84168

Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Vivian Johannasen

(a) Residence. No. 369 East 12 Street St.
(Usual place of abode)

Length of residence in city or town where death occurred 9 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed & Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Harmacy

6. DATE OF BIRTH (month, day, and year) May 9, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Jesse B. Burroughs

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Joan Balton

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Dorothy Harmacy 369 E. 12 Street

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Apr 24 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED Apr. 24, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 22, 1933

I last saw h alive on April 22, 1933: death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Acute Bronchitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. P. Lodinquist M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84169

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Hill 205

(a) Residence No. Cleveland Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Etta Hill

6. DATE OF BIRTH (month, day, and year) Nov 25 1869

7. AGE: Years 63 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rural Route
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Ky.

FATHER
13. NAME James Hill
14. BIRTHPLACE (city or town) (State or country) Bonneville Kentucky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mary Etta Hill Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 4/19, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Apr 19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cause Unknown

Date of onset

Other contributory causes of importance:

Found dead in Snake River

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred Sorter Coroner

(Address) Idaho Falls Idaho

RECEIVED MAY 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84170

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100 Local Registrar's No. 76
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Martinez
(a) Residence. No. Spencer Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 4 1927
7. AGE: Years 5 Months 9 Days 16 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delnorte Colo.

FATHER
13. NAME Felix Martinez
14. BIRTHPLACE (city or town) (State or country) Grand Junction Colo

MOTHER
15. MAIDEN NAME Mary Galligos
16. BIRTHPLACE (city or town) (State or country) Delnorte Colo.

17. INFORMENT (Address) Felix Martinez Spencer Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 4/18, 1933
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.
20. FILED Apr. 18, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/17 1933.
22. I HEREBY CERTIFY, That I attended deceased from 4/10 33, 193..., to 4/17, 1933
I last saw him alive on 4/17, 1933 death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebro	
Spinal Meningitis	4/11/33
Not Epidemic	

Other contributory causes of importance:

Chronic Mastoiditis	?

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84171

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2,4-7 Local Registrar's No. 75
(No. L. O. S. / Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew I. Andersen 131

(a) Residence. No. Letonia, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Anderson

6. DATE OF BIRTH (month, day, and year) Oct 28, 1847

7. AGE Years 85 Months 5 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Andrew Andersen
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs. Anna Andersen Letonia

18. BURIAL, CREMATION, OR REMOVAL Place Rock Springs, Wyo. Date April 19, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Apr 17, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 16 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 16 1933
I last saw him alive on April 15 1933: death is said to have occurred on the date stated above, at 12-10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & Convulsions	April 14

Other contributory causes of importance:
Prostatic Hypertrophy 2 yrs

Name of operation none Date of
What test confirmed diagnosis? Blood etc Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
4/17/33 (Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84173

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Joseph William Butler

(a) Residence. No. 142 - E. 15th Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Butler

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1868

7. AGE Years 64 Months 6 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hay Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake

FATHER
13. NAME John O. Butler
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Lewis
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Joseph Butler Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date April 14 1933

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Idaho

20. FILED Apr. 14, 1933 (Jay Fernand) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Apr 11, 1933

I last saw him alive on Jan. 7, 1933: death is said to have occurred on the date stated above, at 12-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach & liver.	?

Other contributory causes of importance:

Name of operation Gastro Enterostomy Date of Dec 16/32

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) (Jay Fernand), M. D.

(Address) Idaho Falls Idaho

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84174

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 & 70
Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

175

2. FULL NAME Lewis Winder

(a) Residence. No. 15th & Emerson St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22 1889

7. AGE Years 49 Months 7 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

FATHER
13. NAME T. H. Winder
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Caroline Peterson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) George Winder Rigby #3

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date April 7, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 4 Apr 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h..... alive on ..... about, 193....: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Food poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury April 7, 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Home
Manner of injury Food Poison or
Nature of injury Botulism

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred Foster Comm M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84175

PLACE OF DEATH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73

Primary Registration District No. 2117

Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Mays

161a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Premature Baby

6. DATE OF BIRTH (month, day, and year): April 6, 1933

7. AGE: Years No; Months No; Days No. If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER

13. NAME: Emlen Griswold Mays

14. BIRTHPLACE (city or town) (State or country): Ash Grove Missouri

MOTHER

15. MAIDEN NAME: Anna Marie Hoopes

16. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

17. INFORMENT (Address): Emlen Mays Howe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Howe Ida Date: 4/7, 1933

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED: Apr 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Mother had placenta previa Performed Cesarian

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Ida

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84176

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 21-2
Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME June Lyda Wardle

(a) Residence. No. 171 E W-19th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 3, 1923
7. AGE: Years 9 | Months 10 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Clyde L. Wardle
14. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER
15. MAIDEN NAME: Nettabel Williams
16. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

17. INFORMENT (Address): L. G. Wardle Idaho Falls, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: April 6, 1933
19. UNDERTAKER (Address): Jack C. Ward Idaho Falls Idaho
20. FILED: Apr. 6, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 3 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1933, to April 3, 1933
I last saw her alive on April 3, 1933: death is said to have occurred on the date stated above, at 6:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Mar 24
Other contributory causes of importance:	
Acute myocarditis	April 1

Name of operation: Tonsil Date of:
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. K. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84177

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pearl Esther McCabe. 10

(a) Residence. No. East on First. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henry McCabe.

6. DATE OF BIRTH (month, day, and year) 3/22/1897

7. AGE: Years 36. Months 0 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.
10. Date deceased last worked at this occupation (month and year) today
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denver. Colo.

FATHER
13. NAME Bean
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Allie Vickery
16. BIRTHPLACE (city or town) (State or country) Hutchison Kansas.

17. INFORMENT (Address) Henry McCabe. Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date 4/5, 1933

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls. Idaho.

20. FILED Apr. 4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/3/33 1933.

22. I HEREBY CERTIFY, That I attended deceased from 4/3/33 1933, to 4/3/33, 1933
I last saw her alive on 4/3, 1933: death is said to have occurred on the date stated above, at 9:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	4/1/33

Other contributory causes of importance:

Name of operation Laboratory Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84178

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 2 N 2
Local Registrar's No. 67

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth A. De Lange

(a) Residence. No. (Usual place of abode) New Sweden St.
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds. (If nonresident give city or town and state)

1906

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13 1907

7. AGE: Years 25 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stenographer Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office
10. Date deceased last worked at this occupation (month and year) 6 months
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brussels Belgium

FATHER
13. NAME Leo De Lange
14. BIRTHPLACE (city or town) (State or country) Brussels Belgium

MOTHER
15. MAIDEN NAME Christina Nebenhorst
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Christine Nebenhorst Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date , 193
19. UNDERTAKER (Address) J. F. McHugh Idaho Falls Idaho
20. FILED May 11, 1933 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1933
22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw her alive on , 193 : death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Electric	
Shock	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury April 3 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Electrocuted while bathing
Nature of injury Electrocution
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Floyd Porter Lower M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

PLACE OF DEATH

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84179

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Voorhees

(a) Residence. No. 277 - Cliff Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188c

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 11, 1928

7. AGE Years 4 Months 11 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho

FATHER

13. NAME Gus. G. Voorhees

14. BIRTHPLACE (city or town) (State or country) Nashville Tennessee

MOTHER

15. MAIDEN NAME Mattie Guyman

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Mrs. Mattie Voorhees

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Idaho Date April 4, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Apr 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1933, to Apr 2, 1933

I last saw her alive on ..... Never saw her alive, 193..... : death is said to have occurred on the date stated above, at 4-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental -	
Fractured Skull	Apr 2

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr 2, 1933

Where did injury occur? Idaho Falls Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On street

Manner of injury Hit by taxicab

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84180

PLACE OF DEATH
County of Bonneville
City of Osgood

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Pallerea

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Caucasian
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 29. 1933

7. AGE: Years ✓ Months ✓ Days ✓ If LESS than 1 day 5 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osgood Idaho

FATHER
13. NAME John Pallerea
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Elizabeth Panzarella
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) John B Pallerea Osgood Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Cemetery Idaho Falls 3/30, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED Apr. 1, 1933 A Fumand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/29. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw her alive on 3/29, 1933: death is said to have occurred on the date stated above, at 1220 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:
Mother had severe fall shortly before she gave birth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Geo. A. Aupperle D. O. ~~M. D.~~
(Address) Idaho Falls, Idaho

RECEIVED MAY 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84181

CERTIFICATE OF DEATH

PLACE OF DEATH
County of BONNEVILLE
City of IDAHO FALLS
Registration District No. 1o2
Primary Registration District No. 6 Local Registrar's No.
(No. L.D.S HOSPITAL . IDAHO FALLS . IDAHO
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME SALLY MATHIS

(a) Residence. No. MARYSVILLE IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J.T MATHIS

6. DATE OF BIRTH (month, day and year) SEPT.28th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	7	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

PARENTS

10. NAME OF FATHER A.L JONES

11. BIRTHPLACE OF FATHER (city or town) (State or Country) NORTH CAROLINA.

12. MAIDEN NAME OF MOTHER MARY GIBSON

13. BIRTHPLACE OF MOTHER (city or town) (State or County) TENN.

14. Informant J.T MATHIS.
(Address) MARYSVILLE IDAHO

15. Filed 5/1/33, 19.... LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH APRIL29th 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from APRIL. 28th, 1933, to APRIL 29th, 1933
that I last saw her alive on APRIL 29th 1933
and that death occurred, on the date stated above, at 2.P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

ACUTE ASCENDING BULBOR PARALYSIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis? CLINICAL

(Signed) H.RAY HATCH, M. D.
4/28/33, 19.... (Address) IDAHO FALLS.

19. Place of Burial, Cremation, or Removal	Date of Burial
GREEN TIMBER IDAHO	5/1/33 19

20. Undertaker LEWIS KISER Address ASHTON IDAHO

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84182

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1116
Local Registrar's No. 43
(No. 424 - 14th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1
49

2. FULL NAME Albert B. Stumbaugh

(a) Residence. No. 424 - 14th Ave No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 1st 1874

7. AGE — Years: 58 | Months: 9 | Days: 9 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Taylor Co. Iowa.

PARENTS

10. NAME OF FATHER: Wm H. Stumbaugh
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Penna.
12. MAIDEN NAME OF MOTHER: Elizabeth Porter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Penna.

14. Informant
(Address) Nampa, Idaho.

15. Filed May 1, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 1930, to Apr 10, 1933
that I last saw him alive on Apr, 1933
and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:
Exhaustion
Cancer right lung
(duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?

(Signed) Geo R Proctor M. D.
4-10, 1933 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	19
20. Undertaker	Address
Wm D. Talley	Nampa, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84183

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
(No. 219 - 19th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 42

31

2. FULL NAME John A. McGrew

(a) Residence. No. 219 - 19th Ave. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary McGrew.

6. DATE OF BIRTH (month, day and year) March 2nd, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	1	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer retired

9. BIRTHPLACE (city or town) (State or country) Oklahoma

PARENTS

10. NAME OF FATHER Archie McGrew

11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown

12. MAIDEN NAME OF MOTHER Mary Ann Flint

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14. Informant Mrs. Mary McGrew
(Address) Nampa, Idaho

15. Filed May 1 —, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 9 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Apr. 9, 1933
that I last saw him alive on Apr. 9, 1933
and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* was as follows:

Pulmonary Consumption

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted, if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O C Bellamy M. D.

4-11-, 1933 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa — Date of Burial: 4-12 1933

20. Undertaker: Wm. D. Talley — Address: Nampa, Ida

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84184

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 39
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Marvice Ida Johnson

(a) Residence. No. 503-9th Ave. S. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A.T.Johnson

6. DATE OF BIRTH (month, day and year) Sept. 12, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ark.

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Mattie Stroud
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Okla.

14. Informant Simm Cuningham
(Address) Meridan, Ida.

15. Filed May 1 — 1933. Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 18 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1933, to Apr 18, 1933
that I last saw her alive on Apr 18, 1933
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:
Apoplexy
Thr
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) hypertension
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical
(Signed) A.P. Rose M. D.
Apr 18, 1933 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	4-23-33 19
20. Undertaker F.K.Robinson	Address Nampa, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84185

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 38

(No. Mercy Hospital) 90

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Flahiff

(a) Residence. No. 1015-11Ave. S. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Flahiff

6. DATE OF BIRTH (month, day and year) 4-13-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Charles Flahiff

(Address) Nampa, Ida.

15. Filed May 1st, 1933. Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4-15-33
(Month) (Day) (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from 4/15, 1933, to 4/15, 1933, that I last saw h[illegible] alive on 4/15, 1933 and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency
acute dilatation

2 hrs
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

5
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? c

Did an operation precede death? Cholecystectomy Date of 2 mos ago

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H. P. Rosa, M. D.

Apr 15, 1933 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	4-19-33 19

20. Undertaker	Address
F.K. Robinson	Nampa, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84186

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 44

46

2. FULL NAME Lizzie Simanek
(a) Residence. No. R.F.D. #1 St. Kuna, Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 17 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joe Simanek

6. DATE OF BIRTH (month, day and year): Feb. 5th 1882

7. AGE: Years 51 Months 2 Days 23 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Czecho-Slavokia

PARENTS

10. NAME OF FATHER: Frank Cizar
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Czecho-Slavokia
12. MAIDEN NAME OF MOTHER: Barbara Priha
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Czecho-Slavokia

14. Informant: Mr Joe Simanek
(Address): Kuna, Idaho

15. Filed May 3, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. (Month) 29th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1933, to Apr. 29th, 1933 that I last saw her alive on Apr. 29th, 1933, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows: Cardiac embolus 8 hours after operation.

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary): Cancer of the uterus (duration) 0 yrs. 6 mos. 0 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? yes. Date of 4/29/33.

Was there an autopsy? No.

What test confirmed diagnosis? Symptomatic

(Signed) Geo. O. R. Kellogg, M. D.

5/1/, 1933 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa
Date of Burial: 5-1 1933

20. Undertaker: Mrs Nina M Talley
Address: Nampa Id

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84187

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
(No. 1½ mi west Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 42

11

2. FULL NAME Anna Nemec

(a) Residence. No. 1½ mi west Nampa St. Checko-Slavonia
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Nemec

6. DATE OF BIRTH (month, day and year) July 26th 1876

7. AGE	Years	Months	Days	If LESS than 1 day,
	56	8	15	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Checko-Slavonia

PARENTS

10. NAME OF FATHER Michael Krupa
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Checko-Slavonia
12. MAIDEN NAME OF MOTHER Barbara Krupa
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Checko-Slavonia

14. Informant John Nemec
(Address) Nampa, Idaho

15. Filed May 1 1933 Lydia Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 11 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1932, to 4-11, 1933, that I last saw her alive on 4-10, 1933, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓

(Signed) A. C. Horton, M. D.
4-13, 1933 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	4-14 1933
20. Undertaker	Address
Mrs. Nina M. Talley	Nampa, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84188

PLACE OF DEATH
County of Canyon
City of Nampa,
Registration District No. 7
Primary Registration District No. 2010
(No. 9 miles west of Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 47

2. FULL NAME Mrs. Sarah Anne Wagner
(a) Residence. No. 9 miles west Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day and year) Sept. 15th., 1835

7. AGE	Years	Months	Days	If LESS than 1 day,
	97	7	1	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer retired

9. BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS
10. NAME OF FATHER unknown Daniels
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Mr. Moore
(Address) Caldwell, Idaho.

15. Filed May 1, 1933 Eyra Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apl. (Month) 16 (Day) 33. 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 9.45 P. m.
The CAUSE OF DEATH* was as follows:

Senility - No medical attention.

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? ... Date of ...
Was there an autopsy? ...
What test confirmed diagnosis? ...

(Signed) A. A. Newberry (Attending Physician)
Apl. 17, 1933. (Address) Caldwell Ida M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn, Nampa.	4-19- 1933

20. Undertaker Mrs. Nina M. Talley Address Nampa, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84189

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 207
Primary Registration District No. 3
Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Adell B. Cottier

(a) Residence. No. Roswell St. Ada
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 76 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country): New York City N.Y.

PARENTS

10. NAME OF FATHER: John Van Burnen
11. BIRTHPLACE OF FATHER (city or town) (State or Country): N.Y. State
12. MAIDEN NAME OF MOTHER —
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) —

14. Informant: C.V. Cottier
(Address): Parma #1

15. Filed 5-8, 1933 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1933, to Apr 27, 1933
that I last saw h[illegible] alive on Apr. 24, 1933
and that death occurred, on the date stated above, at 7 0 m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? none
(Signed) W. M. Mitchell, M. D.
4/28, 1933 (Address) Parma Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Roswell Cem. | Date of Burial: 4/29 1933
20. Undertaker: C.V. Peckham | Address: Caldwell Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84190

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 2007
Primary Registration District No. 3
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 18

161a

2. FULL NAME James C. Hedges Jr.
(a) Residence, No. Parma St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 2 hrs. Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Parma

PARENTS
10. NAME OF FATHER James C. Hedges
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Emmett Ida.
12. MAIDEN NAME OF MOTHER Dorthy Groves
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Chappell ~~Ion~~ Neb.

14. Informant James C. Hedges
(Address)

15. Filed 5-8, 19 Ethel Jurries Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1933, to Apr. 24, 1933
that I last saw him alive on Apr. 24, 1933
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:
Premature.

(duration) yrs. mos. 2 hrs. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? none
(Signed) T. M. Mitchell M. D.
4/26, 1933 (Address) Parma Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Roswell Ida
Date of Burial Apr 26 1933

20. Undertaker None
Address

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84191

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Hollingshead Burtch,

(a) Residence. No. Middleton Canyon Co. St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wife C. A. Burtch.

6. DATE OF BIRTH (month, day, and year) 11-24-1867

7. AGE Years 67 Months 4 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decator Co. Iowa

FATHER

13. NAME Isaac C Hollingshead

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Elizibeth Walker

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Emily Criswell 712 Main Boise

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Boise Ida Date 4-17, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 4-17, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1933, to ....., 193...

I last saw her alive on ....., 1933; death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and General breakdown	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 193.

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J. W. Hamer M. D.

(Address) ~~Caldwell Idaho~~ Middleton

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84192

PLACE OF DEATH
County of Canyon
City of Caldwell Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth H. Bagley

(a) Residence. No. Caldwell Hospital (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: W

6. DATE OF BIRTH (month, day, and year): Dec 8 1846

7. AGE: Years 86 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Aaron Dow
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Hampton
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): C. H. Bagley Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Canyon Hill Cem. Date: May 7, 1933

19. UNDERTAKER (Address): C. V. Peak Caldwell Ida

20. FILED 5-8, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 5, 1933

I last saw h[illegible] alive on May 1, 1933; death is said to have occurred on the date stated above, at 10 36 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	

Other contributory causes of importance:

Age	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) S. B. Dudley, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84193

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1006 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Emma J. Small

(a) Residence. No. Boise ave Golden Gate Ed. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Noah D. Small

6. DATE OF BIRTH (month, day, and year) June 10-1871

7. AGE Years 61 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Not Know Storms
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Elmer W. Lowell Caldwell, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date 5-6, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 5-8, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 4, 1933

I last saw her alive on May 4, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify A. A. Newberry
(Signed) Caldwell Ida, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84194
State File No.

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Julia Packard

46

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 13 1882
7. AGE: Years 50 | Months 10 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fillmore Co. Nebr.

FATHER
13. NAME: Joe Heider
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Edith — ?
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Fred M Packard
18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Co. Idaho Date: 5-8-7, 1933
19. UNDERTAKER (Address): C. N. Peterhans Caldwell Idaho
20. FILED 5-8, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 4 1933
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 4, 1933
I last saw her alive on May 4, 1933; death is said to have occurred on the date stated above, at 5:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteris	2
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. A. Newberry, M. D.
(Address) Caldwell Idaho

RECEIVED MAY 12 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84195

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Carl Christian Boehringer

(a) Residence. No. 1324 Everett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 7-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weinsberg
(State or country) Germany

FATHER

13. NAME Christian Conrad Boehringer

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Christine Not known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Charles Boehringer
(Address) Parma Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Parma, Date April 30, 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 5-1, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to April 28, 1933

I last saw him alive on April 27, 1933: death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/13 33

Other contributory causes of importance:

Diabetes	Several months

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84197

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 3005 Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

880

2. FULL NAME Michael F. Ryan

(a) Residence. No. Weiser Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Theresa Ryan

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation self life

12. BIRTHPLACE (city or town) Crescent City
(State or country) Iowa

FATHER

13. NAME Andrew Ryan

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Shea

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT Theresa Ryan
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date 4-28, 1933

19. UNDERTAKER L. C. Markham
(Address) Weiser Idaho

20. FILED 4-25, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933 to April 25, 1933

I last saw him alive on April 25, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	about 4 years
Other contributory causes of importance: Acute Nephritis	several months

Name of operation None, Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Coe, M. D.

(Address) Caldwell Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84198

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME William Pierce Hall

(a) Residence. No. R#4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6" 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankfort Kentucky

FATHER

13. NAME Kannie Hall

14. BIRTHPLACE (city or town) (State or country) Kentucky Not known

MOTHER

15. MAIDEN NAME Savage

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Josie M. Davis Caldwell, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date April 26, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 4-26, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 23 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1933, to April 23, 1933

I last saw him alive on April 2, 1933: death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st. Apoplexy — Thrombosis M Cerebrale arteries. 2nd	Nov. 1932
	April 23, 1933

Other contributory causes of importance: (Hypotension)

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C R Whittenberger D.B. M.D.

(Address) Caldwell, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84199

PLACE OF DEATH
County of Canyon
City of Huston
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Josephine Edwards

(a) Residence. No. Central Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert P. Edwards

6. DATE OF BIRTH (month, day, and year) Oct 30 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconson

FATHER
13. NAME James Clay Edwards
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) C. Chas. Edwards Los Angeles, Calif
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date April 24 1933
19. UNDERTAKER (Address) J. V. Peckham Caldwell Idaho
20. FILED 4-26 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1933, to Apr 22, 1933
I last saw her alive on Apr 22, 1933: death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	1925

Other contributory causes of importance:

Name of operation Removal of Breast Date of 1925
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert E. Talbot, M. D.
(Address) Weiser Ida

INSTRUCTIONS: 1. Information should be entered in ink, or typewritten, and must be given by person best informed. 2. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84200

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 39

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lora Ellen Rayne

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 16 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

PARENTS

10. NAME OF FATHER W.A.Rayne

11. BIRTHPLACE OF FATHER (city or town) Ft Dodge
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER Pearl Cookson

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Ills

14. Informant W A Rayne
(Address) Caldwell Idaho

15. Filed 4-24, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 22-33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Apr 22, 1933, to Apr 22, 1933
that I last saw h alive on Apr 22, 1933
and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Intestinal obstruction
with gangrene of bowel
Intussusception) early
operation refused
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? yes Date of 4/22/33
Was there an autopsy? yes
What test confirmed diagnosis? Operation
(Signed) [signature] M.D.
Apr 24, 1933 (Address) Caldwell

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill	4-24-33 19

20. Undertaker	Address
Paul L.Case	Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84201

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Marion D. Myers

(a) Residence. No. 505 - Blaine St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch-18-1874

7. AGE Years: 59 Months: 1 Days: 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barby bar. Idaho

FATHER

13. NAME William Myers

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Cornelia Richardson

16. BIRTHPLACE (city or town) (State or country) Hillsboro Oregon

17. INFORMENT (Address) Verne Myers Caldwell 505 - Blaine

18. BURIAL, CREMATION, OR REMOVAL Place Middleton Date 4-23 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida.

20. FILED 5-1, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1933, to Apr 21, 1933

I last saw him alive on Apr 21, 1933: death is said to have occurred on the date stated above, at 7-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar	
pneumonia	
st. lower	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Montgomery M. D.

(Address) Caldwell Ida

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84202

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alvin A. Crossman

(a) Residence. No. ..... Parma, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 d

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 30-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

FATHER

13. NAME Alvin Crossman

14. BIRTHPLACE (city or town) Not known
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) .....
(State or country) " "

17. INFORMENT J E Crossman
(Address) Ventura Calif

18. BURIAL, CREMATION, OR REMOVAL
Place Parma Ida Date April 24, 1933

19. UNDERTAKER C. W. Leishman
(Address) Caldwell Idaho

20. FILED 4-26, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to April 18, 1933
I last saw h..... alive on April 18, 1933; death is said to have occurred on the date stated above, at 5.50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Cardio-Vascular Renal Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. G. Newberry, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84203

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No.
Primary Registration District No.
Local Registrar's No. 35

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dixie Ann Anderson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley Ida
(State or country)

FATHER
13. NAME Lars E. Anderson
14. BIRTHPLACE (city or town) Riverton Ut
(State or country)

MOTHER
15. MAIDEN NAME Anna May Thomson
16. BIRTHPLACE (city or town) Vein Ida
(State or country)

17. INFORMENT Lars E. Anderson
(Address) Burley Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 4-5, 1933

19. UNDERTAKER Lars L. Pauper
(Address) Burley Ida

20. FILED April 4, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to April 3, 1933

I last saw her alive on March 24, 1933: death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acutie Influenzal Bronchitis	

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Admiral Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Charles B. Beymer, M. D.
(Address) Burley, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84204

PLACE OF DEATH
County of Cassid
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maud Mary Alsop Frost-Thomas

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of David P. Thomas

6. DATE OF BIRTH (month, day, and year) Born Aug 8-1860

7. AGE Years 72 Months 7 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fillmore Utah

FATHER
13. NAME Edward S. Frost
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Alsop Scarton Frost
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) David P. Thomas Oakley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Oakley Date Apr 4, 1933

19. UNDERTAKER (Address) Jas. P. Payne Burley Ida

20. FILED April 3, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933, to April 2, 1933
I last saw her alive on April 2, 1933; death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Lobar Pneumonia	April 1, 1933

Other contributory causes of importance:

Cerebral Hemorrhage - Hemiplegia	Mar. 30 1933
Hypertension, Aortic Regurg.	15 yrs.

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury none
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Charles B. Beymer, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84205

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Marion Crystal
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 2 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 20-1933

7. AGE Years | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Albion Idaho.

PARENTS
10. NAME OF FATHER Marion R. Crystal
11. BIRTHPLACE OF FATHER (city or town) (State or Country) American Fork Utah
12. MAIDEN NAME OF MOTHER Delsa Asher
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Albion Ida

14. Informant (Address) X Marion R Crystal

15. Filed April 26, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 25 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to April 25, 1933
that I last saw him alive on April 25, 1933
and that death occurred, on the date stated above, at 4:30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Hugh E. Evans, M. D.
....., 19..... (Address) Burley Ida

19. Place of Burial, Cremation, or Removal Albion Ida | Date of Burial 4-28 1933

20. Undertaker D. E. Johnson | Address Burley

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84206

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 39
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Elquist

(a) Residence. No. Unity - 107 E. St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs J. W. Elquist

6. DATE OF BIRTH (month, day and year) Nov. 18-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Grantsville Utah

PARENTS

10. NAME OF FATHER John Elquist
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Mary Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Mrs. J. W. Elquist

15. Filed Apr 29, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19 1933 to April 22, 1933
that I last saw him alive on April 21, 1933
and that death occurred, on the date stated above, at 5 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental - struck by and trampled by horse
Fracture - 8-9th ribs rt.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Left Lower Lobar Pneumonia & Pleural effusion
..... (duration) ..... yrs. ..... mos. 3 ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Charles B. Baymer M. D.
Apr. 24, 1933 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Burley City Cemetery — Date of Burial: 4/25/1933
20. Undertaker: H. C. Johnson — Address: Burley Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84207

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia

City of Heyburn

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 88

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Josephine Scharling

(a) Residence. No. Heyburn St. Idaho

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Parley Scharling

6. DATE OF BIRTH (month, day and year) June 24 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Keeper,
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tropic Utah

PARENTS

10. NAME OF FATHER A. J. Hansen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Denmark

12. MAIDEN NAME OF MOTHER Caroline Hansen

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown Denmark

14. Informant (Address) Mrs. Val Hansen Heyburn, Idaho

15. Filed April 21, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1931, to April 21, 1933 that I last saw her alive on March 10, 1933 and that death occurred, on the date stated above, at 9 30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
a Decompensation

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Oakley - Idaho

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Paynter M. D.

April 24, 1933 (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal: Oakley City Cemetery — Date of Burial: 4/23- 1933

20. Undertaker H. E. Johnson — Address: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84208

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 1196
Local Registrar's No. 37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Birella Robinson

(a) Residence. No. [redacted] St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: —
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Burley Ida

FATHER
13. NAME: Samuel E. Robinson
14. BIRTHPLACE (city or town) (State or country): Upton Utah

MOTHER
15. MAIDEN NAME: Florence I. Symmonds
16. BIRTHPLACE (city or town) (State or country): Spanish Fork Utah

17. INFORMENT (Address): Samuel E. Robinson Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Burley Date: Apr 21, 1933

19. UNDERTAKER (Address): C. L. Taylor Burley Ida

20. FILED Apr 22, 1933 Laura Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 20 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to April 20, 1933
I last saw her alive on April 20, 1933: death is said to have occurred on the date stated above, at 9:8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from	
Mucous membrane of	
intestines Tract	April 18

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. E. Dean M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84210

Registration District No.

Primary Registration District No. Local Registrar's No. 20

(No. State Hospital North) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Backes

(a) Residence. No. St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) May 24, 185[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago - Illinois

FATHER

13. NAME Lawrence Geis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth —?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Council Alms Date 4/5, 193

19. UNDERTAKER V. A. Thain
(Address) Orofino

20. FILED 4/5, 193 V. A. Thain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to April 3, 1933

I last saw h[illegible] alive on April 2, 1933: death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease (mitral regurgitation)	
Other contributory causes of importance: Senile psychosis	

Name of operation None Date of

What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Lowell McElway, M. D.

(Address) Orofino - Idaho -

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84211

PLACE OF DEATH

County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 29

(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME Henry F Cramer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Ed Cramer Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date April 15 193

19. UNDERTAKER W A Shaw
(Address) Orofino

20. FILED 4/15, 193 W A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 193

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 13, 1933

I last saw him alive on April 12, 1933: death is said to have occurred on the date stated above, at 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributary causes of importance:	
Senility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A B Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84212

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No.
Primary Registration District No.
Local Registrar's No. 22
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Nelson

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	?

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMENT Orofino Hospital
(Address) Orofino

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date April 12 193

19. UNDERTAKER Vick & Nagler
(Address) Orofino

20. FILED 4/11, 193 Vick & Nagler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 193

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933 to April 10, 1933
I last saw him alive on April 10, 1933: death is said to have occurred on the date stated above, at 1 pm noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary tuberculosis	?
Other contributory causes of importance: Tubercular laryngitis	6 month

Name of operation None, Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Hopkins, M. D.
(Address) Orofino, Idaho

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84213

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 24

(No. State Hospital North) 84
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Erma Costello

(a) Residence. No. ..... St. Sandpoint - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) November 7, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Business College

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho

FATHER

13. NAME William J. Costello

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Ethel Van Wert

16. BIRTHPLACE (city or town) (State or country) Wuane New York

17. INFORMENT (Address) Records: State Hospital North Orofino — Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash Date Apr 21, 1933

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 4/21, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to April 19, 1933

I last saw her alive on April 19, 1933: death is said to have occurred on the date stated above, at 8.15 P.m.

The principal cause of death and related causes of importance were as follows:

Exhaustion of psychosis — Date of onset .....

Other contributory causes of importance:

Psychosis with other brain & nervous disease

Name of operation None Date of .....

What test confirmed diagnosis Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos Irvine McKelvey, M. D.

(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84214

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mrs. Millard Boehm

(a) Residence. No. R 3 D 1 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Boehm

6. DATE OF BIRTH (month, day and year) Sept 16 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	6	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10. NAME OF FATHER Lee Shoemaker
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ?

14. Informant Chas. Boehm
(Address) Orofino

15. Filed 4/9 19.... V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 - 7 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to Apr 7, 1933, that I last saw h.. alive on Jan 21, 1933 and that death occurred, on the date stated above, at 11 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic arteriosclerosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterial sclerosis

(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) R. J. Hoffmans, M. D.
4/8 1933 (Address) Orofino Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Gilbert	April 9 1933
20. Undertaker	Address
Orofino Mortuary	Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84215

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Bonanza

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 150
(No. 104)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Jack J Wilson

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant at Ross
(c) Name of employer Self Idaho.

9. BIRTHPLACE (city or town) San Francisco
(State or country)

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Paul F. Lehmaldt
(Address) Bonanza Ida

15. Filed Feb 18, 1933 Elsie M. Kinney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at 12:45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Leukemia & old age

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) J. L. Roberts Coroner M. D.
April 23, 1933 (Address) Challis, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Bonanza, Ida	Feb 16 1933
20. Undertaker	Address
J. L. Roberts Coroner	Challis Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84216

PLACE OF DEATH
County of Custer
City of Challis, Idaho

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 152
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Brown
(a) Residence. No. Challis, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unmarried

6. DATE OF BIRTH (month, day and year) 1870

7. AGE Years 63 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner & Prospector
(b) General nature of industry, business, or establishment in which employed (or employer) Not employed
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Challis, Idaho
Emmett Donahue clerk of court

15. Filed April 22, 1933 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 13 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Thought to be
Heart failure
no Dr. in attendance (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. S. Ebbert Coroner M. D.
19 (Address)

19. Place of Burial, Cremation, or Removal Challis, Idaho
Date of Burial April 14 1933

20. Undertaker J. S. Ebbert Coroner
Address Challis, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84218

PLACE OF DEATH

County of Elmore
City of near Mt. Home

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Althea Humpreys
(a) Residence. No. Shelley Idaho St. 188C
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Orin Humpreys.

6. DATE OF BIRTH (month, day and year): 5/8/1910

7. AGE: Years 22, Months 11, Days 8. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Idaho.

PARENTS

10. NAME OF FATHER: Samuel Davis
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Utah
12. MAIDEN NAME OF MOTHER: May Rice
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Utah

14. Informant (Address): Samuel Davis, Hammett Idaho

15. Filed April 18, 1933 — A. Anderson, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) - 16 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 5.30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

~~Phil~~ Broken Neck
Accidental Auto Wreck
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Philo F. Green Coroner, M. D.
April 18, 1933 (Address) Mt. Home, Idaho

19. Place of Burial, Cremation, or Removal: Shelley Idaho. Date of Burial: 19

20. Undertaker: G. S. Zacher Address: Mt. Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84219

PLACE OF DEATH
County of Elmore
City of Mt. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry W Hosac

(a) Residence. No. Boise St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Hosac

6. DATE OF BIRTH (month, day, and year) 10-7-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold Mines

10. Date deceased last worked at this occupation (month and year) 10-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME David Hosac

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Sarah Turk

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) Hester Hosac Boise. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 4/11, 1933

19. UNDERTAKER (Address) S. Barker Mt. Home Ida.

20. FILED April 11, 1933 A. F. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1933, to April 10, 1933
I last saw him alive on April 9, 1933; death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Mar 17 '33
Other contributory causes of importance: arterio-sclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Henry C. Rickford, M. D.
(Address) Mountain Home, Ida.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84220

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Melissa Sant

60 W

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Heber Sant

6. DATE OF BIRTH (month, day, and year) Jan 2 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fillmore, Utah

FATHER

13. NAME Nephi Pratt

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Melissa Collister

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Heber Sant Clifton, Id.

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Id Date April 14, 1933

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Id.

20. FILED May 8, 1933 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1933, to 4-11, 1933.
I last saw h alive on 4-11, 1933; death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	4-10-33
Ruptured Appendectomy	

Other contributory causes of importance:

Pneumonia	3 days
Myocarditis	4 years

Name of operation Partial Appendectomy Date of,
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. R. Wells, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84221

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 25

124

2. FULL NAME Ethel Hazel Farnes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse Farnes

6. DATE OF BIRTH (month, day and year): Jan 9 1896

7. AGE: 37 Years | Months: 3 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Missouri

PARENTS
10. NAME OF FATHER: Jos. E. Winger
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Missouri
12. MAIDEN NAME OF MOTHER: Saralda Nowland
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Indiana

14. Informant: Jesse Farnes
(Address): Preston, Idaho.

15. Filed May 8, 1933 G. W. States Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1933, to 4-11, 1933
that I last saw her alive on 4-11, 1933
and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:
Surgical shock following gall bladder operation
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary): Chronic Myocarditis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of 4-8-33
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) A. R. Curtis, M. D.
....., 19..... (Address) .....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Preston, Idaho. | Date of Burial: April 14 1933

20. Undertaker: M. W. Hendricks | Address: Preston, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84222

PLACE OF DEATH
County of Franklin
City of Fairview

Registration District No. 27
Primary Registration District No. 2117
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

927

2. FULL NAME Anna Della Cafferty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Robt Drum

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Eid

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Gilbert Cafferty Fairview

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Date April 15 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston, Ida.

20. FILED May 8, 1933 E. A. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932 to April 12, 1933

I last saw her alive on April 12, 1933; death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1928
Chronic Nephritis Secondary Contracted Kidney.	1928
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orson L. Haines, M. D.

(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR B

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84223

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Larue Chandler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
15	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ririe Idaho
(State or country)

FATHER

13. NAME Wm. J Chandler

14. BIRTHPLACE (city or town) Samaria Idaho
(State or country)

MOTHER

15. MAIDEN NAME Mary Call

16. BIRTHPLACE (city or town) Rigby Idaho
(State or country)

17. INFORMENT WM. J Chandler
(Address) Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rigby Idaho Date Apr 22, 1933

19. UNDERTAKER M.W.Hendricks
(Address) Preston Idaho

20. FILED May 8, 1933 G. W. States
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 14 —, 1933 to Apr 19 —, 1933
I last saw her alive on Apr 14 —, 1933: death is said to have occurred on the date stated above, at 4:20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	Apr. 13-33
Other contributory causes of importance:	
Acute Septicaemia	Apr 14-33

Name of operation Appendectomy Date of Apr 14-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) G. W. States, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84224

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Anna Mathea Olsen Millard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widdoewd

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of W. Charles Millard

6. DATE OF BIRTH (month, day, and year) Dec 30 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Ole Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Marie Erickson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Oliver Millard Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Preston Idaho Date , 193

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED May 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 193 3 to April 16, 193 3
I last saw h[illegible] alive on April 16, 193 3; death is said to have occurred on the date stated above, at 1.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast & Metastasis to liver & stomach	1930
Chronic Myocardial degeneration	1928

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Orson L. Davis, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84225

PLACE OF DEATH
County of Franklin
City of Franklin
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orrin Jackson Merrill

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Merrill

6. DATE OF BIRTH (month, day, and year) June 22 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Utah

FATHER

13. NAME Samuel B. Merrill

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Elizabeth Runion

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) Frank Merrill Preston Ida

18. BURIAL, CREMATION, OR REMOVAL Place Preston Ida Date Apr 27 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED May 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1933 to Apr 25, 1933

I last saw him alive on Apr 23, 1933: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral disease of Heart	1915

Other contributory causes of importance:

Myocarditis -
Endocarditis -

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury -, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. W. States, M. D.

(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 13 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

1880

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 99

Primary Registration District No. 2177

File No. 84227

County of Fremont

City of St. Anthony (No. ....., ... St.)

Registered No. 62.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elias L. Richards

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6. DATE OF BIRTH: September 12-1912 (Month) 1 (Day) (Year)

7. AGE: 20 yrs. 5 mos. 27 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Montpelier, Idaho.

10. NAME OF FATHER: Albert G. Richards

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake City, Utah

12. MAIDEN NAME OF MOTHER: Amanda Lindsay

13. BIRTHPLACE OF MOTHER (State or Country): Bennington, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Minnie Richards
(Address) Jackson, Wyo.

15. Filed Mar 8 1933 Sarah Munk Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-8-'33 191.., to 3-9-33 191.., that I last saw him alive on 3-8-33 191.., and that death occurred on the date stated above, at 3:00 A.M.

The CAUSE OF DEATH* was as follows: Struck by Train Victor Idaho
1- Traumatic Shock.
2- Injuries - Comminuted fractures tibia & fibula. Crushing of Ant. thigh muscles.
(Duration) ..... yrs. ..... mos. 12 hrs
Contributory (Secondary) Hemorrhage
(Duration) ..... yrs. ..... mos. ~~12 hrs.~~ 7 hrs. ds.,
(Signed) N. W. Daly, M. D. M. D.
19.. (Address) Ashton, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 7 hrs days. In the State ..... yrs. ..... mos. 10 hr. ds.
Where was disease contracted if not at place of death? Rail Road Right of Way (Victor Ida.)
Former or usual residence Jackson, Wyo.

19. PLACE OF BURIAL OR REMOVAL: Jackson Wyo. DATE OF BURIAL: Mar. 11/33 191..

20. UNDERTAKER: W. M. Hansen ADDRESS: St. Anthony, Idaho.

WRITE PLAINLY, DING INK—THIS IS A PERMANENT RECORD. RVED FOR BINDING
N. B.—Every item of information e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED MAY 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84228

PLACE OF DEATH

County of Fremont

City of St. Anthony, Idaho

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Axel Orson Nyborg

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Johannah Nyborg

6. DATE OF BIRTH (month, day, and year) Aug. 29th, 1872

7. AGE: Years 60 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Pleasant Utah.

FATHER
13. NAME A. O. Nyborg
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Ingor Olson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Axel O. Nyborg St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wilford Date April 5th, 1933

19. UNDERTAKER (Address) St. Anthony Idaho.

20. FILED May 1, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 3 1933

22. I HEREBY CERTIFY, That I attended deceased from at Mt. Tenure, 193..., 193...

I last saw him alive on Apr 3, 1933; death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. Bevis M. D.

(Address) St Anthony Idaho

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84229

PLACE OF DEATH
County of Fremont
City of Ashton

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. ~~11~~ 77

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Clotriel Free

(a) Residence. No. Ashton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 23-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy, Utah

FATHER
13. NAME Abaslom Free
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

MOTHER
15. MAIDEN NAME Carry Sorensen
16. BIRTHPLACE (city or town) (State or country) Bear River City Utah

17. INFORMENT (Address) Carry Free Ashton Route # 1 Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Date 5/2/33 193

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED May 1, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Apr. 29, 1933
I last saw her alive on Apr. 3, 1933; death is said to have occurred on the date stated above, at 10½ P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Locomotor ataxia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) P. W. Keeley, M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84230

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Wonda Jean Hudson

(a) Residence. No. St. Anthony Idaho. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29th, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony (State or country) Idaho

FATHER

13. NAME Amstead M. Hudson

14. BIRTHPLACE (city or town) Ind. (State or country)

MOTHER

15. MAIDEN NAME Rosa D. Ashcraft

16. BIRTHPLACE (city or town) Ind. (State or country)

17. INFORMENT (Address) A. M. Hudson St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 4/12/33 93

19. UNDERTAKER (Address) St. Anthony Idaho.

20. FILED 4/12/33 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Apr. 10, 1933

I last saw him alive on Apr. 10, 1933; death is said to have occurred on the date stated above, at 11 20 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930

Other contributory causes of importance:

General Oedema	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM No. 5-25M-1-19 RECEIVED MAY 12 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84231

Local Registrar's No. 71

1. PLACE OF DEATH

County of Fremont

City of Teton

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 99

Primary Registration District No. 2177

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Nelda Dean Stewart

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: August 7th, 1929 (Month) (Day) (Year)

7. AGE: 3 Yrs. 8 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Teton Idaho.

10. NAME OF Father: Dean Stewart

11. BIRTHPLACE OF FATHER (State or Country): Teton Teton City Idaho.

12. MAIDEN NAME OF MOTHER: Josephine Lund

13. BIRTHPLACE OF MOTHER (State or Country): Willard Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dean Stewart

(Address) Teton, Idaho.

15. Filed April 18 1933 Sarah Munk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 16th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1933 to April 16 1933 that I last saw her alive on April 16, 1933, and that death occurred on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ..... yrs. 1 mos. 15 ds.

Contributory (Secondary) Acute Nephritis

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) P. M. Kelly M. D.

4/16/1933 (Address) St. Anthony, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wilford, Idaho.

DATE OF BURIAL: April 18th, 1933

20. UNDERTAKER: W. M. Hansen

ADDRESS: St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84232

PLACE OF DEATH
County of Fremont
City of Salem.

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Charles B. Valentine

(a) Residence. No. North Salem. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3-1873.

7. AGE Years 60 Months 1 Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham Utah

FATHER
13. NAME Charles Valentine
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Sophia Loveland.
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs. Mable Roylance St Anthony #1.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date 4/20 1933

19. UNDERTAKER (Address) Vern J Keller Rexburg

20. FILED April 19, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Apr. 16, 1933
I last saw him alive on July, 1932; death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/16/33

Other contributory causes of importance:
Encephalitis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84233

PLACE OF DEATH

County of Fremont

City of Egin

Registration District No.

Primary Registration District No.

Local Registrar's No. 76

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wells Hillman Beck

(a) Residence. No. St. Anthony Route # 3 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28th, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, Idaho
(State or country)

FATHER

13. NAME John Beck

14. BIRTHPLACE (city or town) Spanishfork, Utah
(State or country)

MOTHER

15. MAIDEN NAME Harriett Vilate Long

16. BIRTHPLACE (city or town) Pleasant Grove Utah
(State or country)

17. INFORMENT Mrs Lea Jensen
(Address) St. Anthony, Ida. Route # 3

18. BURIAL, CREMATION, OR REMOVAL
Place Annis Date 4/27/33 193

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED April 26 1933 Sarah Mrnick
Registrar

MEDICAL CERTIFICATE OF DEATH April 19

21. DATE OF DEATH (month, day, and year) April 19-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Falling in well drowning accidently.	
Body discovered monday April 24th, 1933	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193...
Where did injury occur? Egin Idaho. Fremont County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Mrs Abe Branson's farm
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Hansen Co. Coroner, M. D.
(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84234

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 73

(No. 31)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marilyn F. Ferney

(a) Residence. No. St. Anthony, Idaho. St. St. Anthony Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4th, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ekalaka Mont.

FATHER

13. NAME Leland Ferney

14. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho.

MOTHER

15. MAIDEN NAME Hazel Ludwig

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Leland Ferney St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date 4/23/33 193

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED April 23, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Apr. 15~~ Apr. 15 1933, to Apr. 21, 1933

I last saw him alive on Apr. 21, 1933; death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Collapse following Emphysema of tissue due to Pulmonary tuberculosis	

Other contributory causes of importance:

Acute tonsilitis, Pharyngitis and bronchitis.	

Name of operation Date of

What test confirmed diagnosis? X-Ray autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. C. Ellyson, M. D.

(Address) St. Anthony Idaho

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84235

PLACE OF DEATH

County of Fremont

City of St. Anthony Idaho Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1590

2. FULL NAME August Jr. Demicelle

(a) Residence. No. St. Anthony, Idaho. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 22nd, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
XXXXX	XXXXX	One	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony, Idaho.

FATHER

13. NAME August Demicelle

14. BIRTHPLACE (city or town) (State or country) Canon, City, Colo.

MOTHER

15. MAIDEN NAME Mildred Wadsworth

16. BIRTHPLACE (city or town) (State or country) St. Anthony, Idaho.

17. INFORMENT (Address) August Demicelle St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Idaho Date Apr. 24th, 1933

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED May 1, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1933 to Apr. 22, 1933

I last saw him alive on Apr. 22, 1933; death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malformed Abnormality of Birth	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. W. Keeley, M.D.

(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84236

PLACE OF DEATH

County of FREMONT

City of ASHTON

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CHRISTIAN HARRINGFELD

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	~~WIDOWED~~

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/19/1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME ANDREW HARRINGFELD

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME HENREITTA FRITZ

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMENT (Address) WILLIAM HARRINGFELD ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place ASHTON IDAHO Date BURIAL 4/19 22/33

19. UNDERTAKER LEWIS KISER
(Address) ASHTON IDAHO

20. FILED 4/21/33, 193 LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-19-'33 193

22. I HEREBY CERTIFY, That I attended deceased from 4-10-'33, 193, to 4-19-'33, 193

I last saw him alive on 4-18-'33, 193: death is said to have occurred on the date stated above, at 10:AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute myocardial failure.	
2. Bronchiopneumonia, acute.	4-9-33
Other contributory causes of importance:	
1. Chronic myocardial degeneration.	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify Over work, exposure.

(Signed) N. W. Doty, M. D.

(Address) Ashton, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

S

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84237

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. .....
Primary Registration District No. 4 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME DeWitte Clinton Brown

(a) Residence. No. ..... Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 11 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Janesville Wis

PARENTS

10. NAME OF FATHER Emory King Brown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Grafton N.Y.
12. MAIDEN NAME OF MOTHER Louisa Bogestel
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Brunswick N.Y.

14. Informant (Address) Mrs Louise Pulson Emmett Idaho

15. Filed Apr 13, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 11, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1933, to April 11 1933
that I last saw him alive on ..... 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Chronic Nephritis and
Myocardial Involvement
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J L Reynolds, M. D.
Apr 13, 1933 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: Apr 13 1933

20. Undertaker: O D Bucknum — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84238

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Emmett — Registration District No. ....
Primary Registration District No. .... Local Registrar's No. ....
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie Dymoke

(a) Residence. No. .... Emmett Idaho St. ....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of W. W. Dymoke

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
43	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Utah

PARENTS

10. NAME OF FATHER Jacob De Groat
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Brimhall
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not Known

14. Informant W. W. Dymoke
(Address) Emmett Idaho

15. Filed 4/14, 1933 J. A. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
April 6th, 1933, to April 14, 1933,
that I last saw her alive on April 14 —, 1933
and that death occurred, on the date stated above, at .... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Puerperal Infection

(duration) .... yrs. .... mos. 7 ds.
CONTRIBUTORY Irritation, Anemia
(Secondary)
(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) J. A. Reynolds M. D.
4/14, 1933 (Address) Emmett Idaho

Place of Burial, Cremation, or Removal	Date of Burial
Emmett Idaho	4/16 1933

20. Undertaker C. D. Buckmaster — Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84239

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Sutton Brownfield

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Fem	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. T. Brownfield

6. DATE OF BIRTH (month, day and year) Apr 9 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs, or ..... min.
70	0	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Richard Sutton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary Thiston
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Richard Sutton Emmett Idaho

15. Filed 4/24, 1933 J. A. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Apr ....., 1933, that I last saw her alive on Apr 18, 1933 and that death occurred, on the date stated above, at 5 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of breast involving lung before death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) 3 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J. A. Reynolds, M. D.
4/24, 1933 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 4/25 1933

20. Undertaker: C. D. Buckner — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84240

PLACE OF DEATH
County of Gem
City of Emmett
Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Modin

(a) Residence. No. Emmett Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

M. D.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced.
HUSBAND of (or) ~~WIFE of~~ Hattie Modin

6. DATE OF BIRTH (month, day and year) Oct 29-1857

7. AGE	Years	Months	Days	If LESS than 1 day,
	75	5	17	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Peter Minn.

PARENTS

10. NAME OF FATHER Peter Modin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweeden
12. MAIDEN NAME OF MOTHER Margeta Olopa
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweeden

14. Informant (Address) Hattie A. R. Modin Emmett Idaho

15. Filed 4/17, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
I saw this fellow March 29th, 19..., to ..., 19...
that I last saw him alive on ..., 19...
and that death occurred, on the date stated above, at ...m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
This was a case of Chronic Cerebral disease Possibly a Paresis
(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary)
5 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? not known
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) J L Reynolds, M. D.
4/17, 1933 (Address) Emmett

19. Place of Burial, Cremation, or Removal: Emmett Idaho
Date of Burial: 4/18 1933
20. Undertaker: C D Buckmeen
Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84241

PLACE OF DEATH
County of Gooding
City of Bliss

Registration District No.
Primary Registration District No.
Local Registrar's No. 224

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ellen M. Burkhard. 16

(a) Residence. No. Bliss Idaho St. Bliss Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) ~~Married~~ Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William Burkhard.

6. DATE OF BIRTH (month, day, and year) April 22-1843

7. AGE Years 89 Months 11 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashland county Ohio

FATHER
13. NAME John Russell
14. BIRTHPLACE (city or town) (State or country) — unknown

MOTHER
15. MAIDEN NAME Jane — (?) Russell
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs. W. J. Burkhard.

18. BURIAL, CREMATION, OR REMOVAL Place Hagerman Cemetery Date 4-19, 1933

19. UNDERTAKER (Address) Johnson Bliss Idaho

20. FILED 4-30, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-17 1933

22. I HEREBY CERTIFY, That I attended deceased from not at all, 193 , to , 193
I last saw h alive on not at all, 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Old age — Date of onset
Death sudden
Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. O. Cromwell, M. D.
(Address) Gooding

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84242

PLACE OF DEATH
County of Gooding
City of Tuttle

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 226

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Vivian Ann Larson

(a) Residence. No. Tuttle Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Leo Larson

6. DATE OF BIRTH (month, day, and year) 4-28-1892

7. AGE Years 40 Months 11 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER
13. NAME Ares R Pruett
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Malinda Garner
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Leo Larson Tuttle Ida

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 4-22 1933

19. UNDERTAKER (Address) A. E. Thompson Gooding Ida

20. FILED 4/22, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 4-19-, 1933, to 4-21-, 1933

I last saw her alive on 4-20, 1933. death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4-19-

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Cromwell M. D.

(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84243

PLACE OF DEATH
County of Gooding
City of "

Registration District No. 24
Primary Registration District No. .....
Local Registrar's No. 227

(If death occurred in a hospital or institution, give its name instead of street and number.) (No. 131)

2. FULL NAME Susan Dean Phillips

(a) Residence. No. Gooding Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: W. A. Phillips

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 64 — Months: 0 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): American Fork Utah

FATHER
13. NAME: Taylor
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Ross Phillips Gooding Ida
18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Ida Date 4-21-, 1933
19. UNDERTAKER (Address): A. E. Thompson Gooding Ida
20. FILED 4-30 1933 J. H. Cromwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-19- 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1- 1933, to 4-19- 1933
I last saw her alive on 4-19- 1933: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights disease	
Anasarca	4-1-33
Uremia	3-1-33

Other contributory causes of importance:

Name of operation None Date of -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Cromwell, M. D.
(Address) Gooding Ida

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 84244

Local Registrar's No. 225

(No.) 204

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Dee Card

(a) Residence. No. Twin Falls, Ida. (Just returned from Panama (Sailor
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6. DATE OF BIRTH (month, day, and year) April 10/97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36			13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor

10. Date deceased last worked at this occupation (month and year) Apr 1933

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Barney Card

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Koontz

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMENT (Address) C. F. Wiley Twin Falls. Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls Date 4/26/33 193

19. UNDERTAKER (Address) Evans & Johnson Twin Falls L. Johnson

20. FILED 4-30, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-23- 1933

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ , 193, to , 193

I last saw h alive on ~~, 193 : death is said~~

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Death sudden	

Other contributory causes of importance:

First Called after death had occured

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Cromwell, M. D.

(Address) Gooding

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84245

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Elizabeth Manring

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/1/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pattonsburg
(State or country) Mo.

FATHER

13. NAME Henry Utz

14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Woodring

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT
(Address) Emma Earp Grangeville

18. BURIAL, CREMATION, OR REMOVAL
Place Fair View Date March 15, 1933

19. UNDERTAKER C. A. Hancock
(Address) Grangeville Idaho

20. FILED May 1, 1933 B C Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-12-1933

22. I HEREBY CERTIFY, That I attended deceased from March 27th, 1933, to April 10th, 1933

I last saw h[illegible] alive on April 10, 1933; death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	4-11-33

Other contributory causes of importance:

Chronic Nephritis	1928
Mitral Stenosis	Don't Know

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Shumway M. D.

(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84246

PLACE OF DEATH
County of Idaho
City of Greencreek
Registration District No.
Primary Registration District No.
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Florence Agnes Wassmuth

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ----
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 9-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-- ---	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ---
10. Date deceased last worked at this occupation (month and year) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Greencreek, Idaho

FATHER
13. NAME Joseph Wassmuth
14. BIRTHPLACE (city or town) (State or country) Greencreek, Idaho

MOTHER
15. MAIDEN NAME Lena Wassmuth
16. BIRTHPLACE (city or town) (State or country) Greencreek, Idaho

17. INFORMENT (Address) Joseph Wassmuth (father)

18. BURIAL, CREMATION, OR REMOVAL Place Greencreek, Idaho Date Apr. 6, 1933

19. UNDERTAKER Father Boerlocher (Address) Green Creek Ida.

20. FILED Apr. 5, 1933 W. F. Orr Registrar.
Jun 3 13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to March 23, 1933
I last saw her alive on March 23, 1933: death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia	2-28-33
Other contributory causes of importance:	
Impetigo Contagiosa	3-31-33

none
Name of operation none Date of no
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) J. D. Shumack, M. D.
(Address) Grangeville, Idaho

RECEIVED APR 13 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84247

PLACE OF DEATH
County of Idaho
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No.

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Joses

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Md
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joses

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 97 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alpowa
(State or country) Wash

FATHER
13. NAME Pok-kok-kil-likt.
14. BIRTHPLACE (city or town) Alpowa
(State or country) Wash

MOTHER
15. MAIDEN NAME M-chan-na-
16. BIRTHPLACE (city or town) Alpowa Pendleton
(State or country) Oregon

17. INFORMANT Thomas Tyres
(Address) Juliette Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 4-3-, 1933

19. UNDERTAKER Kamiah Funeral Home
(Address) Kamiah Ida

20. FILED , 193 4-10-1933 Registrar.
Neil Robertson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1933, to Chane, 193
I last saw her alive on 4/2, 1933; death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Kamiah Idaho

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84249

PLACE OF DEATH

County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 20

1000

2. FULL NAME William David Morgan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of ~~XXX XXXXX~~ Fannie Kimber.

6. DATE OF BIRTH (month, day and year) November 19, 1861

7. AGE: Years 71, Months 5, Days 6. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Tooele, Utah.

PARENTS

10. NAME OF FATHER: William Morgan.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Wales.
12. MAIDEN NAME OF MOTHER: Catherine Jarmon.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Wales.

14. Informant: Roy Morgan
(Address) Rigby, Idaho. R. #1

15. Filed April 25, 1933 A B Echorall Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 25 1933 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/25, 1933, to ....., 19..
that I last saw him alive on 4/25, 1933
and that death occurred, on the date stated above, at 3:30 P m.
The CAUSE OF DEATH* was as follows: apparently Bronchi Pneumonia Patient Cyanotic Ex dying when seen.
..... (duration) DK yrs. mos. ds.
CONTRIBUTORY (Secondary) DK
..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? DK
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical Symptoms
(Signed) Earl D Jones, M. D.
4/27, 1933 (Address) Roberts Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Archer Idaho. Date of Burial: 4-27 1933

20. Undertaker: A B Echorall Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84250

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1020
Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Ada Hansen

(a) Residence. No. 632 Lincoln St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Peter Hansen

6. DATE OF BIRTH (month, day, and year) 1889-4-22

7. AGE Years 43 Months 11 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Johnson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Peter Hansen

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Place Coeur d'Alene Idaho Date 4-9, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 4-29, 1933 H. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to April, 1933
I last saw her alive on April 6, 1933: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Krag Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J. Sturges, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84251

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 34
Primary Registration District No. 1050
Local Registrar's No. 48

(No.) 179
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marguerite Kent

(a) Residence. No. 121 Lakeshore Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 3 - 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene

FATHER
13. NAME Thomas T. Kent
14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER
15. MAIDEN NAME Lola Beach
16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) T. T. Kent Ofa.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 2-18, 1933

19. UNDERTAKER Mooney Mortuary C'd'A.
(Address)

20. FILED 4-10, 1933 N. J. Stringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2 - 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1932, to Feb. 16, 1933.
I last saw her alive on Feb. 16, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Sept. 29, 32
Other contributory causes of importance: Chronic tonsilitis.	3 or 4 yrs.

Name of operation Date of
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John O'Neal M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84252

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME James Osborne

(a) Residence. (Usual place of abode) No. 310 Forest Drive St. ..... (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nina Osborne

6. DATE OF BIRTH (month, day, and year) Feb 19 - 1862

7. AGE: Years 70 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forestry service
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Amos Osborne
14. BIRTHPLACE (city or town) (State or country) Virg

MOTHER
15. MAIDEN NAME Mary Meckin
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Mrs Nina Osborne Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date 2/19, 1933

19. UNDERTAKER (Address) Mooney Mortuary Pound Dene Idaho

20. FILED 4-10, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1933, to Feb. 17, 1933

I last saw him alive on Feb. 18, 1933: death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 17

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) John Wood, M. D.

(Address) Coeur d'Alene Ida.

RECEIVED MAY 5 1933

PLACE OF DEATH

County of Kootenai

City of Gibbs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84253

Registration District No. 30

Primary Registration District No. 1650 Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. FULL NAME Mary Kruger

(a) Residence. No. 705 - Emma St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jacob Kruger

6. DATE OF BIRTH (month, day, and year) 1857-6-2

7. AGE Years 76 Months 10 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tyral Austria

FATHER

13. NAME Adam Rimmel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) C H Stucheli Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Date 4-13, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 4-10, 1933 H J Sturgee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1933, to April 11, 1933

I last saw her alive on April 11, 193..: death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	about March 15

Other contributory causes of importance:

Terminal Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Coeur d'Alene, Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84254

Registration District No. 30

Primary Registration District No. 105 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Jas. A. Richardson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Edith Richardson

6. DATE OF BIRTH (month, day, and year) 1854-9-14

7. AGE Years 68 Months 6 Days 10 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1933-4-10

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME David Richardson

14. BIRTHPLACE (city or town) (State or country) Dont-Know

MOTHER

15. MAIDEN NAME Abagail Tyler

16. BIRTHPLACE (city or town) (State or country) Dont-Know

17. INFORMENT (Address) Seta R Porter

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida Date 4-14, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene

20. FILED 4-12, 1933 N. J. Sturges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10- 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193...., to ....., 193....

I last ~~saw~~ did not ~~him~~ alive on ....., 193....: death is said to have occurred on the date stated above, at 9 43 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Automobile ran off bridge draffed about 20 feet into Spokane River turned upside down - about 3 ft water death probably due to drowning

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury 4-10 1933

Where did injury occur Post Falls Kootenai Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Automobile accident

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) E. H. Teed Coroner, M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84256

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 3e
Primary Registration District No. 1650
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delphia Jeanette Weaver

(a) Residence. No. 617 Indiana ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Henry Weaver

6. DATE OF BIRTH (month, day, and year): 1854-12-11

7. AGE — Years: 78 | Months: 3 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year): 1933-4-19
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mound City Ill.

FATHER
13. NAME: Thomas Secrest
14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER
15. MAIDEN NAME: Polly Ann Shultz
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMENT (Address): Orrie L. Faulkner 1313 Lakeside Lane Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cem. Date 4-23, 1933

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 4-22, 1933 N. J. Sturgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 20 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1933, to April 20, 1933
I last saw her alive on April 20, 1933: death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concealed Hemorrhage - from Intestinal tract.	April 19 33
Other contributory causes of importance:	
Mass in Right upper abdomen - which was undiagnosed	

Name of operation: none Date of:
What test confirmed diagnosis? Vomited & Passed Blood. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84257

PLACE OF DEATH — **CERTIFICATE OF DEATH**

County of Teton — Registration District No. 77

City of Victor — Primary Registration District No. 9176 — Local Registrar's No. 12

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin E. Jacobson

(a) Residence. No. Victor, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

92

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Isabell Ballard Jacobson

6. DATE OF BIRTH (month, day and year) May 18 – 1887

7. AGE — Years: 45 — Months: 11 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): Garage
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Kimsdale Nebraska

PARENTS

10. NAME OF FATHER: Christian Jacobson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark
12. MAIDEN NAME OF MOTHER: Charlotte Jacobson
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweden

14. Informant (Address): John R. Ballard. Victor, Ida.

15. Filed 4 – 10 – 1933. Abie M. Greene, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4 – 5 – 1933, to 4 – 5 – 1933

that I last saw him alive on 4 – 5 – 33 19..

and that death occurred, on the date stated above, at 10:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) G. Parkinson, M. D.

4 – 7 – 1933 (Address) Driggs, Ida

19. Place of Burial, Cremation, or Removal: Victor, Idaho — Date of Burial: 4 – 8 – 1933

20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84258

PLACE OF DEATH

County of Kootenai

City of Post Falls,

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 50

(No. Post Falls, Idaho,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Knobel

(a) Residence. No. Post Falls, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? 82 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Verena

6. DATE OF BIRTH (month, day, and year) Apr 24 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Apr 1933

11. Total time (years) spent in this occupation 47 yr

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME John Knobel

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME not dt

16. BIRTHPLACE (city or town) (State or country) not dt

17. INFORMENT (Address) Fred Knobel-Rockford, Wn

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date 4-10-33 193

19. UNDERTAKER Smith & Co.
(Address) 1124 W Riverside, Spokane

20. FILED 4-10, 1933 W J Steiger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1933, to Apr 7, 1933

I last saw him alive on Apr 5, 1933: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
—	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) G J Kentzwork, M. D.

(Address) Post Falls, Idaho

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84259

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Clyde Wilcox
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 19, 33

7. AGE — Years — Months — Days — If LESS than 1 day, 1 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Spirit Lake Idaho

PARENTS

10. NAME OF FATHER Clayton J. Wilcox
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio.
12. MAIDEN NAME OF MOTHER Mabel Fischer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) Clayton J. Wilcox Spirit Lake, Ida.

15. Filed 4/19 1933 AC Spoover Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 19 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1933, to Apr 19, 1933
that I last saw him alive on Apr 19, 1933
and that death occurred, on the date stated above, at 11 15 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
New born - Congenital Hydrocephalis & deformed arms & legs. Poss. birth Injury (duration) New born yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? before birth
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Appearance
(Signed) F. F. Hoening, M. D.
4/19, 1933 (Address) Rathdrum

19. Place of Burial, Cremation, or Removal Greenwood Cemetery Spirit Lake Ida. Date of Burial 4/20 1933

20. Undertaker Cassedy Funeral Home Address Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84260

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Hubert Sharp

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) 1905 - 5 - 28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranch helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933 - 4 - 12

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Huron Mich

FATHER

13. NAME James C. Sharp

14. BIRTHPLACE (city or town) (State or country) Forester Mich.

MOTHER

15. MAIDEN NAME Cunilla L. Les Proance

16. BIRTHPLACE (city or town) (State or country) Baltimore Mich.

17. INFORMENT (Address) Don H Hamblin 904 Kinnan ave Spokane Wn

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Spokane Wash Date 4 - 22, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 4 - 22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 19, 1933

I last saw him alive on April 19, 1933; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever -	April 12

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Woods

DO NOT WRITE IN THIS SPACE
State File No. 84261

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 1

(No.) 11
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amalie Weisgerber

(a) Residence. No. Hawley Apartments St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-15-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER
13. NAME Schunk
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Miss Clara Weisgerber
(Address) Route 1 C.d.A.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Spokane Wash. Date 4-26 1933

19. UNDERTAKER Mooney Mortuary
(Address) C.d.A.

20. FILED 4-25-, 1933 E. L. Ingalsbe M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-24 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Apr. 24, 1933
I last saw her alive on Apr. 23, 1933: death is said to have occurred on the date stated above, at 8a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	March 1933

Other contributory causes of importance:

Severe diarrhoea	
Chronic colitis.	Mch. 1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John Allred M. D.
(Address) Coeur d'Alene, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84262

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 2.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clare E. Williams 45

(a) Residence. No. 417 Military Drive St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J. C. Williams

6. DATE OF BIRTH (month, day, and year): 3-24-1880

7. AGE: Years 53 | Months — | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chicago

FATHER
13. NAME: John W. Anslow
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ellen Sibell
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): J. C. Williams Cdla.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Wash Date 4-25, 1933

19. UNDERTAKER (Address): Mooney Montgomery Cdll.

20. FILED 4-25-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-22 1933

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1932, to April 22, 1933.
I last saw her alive on April 21, 1932: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pelvic Colon	1931.

Other contributory causes of importance:

Secondary Infection in metastases	Feb - 1932.

Name of operation Resection of diseased Segment of colon. Date of April 1932
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. M. Husted, M. D.
(Address) Coeur d'Alene Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84263

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Sunnyside Dist-
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Christensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 L

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Jansine Christensen

6. DATE OF BIRTH (month, day, and year) 1855-5-10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933-4-26

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME — Adams

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Dont-Know

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Leo Christensen

18. BURIAL, CREMATION, OR REMOVAL Forest-Place Coeur d'Alene Ida. Date 4-30, 1933

19. UNDERTAKER Cossed Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 4-28-, 1933 E L Sparks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 27 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933, to April 27, 1933.
I last saw him alive on Apr 27, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
Decompensation	

Other contributory causes of importance:

Old Age	
Abscessed Teeth	

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 193
Where did injury occur? — ,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E L Sparks M.D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84264

PLACE OF DEATH
County of Kootenai
City of C'd'A

Registration District No.
Primary Registration District No.
Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Josua Petersen

(a) Residence. No. 411 Garden Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emma Petersen

6. DATE OF BIRTH (month, day, and year) Aug 4 1868

7. AGE Years 64 Months 8 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) La Crosse Wisc

FATHER
13. NAME Otto Petersen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Matilda Gohlmann
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Emma Petersen Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date 4/30, 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene Ida

20. FILED 4/29, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 1932, to 4/26, 1933.
I last saw him alive on 4/24, 1933: death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?

Other contributory causes of importance:

Chronic Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) C. M. Husted, M. D.
(Address) Coeur d'Alene, Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84265

PLACE OF DEATH
County of Kootenai
City of Lake Creek District
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annabell Sprague 90

(a) Residence. No. Lake Creek, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: George L.

6. DATE OF BIRTH (month, day, and year): Feb. 29, 1872

7. AGE: Years 61 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year): April 1933
11. Total time (years) spent in this occupation: 40 y

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Steve Brooks R.D.# 9, Spokane

18. BURIAL, CREMATION, OR REMOVAL
Place: Spokane, Wn Date: May 1, 1933

19. UNDERTAKER (Address): HAZEN & JAEGER N. 1306 Monroe, Spokane

20. FILED April 30, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 28 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ..... did not see ....., 193...., to ....., 193....
I last ~~saw~~ her alive on ....., 193....: death is said to have occurred on the date stated above, at 8:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease probable Cause	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) E. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 2 1933

PLACE OF DEATH

County of Kootenai

City of C'd'A

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84266

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

747

2. FULL NAME Elizabeth J Priest

(a) Residence. No. 810 Gadden Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 15 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Gabriel Billaur

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Armstrong

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT Mrs. L. C. Snyder
(Address) Michigan

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Avart Date 4/30 1933

19. UNDERTAKER Mooney Mortuary
(Address) C'd'A

20. FILED 4/29/33, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/28 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to April 23, 1933

I last saw her alive on Apr. 23, 1933: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 23. 1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Ellwood M.D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

PLACE OF DEATH

County of Latah

City of Moscow (Rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 84267

Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vivian Louise Weber

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) March. 25, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME Lester Weber

14. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

MOTHER

15. MAIDEN NAME Nellie D. Caldwell

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Lester Weber, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Cemetery Date April. 25, 1933

19. UNDERTAKER F. R. Short (Address) Moscow

20. FILED 5-2-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1933, to Apr. 23, 1933.

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause undetermined	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature], M. D.

(Address) Moscow Idaho

RECEIVED MAY 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84268

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 23

(No. Gritman Hospital) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles William Tompson

(a) Residence. No. ..... St. Troy Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Tompson

6. DATE OF BIRTH (month, day, and year) Oct 23 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Maine Mills Wis.

FATHER

13. NAME Nels Tompson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs Edith Tompson

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Cem. Date 4/18, 1933

19. UNDERTAKER John F. Pickard (Address) Troy Idaho

20. FILED 5-2-, 1933 Mary Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-16- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to April 16, 1933

I last saw him alive on April 16, 1933; death is said to have occurred on the date stated above, at 7:55 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other contributory causes of importance:	
Gastric ulcer.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. L. Gritman, M. D.

(Address) Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84269

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 22

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Ira Clarence Evans

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1864

7. AGE: Years 68 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME George S. Evans
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Elizabeth Mahorny
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Mrs. Joe Hazeltine Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date Apr. 17, 1933

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 5-2-1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/2/33, 193..., to 4/14/, 1933
I last saw him alive on 4/13, 1933; death is said to have occurred on the date stated above, at 4:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia secondary to prostatic obstruction with Hydro-nephrosis + hydroureters	Five years duration

Other contributory causes of importance:
Hypo-static pneumonia

Name of operation none Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Joseph G. Wilson, M. D.
(Address) Urquhart Bldg., Moscow, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84270

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 21

(No. 515 N. Main)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1612

2. FULL NAME Raymond Francis Dickeson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Ezekiel J. Dickeson

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Catherine M. Galarneau

16. BIRTHPLACE (city or town) Nez Perce
(State or country) Idaho

17. INFORMENT Raymond F. Dickeson
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Moscow Date 4/5, 1933

19. UNDERTAKER None
(Address)

20. FILED 5-2-, 1933 Harry Enhorn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/5 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1933, to Apr. 4, 1933

I last saw him alive on Apr. 1, 1933; death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 7 mo.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Enhorn, M. D.

(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84271

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Walter Perry McWilliams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nellie McWilliams

6. DATE OF BIRTH (month, day, and year): Jan. 31, 1872

7. AGE: Years 61 | Months 2 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Teacher and Business man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Fuel dealer, Teacher, 20 Yr
10. Date deceased last worked at this occupation (month and year): Mar. 1933
11. Total time (years) spent in this occupation: Fuel, 4 yr.

12. BIRTHPLACE (city or town) (State or country): [illegible]

FATHER
13. NAME: John McWilliams
14. BIRTHPLACE (city or town) (State or country): .....

MOTHER
15. MAIDEN NAME: Josephine White
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMENT (Address): Mrs. Nellie McWilliams, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Moscow Date: 4/6, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow Ida.

20. FILED 5-2-, 1933 Harry Einhoiser, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1933, to April 4th, 1933.
I last saw him alive on April 4, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows: Brights disease

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W. A. Adair, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 5 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84272

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 10 11

Local Registrar's No. 19

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank L. Wells

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own shop athome

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Buncombe, N. Car.

FATHER

13. NAME Benj. F. Wells

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Sarah E. Penlin

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMENT (Address) Orom Wells Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Apr. 4, 1933

19. UNDERTAKER F. R. Short (Address) Moscow

20. FILED 5-2-, 1933 Harry Einhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 4, 1933, to April 1, 1933

I last saw him alive on Mch 31, 1933: death is said to have occurred on the date stated above, at 2:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Influenza	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. L. Gritman, M. D.

(Address) Moscow, Idaho.

RECEIVED MAY 3 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84273

PLACE OF DEATH
County of Latah
City of Juliaetta

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Allen Franklin Aldrich

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19, 1858

7. AGE: Years 74 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austin Minn.

FATHER
13. NAME Benjamin F. Aldrich
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Boyer
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Alma Mc Glynn Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Juliaetta Date 4/13, 1933

19. UNDERTAKER (Address) H. R. Short Moscow Ida

20. FILED Apr 13, 1933 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Apr 10, 1933.
I last saw him alive on Apr 10, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia	1930
Cerebral arteriosclerosis	1927

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. Alchristensen M. D.
(Address) Kendrick, Idaho

RECEIVED APR 19 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84274

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Edward Braun

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katherine Braun

6. DATE OF BIRTH (month, day, and year) Aug. 1, 1870

7. AGE Years 62 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luxemburg

FATHER

13. NAME Frederick Braun

14. BIRTHPLACE (city or town) (State or country) Luxemburg

MOTHER

15. MAIDEN NAME Katherine Baker

16. BIRTHPLACE (city or town) (State or country) Luxemburg

17. INFORMENT (Address) Mrs. Katherine Braun Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Couer d'Alene Date 3/12/33 193

19. UNDERTAKER (Address) H.R. Short Moscow

20. FILED 4-4-, 1933 Harry Einhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1933, to Mar. 11, 1933

I last saw him alive on Mar 11, 1933: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute interstitial nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. O. Armstrong, M. D.

(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 10 11

DO NOT WRITE IN THIS SPACE
State File No. 84275

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. FULL NAME Marian Elizabeth Weldon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME Thomas F. Weldon

14. BIRTHPLACE (city or town) (State or country) Homestead, Penn.

MOTHER

15. MAIDEN NAME (NEE NINA) Letha Carter

16. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

17. INFORMENT (Address) Thomas F. Weldon, Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL Place Moscow Date 3/11, 1933

19. UNDERTAKER (Address) H. R. Short, Moscow Ida.

20. FILED 4-4-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1933, to Mar 10, 1933

I last saw her alive on Mar 10, 1933; death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
Pneumonia	

Other contributory causes of importance:

Pneumonia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Moscow Idaho.

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84276

PLACE OF DEATH
County of Latah
City of Moscow (Rural)
Registration District No. 6 1
Primary Registration District No. 1 0 1 1
Local Registrar's No. 16
(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine O'Conner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of James O'Conner

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Peter Morron

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Cadette

16. BIRTHPLACE (city or town) (State or country) N.Y. State

17. INFORMENT (Address) George O'Conner Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date Mar. 10, 1933

19. UNDERTAKER F.R. Short
(Address)

20. FILED 4-4-, 1933 Mary Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1932, to March 6, 1933

I last saw her alive on March 3, 1933: death is said to have occurred on the date stated above, at 12:05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Other contributory causes of importance:	
Streptoccccus infection	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. N. Gutman, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84277

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Juanita Etta Gustin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mark L. Gustin

6. DATE OF BIRTH (month, day, and year): June 11,

7. AGE: Years 25 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Atkeson, Co. Mo.

FATHER
13. NAME: Jordan Morrow
14. BIRTHPLACE (city or town) (State or country): Pleasantville, Iowa

MOTHER
15. MAIDEN NAME: Lou Bailes
16. BIRTHPLACE (city or town) (State or country): Rockport, Mo.

17. INFORMENT (Address): Mark L. Gustin, Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: Mar. 9, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED 4-4-, 1933 Harry Einhouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/22/33, 193..., to 3/6/33, 193...
I last saw her alive on 3/6/33, 193...: death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis following Pneumonia	

Other contributory causes of importance:
Miscarriage of 4 months

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Doyle M. Lochr, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84278

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 D

2. FULL NAME James A. McAlpine

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Blanche McAlpine

6. DATE OF BIRTH (month, day, and year) Apr. 30, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1914
11. Total time (years) spent in this occupation 14yrs.

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER

13. NAME Archibal McAlpine
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Leach
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs. J. L. Eshom, Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL Place Spokane, Wash. Date Mar. 6, 1933

19. UNDERTAKER W. R. Short (Address) Moscow

20. FILED 4-4-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/20/33, 193..., to 3/3/33, 193...
I last saw him alive on 3/3/33, 193...: death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage.	
Cardio Renal disease	
and Hypertention.	

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Doyle M. Evehn, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84279

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Emma Frances Bonham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Baruch W. Bonham

6. DATE OF BIRTH (month, day, and year): July 14, 1868

7. AGE: Years 64 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): La Plata, Mo.

FATHER
13. NAME: James N. Wright
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Henrietta Spencer
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMENT (Address): Mrs. S. V. Long, Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: 3/4, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED 4-4-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1933 to Mar 3, 1933, I last saw her alive on Mar 2, 1933: death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Chr. Nephritis	

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. P. Armstrong, M. D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84280

PLACE OF DEATH
County of Latah
City of Moscow (Rural)

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George M. Showalter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jennie Showalter

6. DATE OF BIRTH (month, day, and year) Feb. 6, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
80		25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) present time
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Philip Showalter
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Arthur Showalter Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date 4/13, 1933

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED 4-4-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in his cabin	
Myocarditis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. R. Short Coroner ~~M.D.~~
(Address) Moscow Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84281

PLACE OF DEATH

County of Latah

City of Deary

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Halvar K. Olson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thorbjor Olson

6. DATE OF BIRTH (month, day, and year) Feb 14 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Kittel Olson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Libby Asplie

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Laura Fenwick Deary Ida

18. BURIAL, CREMATION, OR REMOVAL Norwegian Deary Date March 14 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED March 14 1933 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1928, to March 11, 1933.

I last saw him alive on July —, 1932, death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3/11/33
Other contributory causes of importance:	
Cerebral Hemorrhage.	7/15/28

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ross A. Meyer, M. D.

(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84282

PLACE OF DEATH

County of Latah

City of N.E. of Potlatch

Registration District No. 60

Primary Registration District No. 3145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME August Klockentager

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elvira Klockentager

6. DATE OF BIRTH (month, day, and year) Feb. 16. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Klockentager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Bertrum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Ruth Konen Canton Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Freeze Ida. Date April 12 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED April 10, 1933. Jas. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to April 9th, 1933

I last saw him alive on April 1, 1933; death is said to have occurred on the date stated above, at 930a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach.	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. Thompson, M. D.

(Address) Potlatch

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84283

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Arthur Featherston

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Brown Featherston

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlatch Lumber Co.

10. Date deceased last worked at this occupation (month and year) 3/33

11. Total time (years) spent in this occupation 18yrs.

12. BIRTHPLACE (city or town) (State or country) Portage Wis.

FATHER

13. NAME Daniel J. Featherston

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Nolan

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT Frank Featherston
(Address) Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Date 5/5, 1933

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED May 3rd, 1933 J. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/2/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 26th, 1933, to May 2nd, 1933
I last saw him alive on May 2nd, 1933; death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	April 26

Other contributory causes of importance:

Oedema of Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Jr. Thompson M. D.
(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84284

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME William Arthur Featherston Jr.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. High School Student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane (State or country) Wash.

FATHER

13. NAME Wm Arthur Featherston

14. BIRTHPLACE (city or town) Portage (State or country) Wis.

MOTHER

15. MAIDEN NAME Catherine Mae Brown

16. BIRTHPLACE (city or town) Palouse (State or country) Wash.

17. INFORMENT (Address) Frank Featherston Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse, Wn. Date 5/8, 1933

19. UNDERTAKER (Address) H. R. Short Moscow Ida.

20. FILED May 6, 1933 D. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to May 5, 1933

I last saw him alive on May 2, 1933; death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Meningitis	May 4
Other contributory causes of importance:	
Lobar Pneumonia	April 30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) J. C. Gibson, M. D.

(Address) Potlatch, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84285

PLACE OF DEATH

County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

144

2. FULL NAME Gertrude Theresa Taggart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Taggart

6. DATE OF BIRTH (month, day, and year) Nov. 26. 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) April. 1933
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Leon Paroz
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Rachel Desvoigner
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Gilbert Paroz, Potlatch Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Ida. Date April 30 1933
19. UNDERTAKER D. D. Kimball (Address) Palouse Wash.
20. FILED April 29th, 1933. F. Gr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1933
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933, to April 27, 1933
I last saw her alive on April 27, 1933: death is said to have occurred on the date stated above, at 330p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-Partum Hemorrhage	
following Child-birth	
Other contributory causes of importance:	
Placenta Previa.	April 26

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84286

County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ophelia S. McIlwrich

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas A. Mc Ilwrick

6. DATE OF BIRTH (month, day, and year) Sept. 22. 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) Racine
(State or country) Wis.

FATHER

13. NAME Thomas Montgomery

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town)
(State or country) Penn

17. INFORMENT Olive Smith
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash Date Apr. 9, 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED April 5, 1933 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1932, to April 5 up, 1933

I last saw her alive on April 5 up, 1933; death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	Feb. 1933

Other contributory causes of importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

RECEIVED MAY 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84287

PLACE OF DEATH
County of Lemhi
City of Gibbonsville

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 205

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley Proch

(a) Residence. No. Gibbonsville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: about 68 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Quartz Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Rein Wenzig Gibbonsville Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Ida. Date 5/4", 1933

19. UNDERTAKER (Address) Wm C Hoebler Salmon Ida.

20. FILED May 9, 1933 Alice C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) About April 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possibly Cerebral hemorrhage	Not known

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) William C Hoebler Coroner
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84288

PLACE OF DEATH

County of Latah

City of Carmen

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

195

2. FULL NAME Paul C. Ziems

(a) Residence. No. Carmen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 - 1876			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Ziems

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT Paul Ziems
(Address) Salmon Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Ida. Date 4-30-, 1933

19. UNDERTAKER Wm C. Doehler
(Address) Salmon Ida.

20. FILED May 9, 1933 Clive Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently killed by lightening.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William C. Doehler Coroner

(Address) Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 13 1933

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 2116 Local Registrar's No.

(No. 740)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 84289

2. FULL NAME Mary Agnes Adams

(a) Residence. No. 740 St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John H. Adams

6. DATE OF BIRTH (month, day, and year) Aug-11-1864

7. AGE			
68 Years	8 Months	5 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Magnolia (State or country) Iowa

FATHER

13. NAME Doc Lisk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Emily Allen

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Bessie O'Connell Salmon Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Idaho Date April 18, 1933

19. UNDERTAKER W. C. Doebler (Address) Salmon Idaho

20. FILED May 9, 1933 Clio C. Tolla Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 9, 1933.

I last saw h alive on April 9, 1933; death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	April 9 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. S. Wright, M. D.

(Address) Salmon Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84290

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
(No. Salmon General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 74 a

2. FULL NAME William Henry Buchanan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 3 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Audrey F. Haymire

6. DATE OF BIRTH (month, day and year) Oct 17th 1861

7. AGE 71 Years | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Fox Lake, Wis.

PARENTS

10. NAME OF FATHER: Daniel Buchanan
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Mary Shaw
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Scotland

14. Informant: James A. Buchanan
(Address): Buchanan N. Dak.

15. Filed May 9, 1933 Clio C. Bellamy, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April, 22 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr, 1932, to Apr 22, 1933
that I last saw him alive on Apr. 22 1933
and that death occurred, on the date stated above, at 5:30 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Vent hemorrhage lasted only a few minutes
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? clinical
(Signed) Chas F Hammer, M. D.
May 5, 1933 (Address) Salmon

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Salmon Cemetery | Date of Burial: Apr. 27 1933

20. Undertaker: Wm. C. Doebler | Address: Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

PLACE OF DEATH

County of Lewis

City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50 ~~2129~~

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 84291

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

917

2. FULL NAME Thomas Milton Bailey.,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Kunie T. Bailey

6. DATE OF BIRTH (month, day, and year) Sept.30 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warsaw
(State or country) Missouri

FATHER

13. NAME James Bailey

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Kunie Lehmann

16. BIRTHPLACE (city or town) Baden,
(State or country) Germany

17. INFORMENT Emma Simmons
(Address) Craigmont, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Craigmont Date 5/2, 1933

19. UNDERTAKER C. E. Davis
(Address) Craigmont

20. FILED 5-4, 1933. P. S. Duvall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 29 1933.

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to Apl 29, 1933.

I last saw him alive on Apr. 29, 1933: death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aoritis	Apl28
Arteriosclerosis	1927
Other contributory causes of importance:	
influenza	Apl 18

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ny

If so, specify

(Signed) P. S. Duvall, M. D.

(Address) Craigmont Idaho

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84292

PLACE OF DEATH
County of Lewis
City of Winchester

Registration District No. 5
Primary Registration District No. 2129
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Madison Nathaniel Devin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza J.Holms

6. DATE OF BIRTH (month, day, and year) Apr.8 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Joseph Devin

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) E.A.Devin Culdesac.Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Flora,Ore. Date 4/4/33 193..

19. UNDERTAKER H.R.Merchant
(Address) Clarkston,Wash.

20. FILED 5-8-33, 193.. R.A.Daniels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr.3. 1933

22. I HEREBY CERTIFY, That I attended deceased from did not attend
Found dead in Bed, 193.., to ....., 193..
I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	23yrs.
Other contributory causes of importance: Old Age	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E.M.Laughlin, M. D.
(Address) Winchester Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM No. 5-25 M. 1-16-D RECEIVED APR 25 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho Rout 2

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. , St.)

File No. 84293

Registered No. 175

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Tollef Ole Thorsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH. April (Month) 29 (Day) 1859 (Year)

7. AGE: 73 Yrs. 11 Mos. 2 ds.

IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

9. BIRTHPLACE (State or Country): Skeen, Norway

10. NAME OF FATHER: Ole Thorsen

11. BIRTHPLACE OF FATHER (State or Country): Skeen, Norway

12. MAIDEN NAME OF MOTHER: Anna

13. BIRTHPLACE OF MOTHER (State or Country): Skeen Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Thorsen

(Address) NeZ Perce, Idaho

15. Filed April 20 1933

Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 31 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1916, to March 31 1933, that I last saw him alive on Mch 29 1933, and that death occured on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ... Yrs. ... mos. 3 ds.

Contributory (Secondary): Cardio- renal

(Duration 4 yrs. ... mos. ... ds.

(Signed) R. E. Dunlap M. D.

4-3 1933 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Nezperce Public Cemetry

DATE OF BURIAL: April 20 1933

20. UNDERTAKER: Albert Huff

ADDRESS: Nezperce Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 24853

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED APR 25 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 84294

Registered No. 174

1. PLACE OF DEATH.

Registration District No. 47 | 28

Primary Registration District No.

County of Lewis

City of Nezperce Idaho (No. ..... Rout 1 ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas E. Jacobs

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. Jan (Month) 16 (Day) 1909 ~~1908~~ (Year)

7. AGE: 24 Yrs. 2 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nezperce Idaho

10. NAME OF FATHER: Thomas F Jacobs

11. BIRTHPLACE OF FATHER (State or Country): Minn.

12. MAIDEN NAME OF MOTHER: Mary Winters

13. BIRTHPLACE OF MOTHER (State or Country): Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Thomas F Jacobs
(Address) Nezperce Idaho.

15. Filed April 20 1933 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 26 (Day) 1933 (Year) 5 45 PM

17. I HEREBY CERTIFY, That I attended deceased from Mar - 1 - 1933; to ..... 191....., that I last saw him alive on Mar - 26 - 1933; and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
acute interstitial nephritis

— (Duration) — Yrs. - 6 - mos. — ds.

Contributory (Secondary) Influenza

— (Duration — yrs. — 1 - mos. — ds.

(Signed) C. H. Cooper M. D.

4/19 1933 (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Nezperce Catholic Cemetery — DATE OF BURIAL: Mar 29 1933

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BKRS. 24658

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84295

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 74

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M Roseberry 49

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Amy Roseberry

6. DATE OF BIRTH (month, day, and year) Aug 4 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palmyra Mo

FATHER

13. NAME David Roseberry

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Amy Caldwell

16. BIRTHPLACE (city or town) (State or country) Clark Co Mo.

17. INFORMENT (Address) Amy Roseberry

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Ida Date May 1, 1933

19. UNDERTAKER Eggleston
(Address) Shoshone Idaho

20. FILED 4/28, 1933 L. Fuller Registrar.
By A. McMahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1933, to 4/27, 1933,
I last saw h[illegible] alive on 4/27, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1933
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84298

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Marjorie Toi Grimm

(a) Residence. No. Rexburg, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15-1923

7. AGE Years: 9 Months: 9 Days: 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Ida.

FATHER
13. NAME Reo Grimm
14. BIRTHPLACE (city or town) (State or country) Lewisville Idaho

MOTHER
15. MAIDEN NAME Gladys Jordine
16. BIRTHPLACE (city or town) (State or country) Grant Ida.

17. INFORMENT (Address) Reo Grimm Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date May 4, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 5-5, 1933 J. Ryrung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to May 1, 1933
I last saw her alive on May 1, 1933: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyemia	4-30-33

Other contributory causes of importance: Septic peritonitis possibly ruptured appendix

Name of operation none Date of .....
What test confirmed diagnosis? symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lorin L. Rich, M. D.
(Address) Rexburg Idaho

5/3/33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84299

PLACE OF DEATH
County of Madison
City of Rexburg.

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Mareneth Wolfli.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White.	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Christian Wolfli.

6. DATE OF BIRTH (month, day, and year) July 13 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMENT (Address) Ernest Wolfley Bedford Wyoming.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho. Date 4-11, 1933

19. UNDERTAKER (Address) [illegible] Sugar City Ida.

20. FILED 5-5, 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 9 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 9, 1933
I last saw her alive on April 9, 1933: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
C Decompensation.	1932
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Rexburg Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 9 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84300

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Miles John Winzler

(a) Residence. No. Rexburg St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17/1910

7. AGE Years 22 Months 11 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paul Hall employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER

13. NAME John E. Winzler

14. BIRTHPLACE (city or town) (State or country) Illinoise

MOTHER

15. MAIDEN NAME Mary J. Cahoon

16. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

17. INFORMENT (Address) John E. Winzler Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Cemetery Date 5/6, 1933

19. UNDERTAKER (Address) [illegible] Rigby Ida.

20. FILED 5-5, 1933 J. Rezoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 3.50 P.m.

The principal cause of death and related causes of importance were as follows:

Accidental, Gun Shot wound in head.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 3, 1933

Where did injury occur? Home - Rexburg Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Leon J. Keller, ~~M.D.~~

(Address) Coroner for Madison County

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 84301

Local Registrar's No.

(No. White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME John V. Wilks.

(a) Residence. No. Lewiston Orchards. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12th, 1845.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88.	0.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and stockman.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME William Wilks.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth Palmer.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) J. V. Wilks Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wn. Date 4/17/33, 193

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho

20. FILED May 1, 193 3 J. M. Hyde Registrar.
By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 14th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to April 14, 1933

I last saw him alive on April 14, 1933: death is said to have occurred on the date stated above, at 6:35 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
(Heart) Myocarditis	April 1st 33
(general senility)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cardinal symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84302

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME William Edgar White.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14th, 1933.

7. AGE Years	Months	Days	If LESS than 1 day 20 hrs. or min.
----/	----.	----.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME L. Earl White.

14. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Ida B. Benson.

16. BIRTHPLACE (city or town) Deary,
(State or country) Idaho.

17. INFORMENT E. Earl White.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date 4/14/33

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Tyle
Registrar.
By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 14th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 14, 1933.

I last saw him alive on April 14, 1933.: death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6½ mo.	

Other contributory causes of importance:
a Caesarean section was performed on mother because of hemorrhage from placenta praevia

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. E. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84303

PLACE OF DEATH
County of Ney Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

1922

2. FULL NAME Joe Herbert Kincaid
(a) Residence. No. Pullman, Wash. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, ~~Widowed, or Divorced~~ (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Vera Barton

6. DATE OF BIRTH (month, day and year) 17th July

7. AGE Years 26 Months 9 Days 29 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pullman, Wash.

PARENTS
10. NAME OF FATHER Albert Kincaid
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pullman Washington
12. MAIDEN NAME OF MOTHER Maye Keith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Whitman County, Wash.

14. Informant Mrs. C. O. Kellogg
(Address) Pullman, Wash.

15. Filed April 17, 1933 J. M. Lyle Registrar
By G. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 15th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/14-1933, 19..., to 4/15-, 1933
that I last saw him alive on 4/15-1933, 19...
and that death occurred, on the date stated above, at 2:15 A.M.
The CAUSE OF DEATH* was as follows:
Fracture of skull, caused in an accidental automobile wreck, two cars colliding.
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Hemorrhage & shock caused by fracture left arm, broken ribs. Left lung punctured by
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? Whitman County, Wn.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Signs & symptoms.
(Signed) H. Rouse. M. D.
4/15-1933, 19... (Address) Lewiston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pullman
Date of Burial: 4-15 1933

20. Undertaker: Dale E Kimball
Address: Pullman Wn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84304

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 4

(No. White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James William Gustin.

(a) Residence. No. ..... St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 13th, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
67.	6.	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired policeman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nevada.

FATHER

13. NAME Amos Gustin.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Catherine Cook.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Apr. 21st 1933.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Fyler Registrar.
by J. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to April 18, 1933.
I last saw him alive on April 18, 1933: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of small intestine	Jan-1933
Other contributory causes of importance:	
Myocarditis	Jan-1931

Name of operation Intestinal Resection (3 feet) Date of April 18-33
What test confirmed diagnosis? Gross pathology + Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

Dr Paul Johnson

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84305

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Alice Annett Harn

(a) Residence. No. Daytona Beach Florida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James L. Harn

6. DATE OF BIRTH (month, day, and year) Dec 16 1876

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
56	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colfax W Washington

FATHER

13. NAME James H. Kennedy

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Eliza J Cash

16. BIRTHPLACE (city or town) (State or country) Tennesee

17. INFORMENT (Address) J. T. BRogan Kendrick Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 4/23/33 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewiston Idaho

20. FILED May 1, 1933 J. M. Lyle Registrar. By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/2033 193

22. I HEREBY CERTIFY, That I attended deceased from Mch 2nd, 1933, to April 20, 1933

I last saw her alive on April 20, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	years ago.

Other contributory causes of importance:

General ascites.	2 or 3 mos

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul W Johnson M. D.

(Address) Lewiston Idaho.

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84306

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 44

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Knack.

(a) Residence. No. Snakeriver Avenue. St. XX
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 1st, 1933.

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Lyle Registrar.
By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1933, to Apr 21, 1933
I last saw him alive on Apr 16 1933 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach - with metastases	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1933
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84307

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1323 Idaho street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Anna Bertha Fullwiler.

(a) Residence. No. 1323 Idaho street. ~~SX~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6th, 1857.

7. AGE: Years 76. Months ----. Days 14. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER
13. NAME ------ Sundberg.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Wm. V. Bird. Lewiston, Isaho.

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene, Idaho. Date Apr 23rd, 1933.

19. UNDERTAKER (Address) Brower-Vann Company, Lewiston, Idaho.

20. FILED April 24, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22nd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to Apr 22, 1933.
I last saw her alive on Apr 22nd, 1933: death is said to have occurred on the date stated above, at 11.40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Liver	+ months

Other contributory causes of importance:

Don't know

Name of operation None. Date of —
What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84308

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME James Thomas Dickinson.

(a) Residence. No. 403 30th, Street. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24th, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.	2.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Josh Dickinson.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Sarah E. Whitehead.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) Mrs. Dickinson Spokane, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date April 26th 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Lyle Registrar. By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1933, to Apr 24, 1933

I last saw him alive on Apr 24, 1933: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Stomach	Jan 2 1933

Other contributory causes of importance:

None

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) L. B. Stockslager, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84309

PLACE OF DEATH

County of Nez Perce.

City of Lewiston. Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marilyn Mae Mayer.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27th, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME M. M. Mayer.

14. BIRTHPLACE (city or town) (State or country) Minnesota.

MOTHER

15. MAIDEN NAME Beryl Mosher.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Wm Mayer Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Genesee, Idaho. Date 4/28/33 193

19. UNDERTAKER Brower-Vann Company, (Address) Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Taylor Registrar.
By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27th 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933, to April 27, 1933
I last saw her alive on April 27, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Became cyanotic & died probably lung thymus gland	
Other contributory causes of importance: Premature Birth, 8 mos	

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Paul D. Johnson, M. D.
(Address) Lewiston, Idaho.

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84310

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1892

2. FULL NAME Lincoln Francis Manwaring.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 24th, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.	4.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mandota,
(State or country) Illinois.

FATHER

13. NAME Thomas Manwaring,

14. BIRTHPLACE (city or town)
(State or country) New York.

MOTHER

15. MAIDEN NAME Elizabeth Hunt.

16. BIRTHPLACE (city or town)
(State or country) New York.

17. INFORMENT Mrs L.F. Manwaring
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date 3/16/33, 193

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Lyle Registrar.
By S. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 13th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Accidental	
Crushed by falling	
Concrete wall	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.....

(Signed) Emil Brower M.D.
Coroner.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84311

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 9

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Forest Harvey McDaniels.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29th, 1911.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21.	11.	-0-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leon,
(State or country) Iowa.

FATHER

13. NAME J. H. McDaniels.

14. BIRTHPLACE (city or town) Leon.
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Ethel Stober.

16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMENT Phelma McDaniels
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Mar. 31st, 1933.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED April 10, 1933 J. M. Lyle
Registrar.
By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 29th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 25th, 1933, to April March 29, 1933
I last saw h alive on March 28, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	March 28-33
Pulmonary abscesses. rt lung	May 1931
Other contributory causes of importance:	
Pneumonia	March-1931
Pyo-pneumo thorax	April 1931

Name of operation Rt resection Date of May 1931
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84312

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. North Lewiston.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Werhan.

(a) Residence. No. St. Nez Perce, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 29th, 1933.

7. AGE Years ---. Months ----. Days ----. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Anna Werhan,
16. BIRTHPLACE (city or town) (State or country) Craigmont, Idaho.

17. INFORMENT (Address) Mr. & Mrs. C. C. Saunders, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date 3/31/33, 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED April 12, 1933 J. M. Lyle Registrar.
By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 29th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 29th, 1932, to Mar 29th, 1933
I last saw her alive on Mar 29th, 1933; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Done know

Name of operation None Date of —
What test confirmed diagnosis? Physical Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carsson, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Clark

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84313

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Albert Johnson

(a) Residence. No. Lapwai Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Red	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Indian Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Issakitpoo Chechue

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) William Johnson Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Idaho Date , 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho.

20. FILED April 17, 193[illegible] J. M. Lyle Registrar.
By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/3/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 31, 193[illegible] to April 3, 193[illegible]

I last saw him alive on April 3, 193[illegible]: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Years ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul W. Jones, M. D.

(Address) Lewiston Idaho

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84314

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Dewetta Nation Heaton.

(a) Residence. No. 1431 12th. Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. R. Heaton.

6. DATE OF BIRTH (month, day, and year) Oct. 28th, 1896.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36.	5.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Worth,
(State or country) Texas.

FATHER

13. NAME George A. Nation.

14. BIRTHPLACE (city or town)
(State or country) Kentucky.

MOTHER

15. MAIDEN NAME Margaret E. Wills.

16. BIRTHPLACE (city or town)
(State or country) Kentucky.

17. INFORMENT C. R. Heaton.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Apr. 6th, 1933

19. UNDERTAKER Brower-Jann Company.
(Address) Lewiston, Idaho.

20. FILED May 1, 1933 J. M. Brower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 25th, 1933, to April 4th, 1933

I last saw her alive on April 4, 1933; death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol poisoning (Taken by mistake)	March 25th 1933
Other contributory causes of importance: Acute dilatation of heart	April 4 1933

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 3-25, 1933

Where did injury occur? Lewiston Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. White, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84315

PLACE OF DEATH
County of Nex Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 2056

(No. 1324 12th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margarett Ann McManus

(a) Residence. No. 1324 12th Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of T.E.McManus

6. DATE OF BIRTH (month, day, and year) July 22 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME John Kiely
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Bridget Galligher
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) T.E.McManus Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 4/8/33 193

19. UNDERTAKER Vassar Mortuary Inc (Address) Lewiston Idaho

20. FILED May 1, 1933 J. M. Lyle Registrar. By E.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/4/33 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... The principal cause of death and related causes of importance were as follows:

	Date of onset
Did not treat deceased he had been dead for two hours or more when found. Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. E. Stockslager M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Stockslager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84316

PLACE OF DEATH

County of Nez Perce.

City of Lewiston. Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Willie Daniel Wann.

(a) Residence. No. St. Lucile, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10th, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60.	-0-	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME James H. Wann.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Sarah Francis Neil.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Apr. 9th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED April 12, 1933 J. M. Lyle Registrar.
By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 7th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933, to April 7, 1933.
I last saw him alive on April 7, 1933; death is said to have occurred on the day stated above, at 5:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar. 30.

Other contributory causes of importance:

Arteria Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Signs. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Wilson L. Habel, M. D.
(Address) Lewiston, Idaho.

RECEIVED MAY 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84317

PLACE OF DEATH

County of Nez Perce.

City of Lewiston. Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME George Oliver Denham.

(a) Residence. No. St. Cottonwood, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of C. E. Denham.

6. DATE OF BIRTH (month, day, and year) Dec. 13th, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	3.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Wm. H. Denham.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Annie Cones.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) Mrs. C. E. Denham. Cottonwood, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cottonwood, Idaho Date 4/10/33., 193

19. UNDERTAKER Brower-Mann Company. (Address) Lewiston, Idaho.

20. FILED April 19, 1933 J. M. Lyle Registrar. By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to Apr 7, 1933
I last saw ~~him~~ alive on April 7, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	about March 30
Other contributory causes of importance: Influenza complicated with Bronchial Pneumonia	March 24

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul O. Johnson, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84318

Registration District No. 1909

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lula Irene Stephens. 107

(a) Residence. No. St. Tyrtle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 2nd, 1912.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21.	3.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Tyrtle,
(State or country) Idaho.

FATHER

13. NAME Alfred P. Stephens,

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Belle Lough.

16. BIRTHPLACE (city or town)
(State or country) Missouri.

17. INFORMENT (Address) Mrs. Belle Lough Stephens Tyrtle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lookout, Idaho Date 4/11/33. 193

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED April 10, 1933 J. M. Lyle Registrar.
By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 9th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1933, to Apr. 9, 1933

I last saw her alive on Apr 9, 1933; death is said to have occurred on the date stated above, at 5-40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of respiratory muscles	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

RECEIVED MAY 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84319

PLACE OF DEATH
County of Nespence Co
City of Southwick

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jasper Newton Triplett

(a) Residence. No. Southwick St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ora M. Triplett 1857

6. DATE OF BIRTH (month, day, and year): March 10

7. AGE: Years 76 | Months 0 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer all
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: his life up till death
10. Date deceased last worked at this occupation (month and year): May 20 1932
11. Total time (years) spent in this occupation: all his life

12. BIRTHPLACE (city or town) (State or country): Putnam Co Missouri

FATHER
13. NAME: John Triplett
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Mary Bridgefarmer
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Ora Triplett, Southwick

18. BURIAL, CREMATION, OR REMOVAL
Place: Southwick Cemetery Date: April 10, 1933

19. UNDERTAKER (Address): None

20. FILED: April 10, 1933 B. F. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1932, to April 8th, 1933.
I last saw him alive on April 8th, 1933: death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Prostatitis & Cystitis of Several yrs Standing	May 20 1932 on till April 8th 33

Other contributory causes of importance:

On the Last Stage Cancer of the prostate was diagnosed	How long is not known

Name of operation: None Date of —
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify No
(Signed) Russell Truitt, M. D.
(Address) Southwick Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84320

PLACE OF DEATH

County of Nez Perce
City of Gifford

CERTIFICATE OF DEATH

Registration District No. 92
Primary Registration District No. 2170
(No.)

Local Registrar's No. 50

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Henry Herman Stellyes

170

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of Emma Stellyes
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 2-2-1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Parma Kansas

PARENTS

10 NAME OF FATHER Herman Stellyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gaschs Daumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant E. J. Gorgeson
(Address) Gifford Ida

15 Filed 4-19, 1933 E. E. Hatts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr (Month) 17 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—, that I last saw him alive on —, 19—, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Gun Shot
Suicide

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Mental Abration

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Coroner investigation

(Signed) E. E. Hatts, M. D.

4-19, 1933 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Good Hope	4-19 1933
20. Undertaker	Address
Brown Hann	Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84321

PLACE OF DEATH
County of Oneida
City of Samaria

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 12

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Bowen Evans

(a) Residence. No. Samaria Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jenkins

6. DATE OF BIRTH (month, day, and year) May 18 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Brigham
(State or country) Utah

FATHER

13. NAME Jonah Evans

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Francis Bowen

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMENT Mary B Evans
(Address) Samaria Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Samaria Idaho Date May, 1933

19. UNDERTAKER Geo. Brown
(Address) Malad Idaho

20. FILED 4/30, 1933 J. M. Kemp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to April 15, 1933
I last saw h— alive on April 15, 1933: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Kemp, M. D.
(Address) Malad Ida

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84323

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Francis Hall Whyte.

(a) Residence. No. Fruitland Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dan F Whyte

6. DATE OF BIRTH (month, day, and year) Nov 26 1866

7. AGE Years 66 Months 5 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME W. S. Hall
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Jean Rule
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) N. C. Hall Fruitland Ida.

18. BURIAL, CREMATION, OR REMOVAL Place De Witt Iowa Date 4/22, 1933

19. UNDERTAKER (Address) H. L. Peterson Ontario Ore.

20. FILED April 20, 1933 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1932, to April 17, 1933.
I last saw her alive on April 17, 1933: death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Doubt Know

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If, so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho RR1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84324

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4008
Primary Registration District No. 4008
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine M. [illegible] Irwin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Irwin

6. DATE OF BIRTH (month, day, and year) Jan 21 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ellsworth Co
(State or country) Kansas

FATHER

13. NAME David Givens

14. BIRTHPLACE (city or town) .....
(State or country) Missouri

MOTHER

15. MAIDEN NAME Henrietta Bowley

16. BIRTHPLACE (city or town) .....
(State or country) Kansas

17. INFORMENT Georgia Givens
(Address) Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Portland Oregon Date 4-18-, 1933

19. UNDERTAKER Glenn C. Landon
(Address) Payette Ida

20. FILED Apl 15, 1933 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 1900, 193..., to Apr 14, 1933.

I last saw her alive on Apr 14, 1933; death is said to have occurred on the date stated above, at 1145 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	1930
Other contributory causes of importance:	
anasarca	1932

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. R. Woodward, M. D.

(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84325

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mrs Sydney Jane Coleman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of G. M. Coleman

6. DATE OF BIRTH (month, day, and year) Sept 25 1847.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Canada~~ Michigan
(State or country)

FATHER
13. NAME George Skinner
14. BIRTHPLACE (city or town) ~~Canada~~ Penn
(State or country) Michigan

MOTHER
15. MAIDEN NAME Rebecca Coffelt
16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMENT Maude E. Houghton
(Address) Omaha, Nebraska

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho, Date 4 - 2 - 1933

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Idaho

20. FILED Apr 10 1933 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1932, to Mar 30, 1933
I last saw h[illegible] alive on Mar 30, 1933: death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Fracture, rt femur	Dec 24 32

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Merrill M. [illegible], M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84326

PLACE OF DEATH

County of Power

City of American Falls Registration District No. 20

Primary Registration District No. 2072 Local Registrar's No. 6

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Mary Lara Jameson

(a) Residence. No. Two Miles south west. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Walter Jameson

6. DATE OF BIRTH (month, day, and year) Sept 4th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklamoma

FATHER

13. NAME Cy G. Foiles

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Lara Smith

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) Walter Jameson American Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Date 4/6, 1933

19. UNDERTAKER (Address) American Falls, Idaho.

20. FILED 4/6, 1933 Genevieve Nash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/4 1933

22. I HEREBY CERTIFY, That I attended deceased from 20th March, 1933, to 4th April, 1933.

I last saw her alive on 4th April, 1933: death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. G. Logan, M. D.

(Address) American Falls Ida.

MAY 6 1933

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84327

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katharina Rossman 100a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed John Rossman

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Markoxowka, Kansas

FATHER
13. NAME Jacob Borth
14. BIRTHPLACE (city or town) (State or country) Besarabein S. Russia

MOTHER
15. MAIDEN NAME Christina Borth
16. BIRTHPLACE (city or town) (State or country) Besarabein S. Russia

17. INFORMENT (Address) Eddie J. Rossman

18. BURIAL, CREMATION, OR REMOVAL Place American Falls Date April 10 1933

19. UNDERTAKER (Address) H. L. Davis

20. FILED 4/10, 1933 Genevieve E. Notte Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/6 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 3rd, 1933, to Apr 6, 1933.
I last saw her alive on Apr 6, 1933: death is said to have occurred on the date stated above, at 8.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	

Other contributory causes of importance:
Para-typhoid
Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V. G. Logan, M. D.
(Address) American Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 6 1933

PLACE OF DEATH

County of Power

City of Am. Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84328

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 8

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Helen Marie Roth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) July 1 1927

7. AGE: Years 5 | Months 9 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls

FATHER
13. NAME Henry Roth
14. BIRTHPLACE (city or town) Berlin (State or country) Russia

MOTHER
15. MAIDEN NAME Christinia Roth
16. BIRTHPLACE (city or town) Berlin (Village) (State or country) Russia

17. INFORMENT (Address) Henry Roth

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Valley Date April 17 1933

19. UNDERTAKER (Address) Dow Dorris Am Falls Ida

20. FILED 4/29, 1933 Genevieve Roth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 14, 1933
I last saw her alive on April 14, 1933: death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute perforate of appendicitis	April 9, 1933
Other contributory causes of importance: general peritonitis	April 11, 1933

Name of operation Appendectomy Date of April 13 1933
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. C. Mark Union, M. D.
(Address) Aberdeen, Idaho

MAY 6 1933 MAY 6 1933

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84329

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 f

2. FULL NAME Amanda Drenner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: C.E.Drenner

6. DATE OF BIRTH (month, day, and year): Oct. 4, 1862

7. AGE: Years 70 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): East Lynn, W.V.

FATHER

13. NAME: Henry Atkins

14. BIRTHPLACE (city or town) (State or country): West V.

MOTHER

15. MAIDEN NAME: Betsy Asberry

16. BIRTHPLACE (city or town) (State or country): Old V.

17. INFORMENT (Address): C E Drenner

18. BURIAL, CREMATION, OR REMOVAL Place: American Falls Date: Apr. 20, 1933

19. UNDERTAKER (Address): H L Davis Am. Falls, Ida.

20. FILED: 4/29, 1933 Genevieve Cott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to ....., 193..

I last saw her alive on April 15, 1933: death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Pulmonary edema.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V G Logan, M. D.

(Address) American Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84330
State File No.

Registration District No. 78

Primary Registration District No. 1011 Local Registrar's No. 143

(No.) Bearing House Mining Mine (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Leahy

(a) Residence. No. Mullan St. Ida 204
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31 1866

7. AGE: Years 66 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Township of Douro Peterborough Ont.

FATHER

13. NAME: Michael Leahy

14. BIRTHPLACE (city or town) (State or country): Township of Douro Peterborough Ontario

MOTHER

15. MAIDEN NAME: Margaret Sheehan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): John R. Corkery Peterborough, Ontario

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Wallace Ida Date: , 1933

19. UNDERTAKER: B G Worstell
(Address) Wallace Ida

20. FILED April 20th, 1933 Rosa Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 14th 1933.

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw him alive on 2/14, 1933, and death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broke of Hip by fall on Icy Street	Instant
Accidently	
Other contributory causes of importance:	
Hypostatic Pneumonia	Several days

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) M D

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84331

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 135

(No. Residence. If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Crawford Ernest McMurphy.

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6. DATE OF BIRTH (month, day, and year) Jan 13 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

FATHER
13. NAME Archibald McMurphy
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Reed.
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs E. D. Miller (Address) Mullan, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mullan, Ida. Date Apr 5, 1933

19. UNDERTAKER C. L. Brown Funeral Dir. (Address) Wallace Ida.

20. FILED April 5th, 1933 C. B. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to April 2, 1933
I last saw him alive on April 2, 1933; death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage)	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Pancutelli's, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Sunset.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84332

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 139

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91b

2. FULL NAME Carl Augustine Peterson

(a) Residence. No. Sunset Idaho St. Sunset Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Olga Peterson.

6. DATE OF BIRTH (month, day, and year) Aug 20 - 1882

7. AGE Years 50 Months 7 Days 21 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Oscar Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs Olga Peterson Sunset Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Date Apr - 15, 1933

19. UNDERTAKER (Address) J. A. Beer (Ward Hand Co) Wallace, Ida.

20. FILED April 18th, 193 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6-1932, 193 ..., to 4/11/33, 193 ...
I last saw him alive on ~~March~~ Apr 5, 1933: death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis for years	
Influenza	1 yr ago
pulmonary tuberculosis	9 month

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify Underground Miner 20 yrs
(Signed) James R Bean, M. D.
(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 76
Primary Registration District No. 1011
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
84333
State File No.

Local Registrar's No. 148

44

2. FULL NAME John Peter Farraris

(a) Residence. No. Museum St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year) Nov - 14 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Milling

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jacob Farraris

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margurita Pene

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mrs Alma McKay Butte Mont.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Mt. Date Apr 14, 1933

19. UNDERTAKER A. Beer (Ward Mtd Co)
(Address) Wallace, Ida.

20. FILED April 15th, 1933 O R Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1933, to 4-11, 1933

I last saw him alive on 4-11, 1933: death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	8 mos.
Hypertensive Cardio Renal disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Fellis, M. D.

(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84334

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. ~~144~~ 141

(No. Residence) 100a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Kearney

(a) Residence. No. High Bend St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Kearney

6. DATE OF BIRTH (month, day, and year) Apr 18 1883

7. AGE Years 50 Months 0 Days 1 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2 yrs.
11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) (State or country) Antigo Wisc.

FATHER
13. NAME Daniel Kearney.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs Martha Kearney Wallace, Ida.

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place Wallace Date Apr 20, 1933

19. UNDERTAKER (Address) J. A. Bever Wood and Co. Wallace, Ida.

20. FILED April 19, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 17 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1933, to 4-16, 1933

I last saw him alive on 4-16, 1933: death is said to have occurred on the date stated above, at 12:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	4-11-33

Other contributory causes of importance: Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. J. Fitz Gerald, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84335

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 143

(No.) 101a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Johnna Jessen.

(a) Residence. No. 219 Boulder St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Balzer Jessen

6. DATE OF BIRTH (month, day, and year) July 29, 1865

7. AGE Years 67 Months 9 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —
10. Date deceased last worked at this occupation (month and year) April 1933
11. Total time (years) spent in this occupation 49 yr.

12. BIRTHPLACE (city or town) (State or country) Skanderberg, Denmark (Denmark)

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME Mikkleson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Henry P Jessen

18. ~~BURIAL~~, ~~CREMATION~~, ~~OR~~ REMOVAL Place Wallace Ida Date April 25 1933

19. UNDERTAKER (Address) Wastell Co Wallace, Idaho

20. FILED April 27th, 1933 C R Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1933, to April 25, 1933
I last saw her alive on April 25, 1933: death is said to have occurred on the date stated above, at 8:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr. 20/33
Other contributory causes of importance:	
Nephritis	Jan 23

Name of operation — Date of —
What test confirmed diagnosis? Unid Ed Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — no Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) F. W. Rolfs, M. D.
(Address) Mullan Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84336

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. ~~135~~ 144

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Anita Flood

(a) Residence. No. Mullan, Ida St. Mullan, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Nov-11-1869

7. AGE Years 63 Months 5 Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington Kentucky.

FATHER
13. NAME John Thomas
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Mary Meather.
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Isabell Flood Mullan Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mullan Ida. Date May, 1933

19. UNDERTAKER (Address) J. A. Biver (Ward and Co) Wallace, Ida

20. FILED May 2nd, 1933 Cesstone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1933, to Apr 27, 1933
I last saw her alive on Apr 27, 1933; death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance: Carcinoma of Intestine Resection & [redacted] Name of operation [redacted] of
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Des Moreno, M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84337

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME William Geo. Kinzer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leona Kinzer

6. DATE OF BIRTH (month, day, and year): Nov. 20 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	5 mo.	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Teamster

10. Date deceased last worked at this occupation (month and year): April 21-33

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Geo. Kinzer

14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER

15. MAIDEN NAME: Anna Bruce

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): C. Ralston Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL Place: Spokane Wash. Date: May 4, 1933

19. UNDERTAKER: M. C. Thornhill
(Address): Kellogg Idaho

20. FILED: May 1, 1933 Mrs. Helen M. Brede
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemorrhage	

Other contributory causes of importance:

The man was dead when I arrived at the home.

Name of operation: None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84338

PLACE OF DEATH
County of Shoshone
City of Kingston

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Butler Banks Fast

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Martin Fast

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Miss Woods

16. BIRTHPLACE (city or town) (State or country) Montreal Canada

17. INFORMENT (Address) R. B. Fast Kingston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Date Apr 15, 1933

19. UNDERTAKER (Address) M. L. Thornhill Kellogg, Ida.

20. FILED May 1, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1933, to Apr 13, 1933

I last saw him alive on Apr 10, 1933; death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. R. Nissen, M. D.

(Address) Kellogg, Ida.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84339

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mary S. Bell

(a) Residence. No. Medimont Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James J. Bell

6. DATE OF BIRTH (month, day, and year) Jan 14-1873

7. AGE: Years 60 | Months 1 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sycamore Ill

FATHER
13. NAME Aldrin
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Sarah Baste
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Bruce Bell Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date 3/7, 1933

19. UNDERTAKER (Address) Rob. Hart Kellogg Ida

20. FILED May 1, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933, to March 2, 1933
I last saw her alive on March 2, 1933: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown

Other contributory causes of importance:

Influenza	about Dec 18 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo H Kenney M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84340

PLACE OF DEATH
County of Shoshone
City of Avery

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 b

2. FULL NAME Ellison Oliver Waldron

(a) Residence. No. ..... St. Deer Lodge, Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. not informed yrs. mos. ds. How long in U. S., if of foreign birth? —yrs. —mos. —ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Not informed

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 56 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Locomotive Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Railway
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Not informed

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: Not informed
14. BIRTHPLACE (city or town) (State or country): Not informed

MOTHER
15. MAIDEN NAME: Not informed
16. BIRTHPLACE (city or town) (State or country): Not informed

17. INFORMENT (Address): Jas. McIntee, Avery, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Spokane Date: April 21st 1933

19. UNDERTAKER (Address): Mitchel Undertaking Co, St. Marys, Ida

20. FILED: April 29, 1933 C. Busey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Probable April 17 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on March 28, 1933, to —, 1933.
I last saw him alive on about April 3 1933: death is said to have occurred on the date stated above, at about midnight m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture thoracic	Unknown
Aneurysm	

Other contributory causes of importance:

Name of operation: None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) C. Busey, M. D.
(Address) Avery, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84341

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 56

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Alfred Moline

(a) Residence. No. Murtaugh, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Christina Moline

6. DATE OF BIRTH (month, day, and year) 2-8-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER
13. NAME Gacinto Moline
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Mathilda Cayer
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Mrs. Christina Moline Murtaugh, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date 4-5-, 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED 4/5, 1933 George C. Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20 -, 1933, to April 3, 1933
I last saw h~~im~~ alive on April 3, 1933: death is said to have occurred on the date stated above, at 8 30 m.
The principal cause of death and related causes of importance were as follows: Encephalitis with probable tumor and inflamatory condition of Meninges

Date of onset

Other contributory causes of importance: Influenza contracted a month previous.

Name of operation Turbinectomy Date of March 23 33
What test confirmed diagnosis? Lab. & Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Thos O Reed, M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84342

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 10 85
Local Registrar's No. 64

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Leona Kelty

(a) Residence. No. Twin Falls, Idaho. St. Kimberly Road
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ezra Kelty

6. DATE OF BIRTH (month, day, and year): May 6-1865

7. AGE: Years 67 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lind Co. Oregon

FATHER
13. NAME: Dillon Hoskins
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Rachel Emry
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): C. E. Lighty Twin Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls Cem Date: 5-2, 1933

19. UNDERTAKER (Address): White Mortuary Inc. Twin Falls Idaho

20. FILED 5/4, 1933 George C. Halley, M.D. Registrar.
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 29, 1933
I last saw her alive on April 28, 1933; death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Number of years ago.

Other contributory causes of importance:

Name of operation: none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. W. Claudick, M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 84343

Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Woodson Wisley Wallace

(a) Residence. No. ..... Twin Falls Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Lilly B. Wallace

6. DATE OF BIRTH (month, day, and year) 3-7-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Attingtona Iowa
(State or country)

FATHER

13. NAME Woodson Wallace

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMENT Mrs. W. W. Wallace
(Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Twin Falls Date 4-26, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Ida.

20. FILED 4/26, 1933 George C. Talley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 4-23, 1933

I last saw h— alive on 4-23, 1933; death is said to have occurred on the date stated above, at 7.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Chronic Interstitial Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Charles E. Scott, M. D.

(Address) Twin Falls Idaho.

acs

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84344

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 62

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Francis Miller

25

(a) Residence. No. 345 - 7th ave E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Miller

6. DATE OF BIRTH (month, day, and year) Dec 6-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Geologist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver
(State or country) Colorado

FATHER

13. NAME James A Miller

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Saphire Powell

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT Mrs Sadie Miller
(Address) 345 - 7th ave East Twin Falls Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Twin Falls Cem Date 4-22, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 4/21, 1933 George C. Talley Registrar
acts.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to April 21th, 1933
I last saw him alive on April 21th, 1933: death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stye Pleurisy w/ effusion of Blood	4-17-33
Other contributory causes of importance:	
Old Pulmonary Tuberculosis	1918

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John A Coughlin, M. D.
M.D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84345

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Susan Emiline Smith

(a) Residence. No. 1 3/4 mi West of Twin St. Falls.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: A. J. Smith

6. DATE OF BIRTH (month, day, and year): Dec 1-1855

7. AGE: Years 77 | Months 4 | Days 17 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: William Baugh
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Lucy Phillips
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. C. E. McClain, Twin Falls, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Twin Falls Date: 4-19, 1933

19. UNDERTAKER (Address): White Mortuary, Inc. Twin Falls, Idaho

20. FILED 4/19, 1933 George O. Haley Registrar.

act.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1933, to 4-17, 1933

I last saw her alive on Apr 17, 1933: death is said to have occurred on the date stated above, at 4:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-27-33

Other contributory causes of importance:

Hypertension	Several years

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

M.D. (Signed) John F. Loughlin, M. D.

(Address) Twin Falls Idaho

RECEIVED MAY 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84346

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falle Primary Registration District No. 1082 Local Registrar's No. 60

(No.) 161 on

(If death occurred in a hospital or institution, give its name instead of street and number.) 10 am.

2. **FULL NAME** Baby Alger

(a) Residence. No. 558, 5th Ave West St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ✓ hrs. or min.
—	—	—	

8. OCCUPATION OF DECEASED —
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER O B Alger

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah

12. MAIDEN NAME OF MOTHER Myrtle Kendall

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant O B Alger
(Address) 558 5th Ave West

15. Filed 4/17, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. (Month) 15 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1933, to Apr 15, 1933

that I last saw ~~him~~ alive on ——, 19——

and that death occurred, on the date stated above, at ——m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Obstruction six months fetus.
Premature.

(duration) ——yrs. ——mos. ——ds.

CONTRIBUTORY (Secondary)

(duration) ——yrs. ——mos. ——ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Langenwalter M. D.

Apr. 17, 1933 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer	Apr. 16 1933

20. Undertaker F E Drake Address Twin Falls

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84347

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 28

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Cora Esther Ballinetine

(a) Residence. No. 435 - 3rd ave W. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 24-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridport Vt.

FATHER

13. NAME Robert Ballinetine

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) E. W. Hallowell 435 - 3rd ave W.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 4-17, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Idaho

20. FILED 4/14, 1933 George C. Talby Registrar.

acs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 4-13, 1933

I last saw her alive on April 13, 1933: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
July 21, 1932	
Cerebral Hemorrhage	
apoplexy	

Other contributory causes of importance:

arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Emma C. Crandland, M.D. D.O.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84348

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 57

(No. 157 - 8th Ave. N.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina Hague

(a) Residence. No. 157- 8th Ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. D. B. Kester, 157- 8th Ave. N.

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place St. Paul, Minn Date 4/7, 1933

19. UNDERTAKER White Mortuary, Inc
(Address) Twin Falls, Idaho.

20. FILED 4/6, 1933 George C. Dalby md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931, 193..., to April 6, 1933

I last saw her alive on April 6, 1933 death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Artero-sclerosis general	4 yrs.
Other contributory causes of importance:	
acute dilatation of heart	2 days.

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 193..

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Duncan N Alexander, M. D.

(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84349

PLACE OF DEATH
County of Twin Falls
City of Kimberly

Registration District No. 37
Primary Registration District No. 2081
Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Kitley — Kitley 90

(a) Residence. No. Kimberly St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice Newell Kitley

6. DATE OF BIRTH (month, day, and year): Jun 23rd 1907

7. AGE: Years 24 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): Sep 3rd 1932
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Thurber Utah

FATHER
13. NAME: Robert Kitley
14. BIRTHPLACE (city or town) (State or country): Tel.

MOTHER
15. MAIDEN NAME: Clara E. Hanks
16. BIRTHPLACE (city or town) (State or country): Floral Utah

17. INFORMENT (Address): Alice N. Kitley Yellowpine Ida

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place: Burley, Ida Date: 4/14, 1933

19. UNDERTAKER (Address): Jos. P. Pierce Burley Idaho

20. FILED 4/13, 1933 George C. Halley Registrar.
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to Apr-13, 1933.
I last saw ~~him~~ alive on Apr 13, 1933: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease (acute Exacerbation)	Jan 24 1933

Other contributory causes of importance:
Heart disease began in childhood

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. N. Davis, M.D.
(Address) Kimberly Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84350

PLACE OF DEATH
County of Twin Falls
City of Buhl, Ida

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice M. Nihart.
(a) Residence. No. 502 - No 1 St St. Buhl, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Fred Nihart
6. DATE OF BIRTH (month, day, and year): May 16 - 1854
7. AGE: 79 — Years; Months: 11; Days: 4; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ✓
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Onieca, Ill

FATHER
13. NAME: Samuel Stout
14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER
15. MAIDEN NAME: Mary Winters
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMENT (Address): A. H. Nihart.
18. BURIAL, CREMATION, OR REMOVAL Place: Buhl Cemetery Date: Apr. 22, 1933
19. UNDERTAKER (Address): Evans & Johnson, Jes, Buhl, Ida
20. FILED: Apr. 21, 1933 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 20 1933.
22. I HEREBY CERTIFY, That I attended deceased from About 10 years, 193 , to , 193
I last saw her alive on about Apr. 10, 1933: death is said to have occurred on the date stated above, at 2.30 a.m.
The principal cause of death and related causes of importance were as follows: Senility

Date of onset

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Murphy, M. D.
(Address) Buhl, Ida

RECEIVED MAY 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 84351

Local Registrar's No.

(No. C) (If death occurred in a hospital or institution, give its name instead of street and number.) 46

2. FULL NAME Elizabeth A. Wiseman

(a) Residence. No. ~~7~~ St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm. Wiseman

6. DATE OF BIRTH (month, day, and year) June 17-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash.

FATHER

13. NAME Wm Wightman

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Missouri Burgess

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) J.W. Wallace Evans Burley

18. BURIAL, CREMATION, OR REMOVAL Place Walla Walla Wash. Date 4/15, 1933

19. UNDERTAKER Evans & Johnson (Address) Burley, Idaho

20. FILED April 15, 1933. J. W. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1933, to 4-15-, 1933

I last saw her alive on 4-15-, 1933; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo Jennings, M. D.

(Address) Burley, Ida.

So. Jennings.

MARGIN RESERVED FOR BINDING

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RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84352

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 58a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth A. Ryan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Apr. 29 1886

7. AGE Years 46 Months 11 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sales Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Melcher J Ryan
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Bell Haight
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Ada Ryan Buhl Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Cecil Neb. Date 4/4, 1933

19. UNDERTAKER (Address) Evans Johnson Buhl J. Johnson

20. FILED Apr. 14, 1933 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927, 193 , to Apr. 13, 1933
I last saw her alive on Apr. 13, 1933: death is said to have occurred on the date stated above, at 1130 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious	
Anemia	

Other contributory causes of importance:

Name of operation Physical Date of
What test confirmed diagnosis? Rab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Murphy, M. D.
(Address) Buhl Ida.

RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84353

PLACE OF DEATH
County of Twin Falls
City of Buhl.

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Gillette.
(a) Residence. No. Castle Ford. Ida St. Via Buhl,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) April, 3, 33
7. AGE Years 0 Months 0 Days 1 Day If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castle Ford. Ida

FATHER
13. NAME Buhl F. Gillett.
14. BIRTHPLACE (city or town) (State or country) Castle Ford Ida

MOTHER
15. MAIDEN NAME Inas Whitmeyer.
16. BIRTHPLACE (city or town) (State or country) Colo.

17. INFORMENT (Address) H. N. Rosencrant Castleford Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 4/5, 1933
19. UNDERTAKER (Address) Bedus & Johnson Buhl Ida
20. FILED 4-6, 1933. J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193
22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 5, 1933
I last saw her alive on April 4, 1933: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningocele of cord in region of lower lumber & upper sacral position	Present at birth

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Berry, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED MAY 5 1933

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 84354

Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Clayton Farlinger

(a) Residence. No. Hellison Block St. Buhl, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Laura Farlinger

6. DATE OF BIRTH (month, day, and year) Jan 16 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland. (State or country) Ohio

FATHER

13. NAME Malcomlin.

14. BIRTHPLACE (city or town) Scotland (State or country)

MOTHER

15. MAIDEN NAME Ella Perce

16. BIRTHPLACE (city or town) Council Bluffs (State or country) Iowa

17. INFORMENT X Mrs Harold Farlinger (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 4/5, 1933

19. UNDERTAKER Evans & Johnson J. Schmidt (Address)

20. FILED Apr. 4, 1933 J. W. Markley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 4 - 2, 1933, to 4 - 2, 1933

I last saw him alive on 4 - 2 -, 1933: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	About 3 a.m. 4-2-33
Other contributory causes of importance: Gastric Ulcer	About Aug 1st 1932

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Benning, M. D.

(Address) Buhl Ida

MARGIN RESERVED FOR BINDING

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RECEIVED MAY 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84355

PLACE OF DEATH
County of Valley
City of Cascade

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Edna Orr Moore

(a) Residence. No. Near Cascade Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm H Moore

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 45 Months 3 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nevada Mo

FATHER
13. NAME Rufus C Parks
14. BIRTHPLACE (city or town) (State or country) Jackson Co Kansas

MOTHER
15. MAIDEN NAME Viola C Bandy
16. BIRTHPLACE (city or town) (State or country) Cedar Co Mo

17. INFORMENT (Address) Wm H Moore

18. BURIAL, CREMATION, OR REMOVAL Place Alpha Ida Date Apr 14, 1933

19. UNDERTAKER (Address) A D Pike

20. FILED April 12, 1933 H Gardner Fendy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to April 11, 1933
I last saw her alive on April 11, 1933: death is said to have occurred on the date stated above, at 5 45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with general metastasis	1931

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Roscoe C Ward, M. D.
(Address) Cascade Idaho

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84356

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Lodge

(a) Residence. No. ..... St. Merrill Oregon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	married

5a. If married, widowed, or divorced (or) WIFE of Dean Lodge

6. DATE OF BIRTH (month, day, and year) Oct. 31-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elk Mills
(State or country) Tenn

FATHER

13. NAME Richard Cobb

14. BIRTHPLACE (city or town)
(State or country) Dont Know

MOTHER

15. MAIDEN NAME Malinda Whitehead

16. BIRTHPLACE (city or town)
(State or country) Tenn

17. INFORMENT (Address) Mrs Henry Clark Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida. Date 4-12, 1933

19. UNDERTAKER L. C. Northern
(Address) Weiser Idaho

20. FILED May 10, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-10-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1933, to 4-10, 1933
I last saw her alive on 4-9, 1933: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Causing Lung abscess.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.
(Signed) F. A. Schmidt, M.D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
84358
State File No.

Local Registrar's No. 27

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Holmes

(a) Residence. No. Midvale Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. S. Holmes

6. DATE OF BIRTH (month, day, and year) Aug 11-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge
(State or country) Idaho

FATHER
13. NAME Silas Craddock
14. BIRTHPLACE (city or town)
(State or country) California

MOTHER
15. MAIDEN NAME Mary Wood
16. BIRTHPLACE (city or town) Isaac Hill
(State or country) Oregon

17. INFORMENT (Address) P. H. Holmes Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-23, 1933

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED May 10, 1933 C. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 19, 1933.
I last saw her alive on April 14, 1933; death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver.	4-16-33
& Bruises of bowels.	
Other contributory causes of importance:	
Total Pneumonia	4-18-33

Name of operation Laparotomy Date of 4-16-33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-16, 1933
Where did injury occur? Near Parma Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Public Highway
Manner of injury
Nature of injury Ruptured Liver and Bruises

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84359

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Asbury Roby

(a) Residence. No. Weiser Flat St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Roby

6. DATE OF BIRTH (month, day, and year) Jan 28-1933

7. AGE Years 59 Months 3 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) No Carolina

FATHER
13. NAME James Roby
14. BIRTHPLACE (city or town) (State or country) No Carolina

MOTHER
15. MAIDEN NAME Margarett Wilson
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Annie Roby Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser 5-2 Date 5-2-, 1933

19. UNDERTAKER (Address) L. C. Northsey Weiser Idaho

20. FILED May 10, 1933 H. R. Hamilton C.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

angina Pectoris.
sudden death. Died not see him before death.

Date of onset

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) F. A. Schmid, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84360

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rowena E. Hemenway

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ John B Hemenway

6. DATE OF BIRTH (month, day, and year) Jan 28—1860

7. AGE Years 73 Months 3 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Homewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Chas T. Smith
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Rowena McFatz
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) William Hemenway Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 5-8-, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED May 10, 1933 H. R. Hamilton C. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1933, to May 5th, 1933
I last saw her alive on May 5th, 1933; death is said to have occurred on the date stated above, at 50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rp of lexy	1931
2nd Stroke of lexy May	3rd 1933

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) H. R. Hamilton, M. D.
(Address) Weiser Ida

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84361

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 30
(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Pooler

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) about 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Charges

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Record Poor Farm

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 5-3-, 1933

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED May 10, 1933 Al R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on May 1st, 193 ; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility complicated with blindness.	

Other contributory causes of importance: Do not know cause of blindness but it was of several years duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. A. Hamilton, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

Houcher

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84362

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matilda Watson

46

(a) Residence. No. 100 G. Macrio St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Roy Watson

6. DATE OF BIRTH (month, day, and year) Jan 20 1889

7. AGE Years 44 Months 3 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Denber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Raymond Watson Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-27, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED May 10, 1933 H. R. Hamilton C. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932, to April 25, 1933
I last saw her alive on April 21, 1933: death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Prior to Oct. 8 1932
Carcinoma of Uterus	

Other contributory causes of importance:

Name of operation Cautery of Cervix Date of Oct 10, 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Hyden Houcher, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84363

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 3112
Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruby Dowling Tincher

(a) Residence. No. / St. / (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wt	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23-83

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME John Tincher
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Gladys Ruble
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) John Tincher Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-30, 1933

19. UNDERTAKER C. C. Northaven
(Address) Weiser Idaho

20. FILED May 10, 1933 S. S. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to April 30, 1933
I last saw her alive on April 28, 1933: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - 7 mos.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Marshall, M. D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84364

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 24

(No. 19)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel J Van Noy

(a) Residence. No. Oregon St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nora Van Noy

6. DATE OF BIRTH (month, day, and year) Jan 17-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cook
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Wm J. Vannoy
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Nora Van Noy Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Annex, Oregon Date 4-29-1933

19. UNDERTAKER L. D. Northam
(Address) Weiser Idaho

20. FILED May 10, 1933 S. A. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-29 1933

22. I HEREBY CERTIFY, That I attended deceased from ap 15, 1933, to ap 27, 1933
I last saw ~~him~~ alive on ap 27, 1933; death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spotted Fever	
Tick Fever	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W B Marshall, M. D.
(Address) Weiser

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MARGIN RESERVED FOR BINDING

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RECEIVED MAY 8 1933

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84365

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Mortz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26 - 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. NR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ida

FATHER

13. NAME Jacob Mortz

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Hannah Hawley Wright

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Jacob Mortz

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Ida Date 5-3-33 193

19. UNDERTAKER C. A. Hudelson
(Address) Cambridge - Ida.

20. FILED 5-6-33 193 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15-33, 193, to 5-1-33, 193

I last saw him alive on 4-30-33 193: death is said to have occurred on the date stated above, at 12 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis.	
Other contributory causes of importance: Influenza - Exposure to Cold.	
Cardiac Dilatation.	

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Whiteman, M. D.

(Address) Cambridge, Ida.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84366

PLACE OF DEATH
County of Wash
City of Cambridge

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Edward Rhodes 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emma M Rhodes

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 77 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: Woods Rhodes
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Catherine Fravel
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Emma M Rhodes.

18. BURIAL, CREMATION, OR REMOVAL
Place: Meridian Date: Apr 4, 1933

19. UNDERTAKER (Address): J. A. Henderson, Cambridge

20. FILED: 5-6-33 193 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-15-33, 193, to 4-4-33, 193
I last saw him alive on 4-4-33, 193: death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	
Arterio-sclerosis.	

Name of operation: None. Date of: None.
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Whiteman, M. D.
(Address) Cambridge, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84367

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Angeline Dalkey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Mary

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Max H Dalkey

6. DATE OF BIRTH (month, day, and year): 1879 12/27

7. AGE: 53 Years | Months: 3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: Mike Fress
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Max H Dalkey

18. BURIAL, CREMATION, OR REMOVAL
Place: Cambridge Date: 7/29, 1933

19. UNDERTAKER (Address): J Albert Lin Cambridge

20. FILED: 5-6-33, 193 T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1-33, 193, to 3-27-33, 193
I last saw her alive on 3-27-33, 193: death is said to have occurred on the date stated above, at 8:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
Other contributory causes of importance: Chronic Interstitial Nephritis.	

Name of operation: None Date of: None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) T. Whiteman, M. D.
(Address) Cambridge Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84368

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Winder

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Winder

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~75~~	75	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: Thomas A Winder
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Shiene
16. BIRTHPLACE (city or town) (State or country): Michigan

17. INFORMENT (Address): John Winder

18. BURIAL, CREMATION, OR REMOVAL
Place: Cambridge Date: 7/28, 1933

19. UNDERTAKER (Address): J. Anderson, Cambridge Ida

20. FILED: 5-8-1933 C. WHITEMAN, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1-33, 193, to 3/24/33, 193
I last saw him alive on 3-24-33, 193: death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Arterio-sclerosis

Name of operation: None Date of: None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. Whiteman M. D.
(Address) Cambridge Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84369
State File No.

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 21

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Preston Jesse

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wht	Married.

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Ethel Jesse

6. DATE OF BIRTH (month, day, and year) Nov 11 - 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Jesse

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nay Lowe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMENT (Address) Lobeda Jesse La Grande Ore

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Cemetery Date Apr 8 - 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED April 14, 1933 S. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4 - 6 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to April 6, 1933.
I last saw him alive on April 6, 1933; death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Do not know.

Other contributory causes of importance:

Chronic Bronchitis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) S. R. Hamilton, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84370

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 19

(No.) 43
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Malissa D Shofer

(a) Residence. No. Morris Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Shofer

6. DATE OF BIRTH (month, day, and year) Oct 10-1860

7. AGE Years: 72 Months: 5 Days: 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Post Indiana

FATHER
13. NAME William M Koner
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Susanna Dones
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) W. D. Shofer Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 4-8-, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED April 14, 1933 Ch. R. Hamilton C.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1933, to April 6th, 1933, I last saw her alive on April 1st, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Upper Lip.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Hamilton, M. D.
(Address) Weiser Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84371

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 20
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111

2. **FULL NAME** Margarett A. Conner

(a) Residence. No. Adrian Oregon St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	Wht	widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Jefferson D. Conner

6. DATE OF BIRTH (month, day and year) Feb 29 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Albert R. White

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Phebe Frazee

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ohio

14. Informant Mrs Belle Groves
(Address) Weiser Idaho

15. Filed April 14, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 31, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Mar. 21, 1933, to Mar. 31, 1933
that I last saw her alive on Mar 30, 1933
and that death occurred, on the date stated above, at 6 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
a Pneumonia Acute.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ---
Did an operation precede death? No Date of Mar 26-33
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) F. A. Schmidt, M. D.
3-31-, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal: Fairview Cemetery, Oregon — Date of Burial: Apr. 2 1933

20. Undertaker: L. C. Northam — Address: Weiser Idaho

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84372

PLACE OF DEATH
County of Washington
City of Weeser

CERTIFICATE OF DEATH
Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Williams Archer
(a) Residence. No. Long Branch N.J. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word.) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years about 25 | Months — | Days — | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Dont Know

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) L.C. Northam Coronor Weeser Idaho
15. Filed April 4, 1933 S. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 1st (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental Death caused by trying to board moving Trains (No Inquest)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) L.C. Northam Coronor M.D.
April 4, 1933 (Address) Weeser Ida

19. Place of Burial, Cremation, or Removal West Long Branch N.J. | Date of Burial 19
20. Undertaker L.C. Northam | Address Weeser Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84373

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 16
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Coats

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	Colt	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Coats

6. DATE OF BIRTH (month, day and year) Oct 14-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo

PARENTS

10. NAME OF FATHER John Carmichael ~~Don't Know~~

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER Pinkley

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't Know

14. Informant Frank Coats
(Address) Weiser Idaho

15. Filed Mar 23, 1933 A. R. Hamilton C.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 9-, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1-, 1933, to March 9-, 1933
that I last saw h. alive on March 9-, 1933
and that death occurred, on the date stated above, at 9:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. A. Schmuck, M. D.
3-10-, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Mann's Creek	3-12-1933
20. Undertaker L. C. Northam	Address Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 19 1933

DO NOT WRITE IN THIS SPACE
State File No. 84374

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 14
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ester Hettinger

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Frank Hettinger

6. DATE OF BIRTH (month, day and year) Oct 15-1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10. NAME OF FATHER Purdy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) Grace Hettinger

15. Filed Mar 22, 1933 O. R. Hamilton Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 20, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1933 to March 20, 1933 that I last saw her alive on March 20, 1933 and that death occurred, on the date stated above, at 11:32 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Sclerosis with Embolism -

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
unk (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical Symp

(Signed) Robert M. Coates M. D.
3/21, 1933 (Address) Weiser, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	3-22-1933

20. Undertaker	Address
L. L. Northam	Weiser Ida

RECEIVED APR 19 193

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84375

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John Merrell
(a) Residence. No. Weiser Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct - 1854

7. AGE Years 79 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nebr

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dont Know

14. Informant (Address) W. E. Boyles. Robinette Oregon

15. Filed Mar 23, 1933 A. R. Hamilton C.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 10 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1933, to Mar 10, 1933
that I last saw him alive on Mar 9, 1933
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
apoplexy

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Huntington Oregon
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. A. Schmid, M. D.
3-11, 1933 (Address) Weiser Id.

19. Place of Burial, Cremation, or Removal Weiser Idaho
Date of Burial 3-12- 1933

20. Undertaker L. C. Northam
Address Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84376

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. **FULL NAME** Orval Allen Purcell

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	Wht	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary Purcell

6. DATE OF BIRTH (month, day and year) June 23-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stockman & Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Zephi Purcell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Isabelle Jeffreys
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant Mrs Mary Purcell
(Address) Weiser Idaho

15. Filed Mar 23, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 18, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1933, to Mar 18, 1933
that I last saw him alive on Mar 14, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Ludwigs Angina

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) W. W. Marshall M. D.
Mar 19, 1933 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	3-20 1933

20. Undertaker	Address
L. C. Northam	Weiser Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 24 1933

84377

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84377

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 21
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Nikola Planinac
(a) Residence. No. Plummer St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Not known
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 48 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 3 years past.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Croatian Yugoslav

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) John Pavich
18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Date , 193
19. UNDERTAKER (Address) Mitchell Mortuary St. Maries
20. FILED 5-22, 1933 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-6 1933
22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1933, to 5-6, 1933.
I last saw him alive on 5-6, 1933: death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx with spread to oesophagus	1931

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State) No injury
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C A Robins, M. D.
(Address) St. Maries, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 25 1933

8437

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84378

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 50

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Orval E. CONGER

(a) Residence. No. ..... St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sumner, Mo. Date 5/20/33 Shipped

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 5-20, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1932, to May 17, 1933

I last saw him alive on May 17, 1933: death is said to have occurred on the date stated above, at 12:47pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced C.	
Other contributory causes of importance: Myocarditis, chronic toxic; Tuberculosis enteritis, severe	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

RECEIVED MAY 25 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

84377

DO NOT WRITE IN THIS SPACE
State File No. 84379

County of Bannock
City of Pocatello
Registration District No. 20
Primary Registration District No. 2161
Local Registrar's No. 78

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul William Ludtke

(a) Residence. No. 237 Wayne ave. St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 26, 1895

7. AGE: Years 37 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: August Ludtke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Alma Ludtke Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Pocatello Date May 18 1933

19. UNDERTAKER: H. L. McFarland
(Address): Pocatello, Idaho

20. FILED May 16 1933. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to 5/15, 1933
I last saw him alive on 5/15, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Flannery, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84380

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Marian Bauer.

(a) Residence. No. 5 Miles West of Boise on Pierce Park Lane. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William. E. Bauer.

6. DATE OF BIRTH (month, day, and year) April. 15. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	26.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamestown Canada.

FATHER
13. NAME James Orr.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Euphenia Aytchison.
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) William. E. Bauer. R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris hill cemetery. Date May. 14. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-12, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to May 11, 1933
I last saw her alive on May 11, 1933; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arterial Hypertention, Myo-Carditis & Diabetes Mellitus	1923
Other contributory causes of importance: Myo-Carditis.	1928

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. H. Baughman, M. D.
(Address) Boise Idaho.

RECEIVED MAY 31 1933

84382

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84382
State File No.

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1882

2. FULL NAME Andy Reushenberger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rockworker on highway construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mr. Roy Green, Grangeville, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville, Ida. Date 5-5-, 1933

19. UNDERTAKER G.A.Hancock, (Address) Grangeville, Ida.

20. FILED 5-29, 1933 B C Chapman. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed by falling rock.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? A Date of injury 5, 5 1933

Where did injury occur? Near Grangeville, Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry.

Manner of injury Crushed by Rock

Nature of injury Fractured neck, Crushed abd.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Crushed while working.

(Signed) B. C. Chapman, M. D.

(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

84383

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84383

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 145

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Joey H. Westenberg

(a) Residence. No. 1414 Leadville St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elsie Westenberg

6. DATE OF BIRTH (month, day, and year) April 11 1904

7. AGE: Years 29 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alamosa Colo.

FATHER

13. NAME Joe Westenberg

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Evelyn Dyer

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMENT (Address) Selma Westenberg Boisec Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date May 31, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 6-1, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to May 28, 1933

I last saw h ~~alive on~~ dead upon, ~~[illegible]~~ death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	years ago.
Other contributory causes of importance:	
Possible Heart block	sudden

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide ✓ Date of injury ....., 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. T. Gurney, M. D.

(Address) Boise

FORM [illegible] RECEIVED JUN 3 1933

CERTIFICATE OF DEATH

84384

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 84384

Registered No. 16

Registration District No. 105

Primary Registration District No. 2183

1. PLACE OF DEATH

County of Idaho

City of Cottonwood (Our Lady of Consolation St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jack Hyde

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: September 1st 1878 (Month) (Day) (Year)

7. AGE: 55 Yrs. 4 Mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Miner

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ontario Canada

10. NAME OF FATHER: Arthur Hyde

11. BIRTHPLACE OF FATHER (State or Country): Ontario Canada

12. MAIDEN NAME OF MOTHER: Susan Jones

13. BIRTHPLACE OF MOTHER (State or Country): Ontario Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Himself

(Address) S Golden, Idaho.

15. Filed May 10 1933 W. F. Orr Local Registrar per D. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 16th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 16th 1933 that I last saw h.im alive on April 16th 1933 and that death occurred on the date stated above, at 4:50 P.M.

The CAUSE OF DEATH* was as follows:

Several cerebral Apnial
Cord - Accidental

(Duration) ..... Yrs. ..... mos. 1 ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Orr M. D.

4/16 1933 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Accident at Golden, Ida.

Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Grangeville, Ida. DATE OF BURIAL: April 19 1933

20. UNDERTAKER: Elliot, Grangeville, Ida. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

84385 A. Boeck.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84385

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. ~~125~~ 127

(No. St. Lukes Hospkial)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Mrs. Vera Florence Monroe.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James Monroe

6. DATE OF BIRTH (month, day, and year) Dec. 25-1902

7. AGE: Years 30 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Beauty Operator.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Dakota.

FATHER
13. NAME George S. Fee.
14. BIRTHPLACE (city or town) (State or country) Lawrence, Ill.

MOTHER
15. MAIDEN NAME Mary E. Smithwick.
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. C. E. Boggs. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/9/33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-8, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to May 7, 1933
I last saw her alive on May 7, 1933: death is said to have occurred on the date stated above, at 9:12 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	March 2
Had above at time of operation for pus tubes which he came general.	
Other contributory causes of importance:	
Double Sulpingitis Operated	Mar 2

Name of operation Drainage Date of Mar 2
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A B Boeck, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

84356

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 84386

Local Registrar's No. 22

197

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Campbell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) May 30/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Leslie Campbell

14. BIRTHPLACE (city or town) (State or country) No inf.

MOTHER

15. MAIDEN NAME Rose Davis

16. BIRTHPLACE (city or town) (State or country) No inf.

17. INFORMENT (Address) Mrs. Daisy Erickson Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Portland, Ore Date May 18. 1933

19. UNDERTAKER M. C. Thornhill (Address) Kellogg, Ida

20. FILED May 18, 1933 Miss Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to , 193

I last saw h alive on May 15, 1933; death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic shock	5-15-33
Gunshot wound left thigh shattering femur	

Other contributory causes of importance:

This man was shot after ignoring an officer of the law, and refusing to halt shot by Deputy Sheriff, Shoshone County, Idaho

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5-15 1933

Where did injury occur? Kellogg Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Coroner Called but no inquest

Manner of injury was held

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold T Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

84387

DO NOT WRITE IN THIS SPACE

84387

State File No.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 89

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME John Thomas Griffiths

(a) Residence. No. 749 N. Tenth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Edith Christensen

6. DATE OF BIRTH (month, day, and year) 11-20-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	41	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mec hanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frisco, Utah

FATHER

13. NAME Nephi L. Griffiths

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Margaret Elick

16. BIRTHPLACE (city or town) (State or country) Jamestown New York

17. INFORMENT (Address) Edith Griffiths 749 N. 10th

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date June 2, 1933

19. UNDERTAKER Hall Mortuary (Address) Pocatello Idaho

20. FILED 5-31-33, 193.... D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to May 29, 1933.

I last saw him alive on May 29, 1933; death is said to have occurred on the date stated above, at 7.23 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal.	many years.
Other contributory causes of importance:	
High blood pressure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. H. Urquhart, M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

84388

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84388

Registration District No. 86

Primary Registration District No. 2112 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Claude Stover

(a) Residence. No. accross from Sypman Ore St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE wht

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Remona Stover

6. DATE OF BIRTH (month, day, and year) Sept 26-1883

7. AGE Years 49 Months 5 Days 18 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME John C Stover

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME S Adaline Raines

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Remona Stover Huntington Ore

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date May-17, 1933

19. UNDERTAKER (Address)

20. FILED May 24, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....; death is said to have occurred on the date stated above, at about 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

Murdered by being shot with a 45 Revolver in hands of brother-in-law. James Willey

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northam Coroner, ~~M.D.~~

(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1933

84389

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84389

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James English

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
About 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMENT Tom Kennie
(Address) Hearquarters

18. BURIAL, CREMATION, OR REMOVAL
Place North Fork Date April 22, 1933

19. UNDERTAKER Tom Kennie Acting
(Address) Headquarters

20. FILED June 12, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Drown in North Fork River .	
while crossing on a raft	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] Fidler Loe Dg 70 M. D.
(Address) Orofino Ida

RECEIVED JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84390

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherine Wagner

128

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Jacob Wagner

6. DATE OF BIRTH (month, day, and year) Mar. 4 - 1869

7. AGE: Years 63 | Months 2 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Petter Thiel
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Alex Wagner Nampa R-2

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date 21 - , 1933

19. UNDERTAKER (Address) J. L. Mater Meridian Id

20. FILED 5-19, 1933 W. H. Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 - 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1933, to May 14, 1933
I last saw her alive on May 14, 1933: death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Holt M.D., M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84392
State File No.

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 131

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 F

2. FULL NAME John Lonson Child.

(a) Residence. No. 420. W. Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Lenore Grace Child.

6. DATE OF BIRTH (month, day, and year) June. 12. 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Druggish.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

FATHER

13. NAME Charles. U. Child.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Atelia Ann Thompson.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT Bill Child.
(Address) 420. Bannock Street.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Date May. 12. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 5-12-33, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 193 3, to 5/9, 193 3
I last saw him alive on 5/9, 193 3, and death is said to have occurred on the date stated above at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	
Arterio-Sclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred L. A Pittenger, M. D.
(Address) Boise

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84393

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 132

(No. Boise, Idaho. Route #5.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Logan D. Blackwell.

(a) Residence. No. Boise, Idaho. Route #5. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jennie Blackwell.

6. DATE OF BIRTH (month, day, and year) June 8-1867

7. AGE Years 65 Months 11 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Janitor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME -------- Blackwell.
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Belle Damron.
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. Jennie Blackwell. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/14/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-13, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-12-1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to May 12, 1933
I last saw him alive on May 11, 1933: death is said to have occurred on the date stated above, at 12:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydro-pyo nephrosis of Left kidney	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) M. Callaway, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84394

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 133
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Gene Howard Wise

(a) Residence. No. St. Glenns Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/15/27

7. AGE Years 5 Months 8 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clearwater Kansas

FATHER
13. NAME Floyd Wise
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Nellie Thomas
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMENT (Address) Floyd Wise Glenns Ferry

18. BURIAL, ~~CREMATION, OR~~ REMOVAL Place Glenns Ferry Date 5/8, 1933

19. UNDERTAKER (Address) G. S. Zacher Mt. Home Ida.

20. FILED 5-13, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/6 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1933 to May 6, 1933
I last saw him alive on 10 A.M. 1933: death is said to have occurred on the date stated above, at 7.05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	

Other contributory causes of importance:

Measles.

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A Pennington, M. D.
(Address) Boise

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84395

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 3
Primary Registration District No. 1004
Local Registrar's No. 134

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Eddy

(a) Residence. No. 1310 Ridenbaugh Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) August 30-1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME H. B. Eddy.

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Josephine Conway.

16. BIRTHPLACE (city or town) (State or country) Delamar, Idaho.

17. INFORMENT (Address) Mrs. H. B. Eddy. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Dry Creek Cem. Date 5-17-33, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho

20. FILED 5-17, 1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from 8 P.M. May 11, 1933, to May 14, 1933

I last saw him alive on May 14, 1933: death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute general peritonitis	May 11
Other contributory causes of importance:	
Appendicitis with rupture.	May 7

Name of operation Appendectomy Date of May 13.

What test confirmed diagnosis? Surgical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harmon J. Remaud M.D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Stewart

DO NOT WRITE IN THIS SPACE

State File No. 84396

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Althea Helen Steen.

(a) Residence. No. 1306. N. 20 th Street St.
(Usual place of abode)

Length of residence in city or town where death occurred. All her life yrs. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rufus. L. Steen.

6. DATE OF BIRTH (month, day, and year) June. 20. 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Henry Ott.

14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER

15. MAIDEN NAME Jane Stull.

16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMENT (Address) Rufus. L. Steen. 1306. N. 20 th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill cemetery Date 5-14, 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 12, 1933.

I last saw her alive on May 11, 1933: death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	AK.
Complete decompensation	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Stewart, M. D.

(Address) Boise. Ada

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84397

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 136

(No. Idaho Soldiers Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Ryan

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 19-1842

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
90	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Civil War Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) A. C. DeFrate Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Genesse, Idaho. Date 5/21/33 193

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 5-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to 5/19, 1933
I last saw him alive on 5/15, 1933; death is said to have occurred on the date stated above, at 3:45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Arterio - Sclerosis	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A. Tillenghast M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84398

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 137

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mathias Augustus Zapp

(a) Residence. No. 501 Franklin Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie M. Zapp

6. DATE OF BIRTH (month, day, and year) Apr. 19 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 Years		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Lumber

10. Date deceased last worked at this occupation (month and year) Oct. 1, 1930

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Idaho City Idaho

FATHER

13. NAME Mathias A. Zapp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Lobkeuchner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Kenneth R. Zapp 501 Franklin St. Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho Date May 20, 1933 St John Cemetery

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 5-22-33 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 193 3, to 5/16, 193 3

I last saw h alive on ✓, 193 ; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	
Fractured R Leg	
Shock.	

Other contributory causes of importance:

Auto accident	

Name of operation ✓ Date of

What test confirmed diagnosis Body Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/16 193 3

Where did injury occur? Boise Ada Co Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by Auto

Nature of injury Violence

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred A. Pittenger M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH...

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84399

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 138

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Emelie Schachner

(a) Residence. No. 1320 No 10th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky

FATHER

13. NAME Joseph Franklin Schachner

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Katherine AMann

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Wm. Schachner
(Address) Boise

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville, Ky. Date 5-26-1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 5-25, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-24-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1933 to May 24, 1933
I last saw her alive on May 19, 1933: death is said to have occurred on the date stated above, at 11:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Myocardosis with coronary sclerosis	
Other contributory causes of importance:	
coronary sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. H. Wahl, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84490

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 139

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME [redacted] Claud A. Brislawn

(a) Residence. No. Idanha Hotel St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mamie Brislawn

6. DATE OF BIRTH (month, day, and year) Aug 3 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc D. E. Scully Syrup Co. Chicago

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Sprague
(State or country) Washington

FATHER

13. NAME Michael J. Brislawn

14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER

15. MAIDEN NAME Bridget Connor

16. BIRTHPLACE (city or town)
(State or country) Minn

17. INFORMENT Mrs Mamie Brislawn
(Address) Consuelo Apts., Spokane, Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wash. Date 5-27-33 193

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho.

20. FILED 5-26, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to May 25, 1933
I last saw him alive on May 25, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of heart	

Other contributory causes of importance:

over strain	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. J. Coats, M. D.
(Address)

RECEIVED JUN 12 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84401

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 140

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Gribble

(a) Residence. No. Emmett, Idaho. R. #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gribble.

6. DATE OF BIRTH (month, day, and year) Mch. 8-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME William Gribble.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Nannie Pierce.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Margaret Gribble. Emmett, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cem. Date 5/28/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 5-26 193 3 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/24/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1933, to May 24th, 1933

I last saw him alive on May 24th, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	
and right Lobar Pneumonia	

Other contributory causes of importance:

right pleuritic effusion	

Name of operation aspiration of Right pleural cavity Date of May 23/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. S. Spurgeon, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84402

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 141

(No. 416 South 3rd Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Henry Raver.

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21- 1840

7. AGE Years 92 Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil War Veteran
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) John M. Allen Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Jerome, Idaho. Date 5/29/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-27, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/26/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to May 26, 1933
I last saw him alive on May 26, 1933: death is said to have occurred on the date stated above, at 2.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Valvular Heart disease	Years ago

Other contributory causes of importance:

Cerebral Military Hemorrhage & Pulmonary Oedema	May 12 1933

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. H. Braxton M. D.
(Address) Boise, Idaho.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84403

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 142

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Donovan

(a) Residence. No. 420 Bannock St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Donovan

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Thomas McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Rogers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Richard Farnsworth 1102 N 9th St.

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Date May 24, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 5-29, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1932, to May 22, 1933

I last saw h alive on May 22, 1933: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84404

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 143
(No. Ada County Jail)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Carter

(a) Residence. No. 1915 No. 22nd St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Winfred Carter

6. DATE OF BIRTH (month, day, and year) Oct. 16th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME William B. Moore

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Lou Webb

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Winfred Carter Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 5/31, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-31, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to May 29, 1933

I last saw her alive on ....., 1933: death is said to have occurred on the date stated above, at about 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombus - Left Auricle	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Calaway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 84405

Local Registrar's No. 144

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

59

2. FULL NAME Mrs. Dorothea Barrow.

(a) Residence. No. 816 N. 21st Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of V. Leslie Barrow.

6. DATE OF BIRTH (month, day, and year) Sept. 18-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neb.

FATHER

13. NAME L. B. McClaran.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Ethel Doubrava.

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMENT (Address) Mrs. L. B. McClaran. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 5/28/33 193

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 5-31, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/26/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933, to May 26 1933

I last saw her alive on May 26 1933: death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset

Other contributory causes of importance:

Diabetes Mellitus for many years —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Booth, M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84406

County of Ada
City of
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 44

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME Herbert Adna Alden.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Eveline Alden.

6. DATE OF BIRTH (month, day, and year) Aug. 14. 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	8	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Attorney.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ware, Mass.

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) John Alden. 1013. O'Farrell. St.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date May. 1. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-1, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 29 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 193..., to April 29, 1933

I last saw him alive on April 28, 1933.: death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Face	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Callaway, M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

Dr West Eastman Bldg
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
- BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84407

County of Ada
City of Boise Idaho
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 46

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orin Edgar Krader

(a) Residence. No. Boise Idaho (Cole School) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of XXXXXXX
6. DATE OF BIRTH (month, day, and year) May 29th 1853
7. AGE: Years 79 | Months 11 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. School
10. Date deceased last worked at this occupation (month and year) April 28-33
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Enterprise Ohio

FATHER
13. NAME Krader
14. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

MOTHER
15. MAIDEN NAME Mary Jane Hiteshew
16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

17. INFORMENT (Address) Mrs Bessie Bissby Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date May 2, 1933

19. UNDERTAKER W. B. Mateer
(Address) Meridian Idaho

20. FILED 5-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Not previously, 193..., to ..., 193...
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4-30-33
(Diagnosis from history - pt deceased on arrival at home)	

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation None Date of ...
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lyman T West, M. D.
(Address) Boise Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84408

County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 47
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Stocks

(a) Residence. No. 115 Maine St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Stocks

6. DATE OF BIRTH (month, day, and year) Feb 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
76	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME William Stocks

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) Elmo Stocks Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 5-2, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 5-4, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 26, 1933

I last saw him alive on April 26, 1933: death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melana Sarcoma of Liver (Primary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84409

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 49
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1016

2. FULL NAME Joseph Tolman McPherson

(a) Residence. No. St. Meridian Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown
(State or country) Indiana

FATHER

13. NAME James McPherson

14. BIRTHPLACE (city or town)
(State or country) No. Carolina

MOTHER

15. MAIDEN NAME Harriet Smith

16. BIRTHPLACE (city or town)
(State or country) New Jersey

17. INFORMENT Chas McPherson
(Address) Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Ida Date 5/18/33 193

19. UNDERTAKER W. S. Mateer
(Address) Meridian Idaho

20. FILED 5-18 193 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 193 3

22. I HEREBY CERTIFY, That I attended deceased from 3-3 193 3, to May 13 193 3
I last saw him alive on May 12, 193 3; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Greenough, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84410

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Clithero

(a) Residence. No. Valley Road St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Electa Thomas Clithero

6. DATE OF BIRTH (month, day, and year): Dec. 7th. 1846

7. AGE: Years 86 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Manager of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Lumber Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Preston, England.

FATHER
13. NAME: James Clithero
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary Chippendale
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Inez Chase Clithero

18. BURIAL, CREMATION, OR REMOVAL Place: Boise Date: Boise Idaho Morris Hill Cemetery 5-23, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 5-22, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/19, 1933, to 5/20, 1933
I last saw him alive on 5/20, 1933; death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical Pathology
Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Fred A. Pillinger, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Falls

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84411

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. #53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Allison Amelia Simpson

(a) Residence. No. Boise Barracks St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George Simpson

6. DATE OF BIRTH (month, day, and year) Oct. 11. 1865

7. AGE Years 67 Months 7 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER

13. NAME John Eduards

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Charlotte Stephens

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Lillie Ferrell

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Boise Ida. Date May 28, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 5-29, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to May 25, 1933.

I last saw her alive on May 23, 1933: death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Cerebral Hemorrhage	Mar 10, 1933
Inanition & 2nd	
Cerebral Hemorrhage	May 20, 1933

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Richard D. Simonton, M. D.

(Address) 300 Eastman Bldg. Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84412

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 118

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Preston Eugene Bryant.

(a) Residence. No. 3 Miles West of Boise. Near Collister Station.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Frances. M. Bryant.

6. DATE OF BIRTH (month, day, and year) January. 1. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman for the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewel Tea Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER

13. NAME James Bryant.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Mary Wilson.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Frances. M. Bryant. R.D. #. 1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date ....., 193..

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 5-1, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19 4, 1933, to April 19 4, 1933

I last saw him alive on April 19 4, 1933; death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

Killed by hobo on freight train by assault and fighting. Lived about 3½ hours after accident, apparently crucial Wellbutrin.

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 19, 1933

Where did injury occur? On highway near Boise (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alan Bower, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84413

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 119

(No. 1709 N. 19th street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank B. Knapton.

(a) Residence. No. 1709 N. 19th street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lettie Knapton.

6. DATE OF BIRTH (month, day, and year): Jan 14-1878

7. AGE: Years 55 Months 3 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blademan

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: M.&K. Construction Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Alton Knapton. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 5/2/33, 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 5-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to Eve-April 30, 1933

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Descending colon cancer (Carcinoma)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Burium meal Was there an autopsy? Microscope

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert E. Cochran D.O.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84414

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 121
(No. Saint Luke's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah J. Riley

(a) Residence. No. 1306 E. State St., St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Ed. Riley

6. DATE OF BIRTH (month, day, and year): 5/9/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Payne City Ore. Ore

FATHER
13. NAME: Alexander Armstrong
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Sarah Ann Wilson
16. BIRTHPLACE (city or town) (State or country): Chatam, Canada

17. INFORMENT (Address): Orval Clark 1306 E State St.

18. BURIAL, CREMATION, OR REMOVAL: Place Boise Cemetery Date May 3, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise

20. FILED 5-4, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to May 1, 1933.
I last saw her alive on May 1, 1933; death is said to have occurred on the date stated above, at 12:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4/29/33
(Ruptured appendix)	
Other contributory causes of importance:	

Name of operation: Laparatomy Date of: 4/30/33
What test confirmed diagnosis? Findings at Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Busey E Jr M.D., M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84415

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eugene Loyd (Gene) Roberts

(a) Residence. No. 1116 State Street St.
(Usual place of abode)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Roberts

6. DATE OF BIRTH (month, day, and year) Feb. 17th. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Whiting, Iowa
(State or country)

FATHER

13. NAME James M. Roberts

14. BIRTHPLACE (city or town) Whiting, Iowa
(State or country)

MOTHER

15. MAIDEN NAME Susan Cocerton

16. BIRTHPLACE (city or town) Whiting, Iowa
(State or country)

17. INFORMENT Mrs. E. L. Roberts
(Address) Boise

18. BURIAL, CREMATION, OR REMOVAL Morris Hill
Place Boise Date 5- 6, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise.

20. FILED 5-5, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to 5/3, 1933

I last saw him alive on 5/3, 1933; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Hypertension (Malignant)	1931
Chr. Nephritis	1931
Acute Cardiac Decompensation	5-1-33

Other contributory causes of importance:

Name of operation No, Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard L. Sumerton M.D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84416

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Sam Freudiger

(a) Residence. No. 502 South 4th St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Freudiger

6. DATE OF BIRTH (month, day, and year): February 28-1859

7. AGE: Years 74 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Not obtainable

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Not obtainable

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMENT (Address): Caroline Freudiger Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: St. Johns Date: 5-2, 1933 Boise

19. UNDERTAKER (Address): Schreiber & McCaus Boise, Ida.

20. FILED: 5-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932, to April 29th, 1933

I last saw him alive on April 28th, 1933: death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

Oedema (anasarca) caused by chronic valvular heart disease

Date of onset

Other contributory causes of importance: valvular heart lesions

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Bank, M. D.

(Address) Boise Ida.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84417

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 124
(No. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME C. Colombus Sewall
(a) Residence. No. 120 North 7th St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Cal.
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Martha Denny

6. DATE OF BIRTH (month, day, and year) Aug 4 - 1861

7. AGE: Years 72 - 1861; Months 8; Days 26; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER
13. NAME Dr. Jas Blake
14. BIRTHPLACE (city or town) (State or country) American

MOTHER
15. MAIDEN NAME Caroline Sewall
16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMENT (Address) Dorie B Johnson Washington D.C. Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 5-2, 1933

19. UNDERTAKER (Address) Schreiber & Mc Cann Boise

20. FILED 5-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17th, 1933, to April 30th, 1933
I last saw him alive on April 29th, 1933: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Carcinoma	
of liver -	
liver	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) John Boutz M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84418

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 125

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Emery R. Keltner Jr.

(a) Residence. No. 814 W. Kinkey Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER
13. NAME Emery R. Keltner
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Hattie M. Campbell
16. BIRTHPLACE (city or town) (State or country) P. E. Canada

17. INFORMENT (Address) Emery R Keltner Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 5-8 1933

19. UNDERTAKER (Address) Eckreber & McCann Boise

20. FILED 5-8, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21st, 1933, to May 7th, 1933
I last saw him alive on May 6th, 1933: death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation caused by his mouth & nose being covered with a piece of sheet rubber	
Heart & stomach were weakened supposed to be from	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) John Bank M. D.
(Address) Boise Ida

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84419

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Irene Genevieve Van Heuvel

(a) Residence. No. 405 O'Farrell St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 28 1915

7. AGE: Years 17 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

FATHER
13. NAME John Van Heuvel
14. BIRTHPLACE (city or town) Omaha
(State or country) Neb.

MOTHER
15. MAIDEN NAME Nellie Allen
16. BIRTHPLACE (city or town) .....
(State or country) Michigan

17. INFORMENT John Van Heuvel
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date 5/8, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-8, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to May 3, 1933
I last saw her alive on May 3, 1933: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis with Cavitation

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Spay Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) G. S. Wahle, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84420

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 129
(No. St, Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

#9

2. FULL NAME Asaph D. Clark

(a) Residence. No. 2nd & Grove St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 9th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albia
(State or country) Iowa

FATHER

13. NAME Wareham Clark

14. BIRTHPLACE (city or town)
(State or country) Conn.

MOTHER

15. MAIDEN NAME Jane L. Rankin

16. BIRTHPLACE (city or town) Adams Co.
(State or country) Ohio

17. INFORMENT (Address) Harry H Bowers Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 5/2/, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-9, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29th 33

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933, to Apr 29, 1933
I last saw him alive on Apr 28, 1933: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Round Small cell Sarcoma	
arising from wall of Cecum	about 3 months previously.

Other contributory causes of importance:

Name of operation Exploratory Date of Nov 7
What test confirmed diagnosis? Sur. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Callaway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84421

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 130
(No. 1903 N. 16th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eliza J.N. Kendall

(a) Residence. No. 1903 N. 16th street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Rev. J. N. Kendall

6. DATE OF BIRTH (month, day, and year) June 26-

7. AGE: Years 80 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas.

FATHER
13. NAME John Gracy.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Harriett Beanland.
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) John W. Kendall. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 5/10/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 5-11, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/9/33 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw her alive on 5/9/33, 193...: death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	years
Bronchopneumonia	5/1/33

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. B. Evans Lomb, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84422

PLACE OF DEATH
County of Ada
City of Meridian Idaho Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 16
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Eaton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 28 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kendelville Inda
(State or country)

FATHER

13. NAME Joseph Axtell

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Anna Cramer

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMENT Ethel Carlton
(Address) Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Cemetery May 15 1933

19. UNDERTAKER W. M. Waters
(Address) Meridian Ida

20. FILED May 12, 1933 W. H. Reed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8th, 1933, to May 12, 1933
I last saw her alive on May 12, 1933: death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	May 7-1933
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) O. D. Evans, M. D.
(Address) Meridian Idaho

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84423

PLACE OF DEATH
County of Ada
City of Meridian
Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Exempt 141

2. FULL NAME Eva Henry Jackson

(a) Residence. No. Meridian Id St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Hollie Jackson

6. DATE OF BIRTH (month, day, and year) Apr 6 1901

7. AGE: Years 32 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Powersville Mo

FATHER
13. NAME Wm Henry
14. BIRTHPLACE (city or town) (State or country) Powersville Mo

MOTHER
15. MAIDEN NAME Margaret Ellis
16. BIRTHPLACE (city or town) (State or country) Powersville Mo

17. INFORMENT (Address) Wm Henry Meridian Id

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date May 25 1933

19. UNDERTAKER (Address) W B Mather Meridian Id

20. FILED May 22, 1933 S W H Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1933, to May 22nd, 1933
I last saw her alive on May 17th, 1933: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroids (with secondary anaemia) and hemorrhages	1926

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. B. Evans, M. D.
(Address) Meridian, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84424

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mary E. Burns

(a) Residence. No. Meridian St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1866

7. AGE Years 66 Months 6 Days 8 (If LESS than 1 day, ... hrs. or ..... min.)

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bates County
(State or country) Mo.

FATHER
13. NAME Isaac Pfost
14. BIRTHPLACE (city or town) .....
(State or country) Va

MOTHER
15. MAIDEN NAME Margaret Koontz
16. BIRTHPLACE (city or town) .....
(State or country) Va

17. INFORMENT Waldo Burns
(Address) Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Ida Date 5/24, 1933

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED May 23, 1933 W H Peer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13th, 1933, to May 22nd, 1933.
I last saw her alive on May 21st, 1933: death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	1929

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) F. B. Evans M. D.
(Address) Meridian, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84425

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Eagle

Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. 111
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas Marion Copeland 90

(a) Residence. No. Eagle Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minnie Copeland

6. DATE OF BIRTH (month, day and year) Dec 13 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	4	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Reynolds Co Mo

PARENTS

10. NAME OF FATHER Luther Copeland
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known
12. MAIDEN NAME OF MOTHER Caroline Dixon
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Not Known

14. Informant Minnie Copeland (Address) Star Idaho

15. Filed 5/25 1933 Orville Nelson Registrar. Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Jan 27 1933 to May 22 1933 that I last saw h— alive on May 22 1933 and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Organic Heart disease with Decompensation
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Harold W. Stone M. D.
5/25 1933 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 5/25 1933

20. Undertaker C. W. Buckman — Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 25 193

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84427

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 52

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Nathan W. BROWN

(a) Residence. No. St. Homedale, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mary A. Brown

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem Date 4/24/33

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-24, 193 3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 193 3, to May 22, 193 3

I last saw him alive on May 22, 193 3: death is said to have occurred on the date stated above, at 4:45p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Other contributory causes of importance: Carcinoma, liver colon and mesenteric glands. Abdominal Ascites	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. E. BUNDY, M. D.

(Address) V.A., Boise, Idaho

RECEIVED JUN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84428

PLACE OF DEATH
County of Adams County
City of Hamilt Creek

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Minnie Ellen Schroff
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Widowed.

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Walter Schroff

6. DATE OF BIRTH (month, day and year) May 23, 1864

7. AGE Years 69 Months 0 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Wisconsin.
(State or country)

PARENTS
10. NAME OF FATHER — Smith
11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)
12. MAIDEN NAME OF MOTHER unknown.
13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or County)

14. Informant (Address) Clarence Schroff

15. Filed June 13, 1933 Alvin S Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1932, to June 6, 1933
that I last saw her alive on June 6, 1933
and that death occurred, on the date stated above, at 12:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pancarditis 2 mo
Hypertension — 2 yr.

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Dropsy
..... (duration) ..... yrs. 2 week ds.

18. Where was disease contracted if not at place of death? 0
Did an operation precede death? 0 Date of .....
Was there an autopsy? no
What test confirmed diagnosis? exam
(Signed) Alvin S Thurston, M. D.
June 13, 1933 (Address) Council Idaho

19. Place of Burial, Cremation, or Removal Hamilt Creek Cemetery Date of Burial June 8 1933

20. Undertaker Robt Young Address Council Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM U.S. No. 2 — 1-19

RECEIVED JUN 8 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock.

City of Downey

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 83

Primary Registration District No. 2160

(No. ..... , ... St.)

File No. 84429

Registered No. 9

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph A. Bybee.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word.)

6. DATE OF BIRTH: April (Month) 17 (Day) 1877 (Year)

7. AGE: 56 Yrs. ..... Mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Former.

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sewerton. Utah

10. NAME OF FATHER: John J. Bybee.

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Sarah Lloyd,

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. Bennett

(Address)

15. Filed June - 6 - 1933 Mary C. Coffin Local Registrar

MEDICAL CERTIFICATE OF DEATH

44

16. DATE OF DEATH: May (Month) - 4 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1932, to May - 4 - 1933, that I last saw him alive on May - 4 - 1933, and that death occurred on the date stated above, at 2:00 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach.

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary): Gastric ulcer

..... (Duration) many yrs. ..... mos. ..... ds.

(Signed) H. J. Hartvigsen, M. D.

5-6-1933 (Address) Downey, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cambridge (Downey) Idaho

DATE OF BURIAL: 5 - 6 - 1933.

20. UNDERTAKER: None

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84430

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Elsie Emmajean Burrup

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John Burrup

6. DATE OF BIRTH (month, day, and year): June 25 1871

7. AGE: Years 61 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Limin Shurtlif
14. BIRTHPLACE (city or town) (State or country): not sure

MOTHER
15. MAIDEN NAME: dont Kno w
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): John L. Burrup Downey Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: ~~Downey Idaho~~ Grant Date May 29 1933

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED June 6, 1933 Mary E. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 27, 1933
I last saw her alive on May 26, 1933; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	5/21/33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? no Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84431

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 67

(No. Bannock County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Richard Campbell

(a) Residence. No. Bannock County Infirmary St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3? 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County-charge

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kenkerom
(State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT (Address) Bannock County Infirmary Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date May 4, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED May 3, 1933. R. L. Carr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on Apr 27, 1933; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Found dead in bed — Autopsy, Edema of Lungs & Pericardium, Chronic Nephritis, Chronic — Evidence of Hemorrhage

Date of onset

Other contributory causes of importance: Abscess Liver, Chr. Pyel. I.B.

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) W. C. Dawson, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84432

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 761
Local Registrar's No. 80
(No.) Pocatello, Idaho. Gwen
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Delaus Burley
(a) Residence. No. 4 m. of City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 26 1929
7. AGE: Years 3; Months 9; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Sam Burley
14. BIRTHPLACE (city or town) (State or country): Roslyn Washington

MOTHER
15. MAIDEN NAME: Maxie Pennington
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Sam Burley Pocatello Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: May 18 1933
19. UNDERTAKER (Address): L. L. McKay Pocatello Idaho
20. FILED: May 16, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 16 1933
22. I HEREBY CERTIFY, That I attended deceased from May 6, 193, to May 16, 193
I last saw her alive on May 15, 193; death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Pneumonia	
Epidemic Pneumonia	
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation: Removal of tonsils Date of May 16
What test confirmed diagnosis? Was there an autopsy?
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Chas. Lewis, M. D.
(Address) Main Bldg - Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84433

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2461
Local Registrar's No. 81
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Harry Pugmire

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Ida.

FATHER

13. NAME Wm. George Pugmire

14. BIRTHPLACE (city or town) (State or country) Montpelier Ida.

MOTHER

15. MAIDEN NAME Lillian June Hallwagner

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Wm. George Pugmire

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date May 22 1933

19. UNDERTAKER Downard's Funeral Home
(Address) 244 S. Arthur

20. FILED 6-7, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 22, 1933
I last saw him alive on May 22, 1933; death is said to have occurred on the date stated above, at 3:04 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. N. Hughart, M. D.
(Address) .....

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84434

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 87

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Pugmire

(a) Residence. No. Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1612

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or few min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Ida.

FATHER

13. NAME Wm. George Pugmire

14. BIRTHPLACE (city or town) (State or country) Montpelier Ida.

MOTHER

15. MAIDEN NAME Lillian June Hallwagner

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Wm. George Pugmire

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date May 22, 1933

19. UNDERTAKER Downard's Funeral Home
(Address) 244 S. Arthur

20. FILED 5-22, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 22, 1933
I last saw him alive on May 22, 1933; death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Hughart, M. D.
(Address) Pocatello Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84435

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 83

(No. Inkom Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franklin D Judkins

(a) Residence. No. Inkom Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1110

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachel Boam

6. DATE OF BIRTH (month, day, and year) April 4/4/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Joshua Judkins

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Patience Cady

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) ~~Hall-Mortuary~~ Harry Smith Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Inkom Date 5/20/33 193

19. UNDERTAKER Hall Mortuary
(Address) POCATELLO

20. FILED 5-19, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-16 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 193., to May 16, 193.
I last saw h.. alive on May 16, 193. ; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured ulcer Stomach Peritonitis	May 16
Other contributory causes of importance: Intestinal ulcer & Stomach	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓

(Signed) H. C. Jones, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84436

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 216 1

Local Registrar's No. 82

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

744

2. FULL NAME Konstantinous Panausis

(a) Residence. No. E. C. White Building St. North Second Av.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) 4/21/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Velina, Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMENT (Address) John Pattos, Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date 5/26/33 193

19. UNDERTAKER (Address) Hall Mortuary, Pocatello

20. FILED 5/25/33, 193 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/22 1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193, to ✓, 193

I last saw h alive on ✓, 193 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Cerebral hemorrhage — (Skull not opened)

Date of onset

Other contributory causes of importance: Sudden death

Name of operation ✓ Date of

What test confirmed diagnosis? Nonal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ✓

(Signed) H. C. Jones, M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84437

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 86

(No. 92 Greenwood Qve)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Hannah A. Poppie

(a) Residence. No. Arbon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND or (or) WIFE of: Ernest Poppie

6. DATE OF BIRTH (month, day, and year): 12/25/1863

7. AGE: Years 69 | Months 5 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: James J. Abter
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMENT (Address): Maurice Poppie, 92 Greenwood

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello Date: 5/26/33 193

19. UNDERTAKER (Address): Hall Mortuary, Pocatello

20. FILED 5-26, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1933, to 5-24, 1933
I last saw her alive on 5-24, 1933: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial	
asthma	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84439

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 461
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Martin

(a) Residence. No. 184 Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~H. E. Martin~~ Alec Martin

6. DATE OF BIRTH (month, day, and year) 1/8/1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Slavilly England

FATHER

13. NAME Henry Wilson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Nordridge
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs C. Cristofferson Pocatello Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pocatello Date 5/31/33 193

19. UNDERTAKER (Address) Hall Mortuary Pocatello

20. FILED 5/31/33, 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 193~~3~~, to May 29, 193~~3~~
I last saw h~~e~~ alive on May 22, 193~~3~~: death is said to have occurred on the date stated above, at 1.09 m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Pocatello Ida

46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84440

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Hubert Augustus Castle

(a) Residence. No. 641 N. Arthur St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 5, 1860

7. AGE Years: 74 Months: 2 Days: 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. M. D.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Augustus B. Castle
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Anna A. Wingfield
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Leo F. Castle Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date June 3, 1933

19. UNDERTAKER (Address) H. L. McCann Pocatello

20. FILED June 2, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to May 31, 1933.
I last saw him alive on 5-31, 1933: death is said to have occurred on the date stated above, at 7 45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
hemiplegia left	3 1/2 yrs
Senility	
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D C Ray, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84441

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 92
(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Joan Smith

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 6. 1933
7. AGE: Years — Months: 4 — Days: 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Driggs Idaho

FATHER
13. NAME: N. Rex Smith
14. BIRTHPLACE (city or town) (State or country): St Anthony Idaho

MOTHER
15. MAIDEN NAME: Malta Huff.
16. BIRTHPLACE (city or town) (State or country): Lewiston Utah.

17. INFORMENT (Address): N. Rex Smith Driggs Idaho.
18. BURIAL, CREMATION, OR REMOVAL: Place Driggs Ida. Date May 26, 1933
19. UNDERTAKER (Address): H. L. McHargue.
20. FILED May 25 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): - 5- 24 1933
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 24, 1933
I last saw her alive on May 24, 1933: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	May 22
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? L.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) D. C. McDougall M. D.
(Address) 116 N. 9th - Pocatello, Idaho.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8442

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 78
Primary Registration District No. 2161 Local Registrar's No. 90
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Mrs. Catherine Collins
(a) Residence. No. 810 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If maried, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Harry

6. DATE OF BIRTH (month, day and year) July 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Redstone Illinois

FATHER
13. NAME Louis Schmidt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Catherine Conrad
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Harry Collins Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date June 2, 1933

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 6-1, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to May 30, 1933.
I last saw her alive on May 30, 1933: death is said to have occurred on the date stated above, at 12 N. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gangrenous appendix, Peritonitis	5/24/33
Intestinal Obstruction	
Toxaemia	

Other contributory causes of importance:
Peritonitis
Intestinal Obstruction
Toxaemia

Name of operation appendectomy Date of 5/25/33
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury /, 193.
Where did injury occur? /
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. C. Isaacs, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84443

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2164
Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moy Pocatello Boise

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE Indian
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Notse Boise

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE Years 57 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bannock Co Idaho

FATHER
13. NAME "Chief" Pocatello
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME — — Pocatello
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Mrs D. Lewis

18. BURIAL, CREMATION, OR REMOVAL Place Portneuf Indian Cemetery Date 5-23 1933

19. UNDERTAKER (Address) B. B. Dowland

20. FILED 5-23 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 22, 1933
I last saw her alive on May 21, 1933: death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Choletithiasis (Operated)	1926
Other contributory causes of importance: Uremia	May 20

Name of operation Cholecystectomy Date May 19
What test confirmed diagnosis? Clin & opr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. F. Howard, M. D.
(Address) Pocatello, Idaho

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84444

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No.

Primary Registration District No. Local Registrar's No. 68

(No. Pocatello Gen. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Nick Yslas 161a

(a) Residence. No. 519 E. Bridger St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Mexican

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 30. 33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
lived 1 hour

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Nick Yslas

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Ruby H. Gonzales

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMENT (Address) Nick Yslas

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Burial Date May 1 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello

20. FILED May 12 1933 D. C. Rey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to April 30, 1933

I last saw him alive on April 30, 1933: death is said to have occurred on the date stated above, at 2 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hughart M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84445

Registration District No.

Primary Registration District No. Local Registrar's No. 69

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

125

2. FULL NAME Laura Gildersleeue

(a) Residence. No. 259 South Second Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Jim Gildersleeue

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME Percenty Ortiz

14. BIRTHPLACE (city or town) (State or country) New Mexico.

MOTHER

15. MAIDEN NAME Josephine Gramnazau

16. BIRTHPLACE (city or town) (State or country) Montana.

17. INFORMENT (Address) Lucy Bermal, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date May 5, 1933

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED May 3, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1933, to May 1, 1933

I last saw h[illegible] alive on 4-30, 1933, death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	2 yrs
Other contributory causes of importance: Uremia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray, M. D.

(Address) Pocatello, Idaho.

RECEIVED JUN 5 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84446

County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 70

(No.) St Anthonys Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morris Lee Hanes. 160

(a) Residence. No. 150. Wayne ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 4. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
Baby [illegible]	4 hours		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Esker H. Hanes

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Odessa Manis

16. BIRTHPLACE (city or town) (State or country) Mississaua

17. INFORMENT Esker H. Hanes
(Address) Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date May 5, 1933

19. UNDERTAKER H. L. McCarthy
(Address) Pocatello, Idaho.

20. FILED May 5, 1933 D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 4, 1933
I last saw him alive on May 4, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance:

Name of operation ? Date of
What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) , M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84449

PLACE OF DEATH
County of Bannack
City of Pocatello
Registration District No. 28
Primary Registration District No.
Local Registrar's No. 73
(No. General Hos. Pocatello.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Infant Oelwein

(a) Residence. No. 620 South 8th Av. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/6/1933

7. AGE Years Months Days If LESS than 1 day, 7 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Walter Oelwein

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Afua C. Halmberg

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT Walter Oelwein
(Address) 622 S. 8th Pocatello

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem. Date 5/7, 1933

19. UNDERTAKER D. L. McClellan
(Address) Pocatello Idaho.

20. FILED 5-8, 1933 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to May 7, 1933.
I last saw him alive on May 6, 1933: death is said to have occurred on the date stated above, at 2 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
2 months premature	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Rast, M. D.
(Address) J. Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84451

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 75
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

881r

2. FULL NAME Sarah Ellen Boggs

(a) Residence. No. 1449 North Arthur Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Thomas J. Boggs

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME John W. Keyser

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Sussan Knepp

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mary Boggs Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Argos, Indiana. Date On Arrival

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED May 12, 1933. D. O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 11, 1933
I last saw h alive on May 11, 1933; death is said to have occurred on the date stated above, at 8½ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1920

Other contributory causes of importance:

Chronic nephritis	1920

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84452

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No.
Primary Registration District No. Local Registrar's No. 76

(No. Lynn Bros. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME D. L. Kilgore

(a) Residence. No. St. American Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Anna

6. DATE OF BIRTH (month, day, and year) May 2, 1875

7. AGE Years 58 Months Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashland, Nebraska

FATHER
13. NAME James V. Kilgore
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Sara Buskirk
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Mrs Anna Kilgore American Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place McMinnville Oregon Date May 19, 1933

19. UNDERTAKER (Address) Downards Funeral Home Pocatello, Idaho

20. FILED 5-15, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 13, 1933
I last saw him alive on May 13, 1933: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral	
Hemorrhage	

Other contributory causes of importance:
Concussion of Brain

Name of operation none Date of
What test confirmed diagnosis? Lumbar Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. streets of Pocatello
Manner of injury Fell side of Car
Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. H. Lynn, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84453

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Pedro Raimerez
(a) Residence. No. #5 Section Rode St. N. 1st avenue.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mexican
5. Single, Married, Widowed, or Divorced (write the word)
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) May 11. 33
7. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.
Lived Thou
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho
FATHER
13. NAME Frank Raimerez
14. BIRTHPLACE (city or town) (State or country) Old Mexico.
MOTHER
15. MAIDEN NAME Wadalaf Varela
16. BIRTHPLACE (city or town) (State or country) Old Mexico
17. INFORMENT (Address) Frank Raimerez
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date May 16, 1933
19. UNDERTAKER (Address) H. L. McHan
20. FILED May 16, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-11 1933
22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 11, 1933
I last saw him alive on May 11, 1933: death is said to have occurred on the date stated above, at 11.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Exam Was there an autopsy? no
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) H. T. Lynn, M. D.
(Address) Pocatello Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84454

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 79
(No. Pocatello General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Bernice Lilyenquist
(a) Residence. No. 821 So. 4th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Married
6. DATE OF BIRTH (month, day, and year) Dec 6. 1914
7. AGE Years 18 Months 5 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. + house wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

FATHER
13. NAME Alexander Taylor
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Ethel Scott
16. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

17. INFORMENT (Address) Ethel Taylor Pocatello Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date May 19, 1933
19. UNDERTAKER (Address) H. L. McHan Pocatello, Idaho.
20. FILED May 16, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-16 1933
22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1933, to 5-16, 1933
I last saw her alive on 5-16, 1933: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis following tubal infection	5-1-33
Other contributory causes of importance:	
Lobar pneumonia.	5-10-33

Name of operation None Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84455

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Spiro Savourdos 90

(a) Residence. No. 245 N. 2nd St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17-1875

7. AGE Years 58 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sheepherder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER
13. NAME Geo Savourdos
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER
15. MAIDEN NAME Sophia Antonio
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMENT (Address) Chas Savourdos Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Mar. 19 1933

19. UNDERTAKER (Address) Downards Fun. Home Pocatello Idaho

20. FILED 3-14, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-11 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1933, to Mar 11, 1933

I last saw him alive on Mar 11, 1933: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Renal	
asthma	
as cites	

Other contributory causes of importance:

Heart & Kidney	
as cites	

Name of operation none Date of 3/13/33

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. C. Irwin, M. D.

(Address) Poc.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84456

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Mary Stucki

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 3 hrs. yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) May 22, 1933.

7. AGE: Years | Months | Days | If LESS than 1 day, 3 hours hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Paris (State or country) Idaho

PARENTS
10. NAME OF FATHER Joseph Wendell Stucki
11. BIRTHPLACE OF FATHER (city or town) Paris (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Lasca Allred
13. BIRTHPLACE OF MOTHER (city or town) Paris (State or Country) Idaho.

14. Informant Wendell Stucki
(Address) Paris Idaho

15. Filed June 1st 1933 Mrs. Beulah Hess, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 22, 1933
that I last saw her alive on May 22, 1933
and that death occurred, on the date stated above, at 4:00 a.m.
The CAUSE OF DEATH was as follows:
Atelectasis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Premature
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? M. D. Sine Coagulin Test & Examination
(Signed) Spencer Hatch, M. D.
May 22, 1933 (Address) Paris Idaho

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Paris Idaho — Date of Burial: May 22 1933
20. Undertaker — Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84457

PLACE OF DEATH
County of Lemewah
City of St Maries

Registration District No. 33
Primary Registration District No. 2049
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily B. Aloysius Douglas

(a) Residence. No. 1 Canal St. (Usual place of abode)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

18 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Douglas

6. DATE OF BIRTH (month, day, and year) July 19 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 30 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Buhl, Idaho

FATHER

13. NAME M. B. Osgood

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Myra Sherman ~~Emily B. Osgood~~

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) G. E. Douglas 403 Jefferson Ave St Maries

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date June 7 1933

19. UNDERTAKER (Address) Geo E. McTeheil St Maries Idaho

20. FILED 6/7, 1933 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on May 30, 1933 : death is said to have occurred on the date stated above, at about 1 P.m.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning in St Maries River about 4 miles up river from St Maries

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E. McTeheil Coroner, ~~M.D.~~

(Address) Riverview St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

PLACE OF DEATH

County of Benewah

City of St. Joe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84458

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 27

31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude M Inman

(a) Residence. No. St Joe Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ray Inman

6. DATE OF BIRTH (month, day, and year) July 30 - 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
30	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Melrose
(State or country) Idaho

FATHER

13. NAME Earnest Richardson

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Ray Inman
(Address) St Joe Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date 5/31, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries

20. FILED 6/7, 1933 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to May 29, 1933.

I last saw her alive on May 27, 1933: death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clin Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Owen D Platt, M. D.

(Address) St. Maries, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84459

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 26
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Naomi Ella Tatum

(a) Residence. No. St. Black Lake, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James A. Tatum

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Vilas, N. C.

FATHER
13. NAME Allen F. Wagner
14. BIRTHPLACE (city or town) (State or country) Mountain City Tennessee

MOTHER
15. MAIDEN NAME Martha Howe
16. BIRTHPLACE (city or town) (State or country) Elk Cross Roads N. C.

17. INFORMANT (Address) E. Fay Tatum Black Lake, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date May 19 1933

19. UNDERTAKER Mr. Whitehall (Address) St. Maries

20. FILED 5/31, 1933 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 17th, 1933
I last saw her alive on May 17th, 1933: death is said to have occurred on the date stated above, at 9:47 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocardeal failure	5/7/33
Other contributory causes of importance:	
Hypertension (moderate)	5-1-30 about
Cholecystitis & Cholelithiasis	1927

Cholecystectomy Name of operation started Date of 5/07/33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Robins, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84460

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mary Elizabeth Lamb

(a) Residence. No. Peterson's Ad. to St Maries St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ WIFE of Wm H Lamb

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1861

7. AGE: Years 71, Months 7, Days 7. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME John Caster
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Mary Jane Conger
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Clyde Perry St Maries

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date 5-20, 1933

19. UNDERTAKER (Address) Geo E Mitchell St Maries Ida

20. FILED 5/22, 1933 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 of, 1932, to 5/17, 1933.
I last saw ~~her~~ alive on 5/1/32, 1932: death is said to have occurred on the date stated above, at 3 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senility	

Other contributory causes of importance:
Has had Dementia past five years

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193.
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Owen D Platt, M. D.
(Address) St. Maries, Ida.

JUN 12 1933

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84461

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 24

(No. Platts Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Martha L English

(a) Residence. No. Emida Idaho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarence E English

6. DATE OF BIRTH (month, day, and year) April 22 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salamanca
(State or country) N Y

FATHER

13. NAME Andrew Harkness

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Sally Whipple

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Allen M. English
(Address) Emida Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Emida Ida Date May 18, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries Ida

20. FILED 5/22, 1933 Walter Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933, to 5/16, 1933

I last saw her alive on 5/16, 1933: death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	

Other contributory causes of importance:

Debility & Fever

Dropsy

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Owen D Platt

(Signed) Owen D Platt, M. D.

(Address) St. Maries, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84462

PLACE OF DEATH
County of Benewah
City of St Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 23
(No. St Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Charles Adelbert Walker
(a) Residence. No. Santa Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Esther E.

6. DATE OF BIRTH (month, day, and year) Jan 26-1864

7. AGE: Years 67 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Mdse Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Monticello Minn

FATHER
13. NAME Samuel Walker
14. BIRTHPLACE (city or town) (State or country) New Brunswick Can

MOTHER
15. MAIDEN NAME Hannah Gordon
16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT (Address) Ca Walker Jr Santa Ida.

18. BURIAL, CREMATION, OR REMOVAL Place ~~Greenwood~~ St. Maries. Ida Date 5-16, 1933

19. UNDERTAKER (Address) O S Meager Spokane Wash.

20. FILED May 20, 1933 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 18, 1933, to May 14, 1933
I last saw him alive on May 14, 1933; death is said to have occurred on the date stated above, at 6:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Mediastinal	
tumor probably Carcinoma	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? X rays Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) St Maries Idaho

JUN 12 1933

PLACE OF DEATH

County of Benewah

City of Fernwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84463

Registration District No. 32

Primary Registration District No. 3004 Local Registrar's No. 22

(No. Fernwood Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Martin Edward Kuhn

(a) Residence. No. Fernwood Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wallie Kuhn

6. DATE OF BIRTH (month, day, and year) July 27-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Kuhn

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT Mrs Wallie Kuhn
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lamsalon Id Date 5-6-, 1933

19. UNDERTAKER Vassar mortuary
(Address) Lewiston Idaho

20. FILED 5/22, 1933 Walter Ebberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1933, to 5-6, 1933

I last saw him alive on 4-20, 1933; death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver with general Cancerosis and ascites	
Other contributory causes of importance: Carcinoma of larynx with removal of larynx 10 yrs ago.	1923

Name of operation None since 1923 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? Kootenay
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Lokenvold M. D.

(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84465

PLACE OF DEATH
County of Benewah
City of St. Maries, Idaho

Registration District No. 32
Primary Registration District No. 29/49
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 29

2. FULL NAME Infant Carmody

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) May 15 - 1933

7. AGE Years | Months | Days | If LESS than 1 day, 2 hrs. or 10 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St. Maries, Idaho

PARENTS

10. NAME OF FATHER Maurice R. Carmody
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lancaster, Wis.
12. MAIDEN NAME OF MOTHER Adelaide Everz
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ripon Wis

14. Informant Dr. C A Robins
(Address) St Maries Ida

15. Filed 6/9, 1933 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 15, 1933
that I last saw him alive on May 15, 1933
and that death occurred, on the date stated above, at 8 50 a m.
The CAUSE OF DEATH* was as follows:
Atalectasis
(duration) yrs. mos. 1/6 ds.
CONTRIBUTORY (Secondary) Difficult breech delivery (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C A Robins M. D.
6-9, 1933 (Address) St Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal St Maries, Ida | Date of Burial 5 19

20. Undertaker None | Address —

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84466

PLACE OF DEATH
County of Benewah
City of Tensed

Registration District No. 31
Primary Registration District No.
Local Registrar's No. 7

(No. ## Tensed, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME John Jerry Schwartz

(a) Residence. No. Tensed, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Dorthy Schwartz

6. DATE OF BIRTH (month, day, and year): July 8, 1883

7. AGE: Years 49 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: General Farm Work
10. Date deceased last worked at this occupation (month and year): May 10/33
11. Total time (years) spent in this occupation: 25 Yrs

12. BIRTHPLACE (city or town) (State or country): Herndon Kansas

FATHER
13. NAME: Mathews Schwartz
14. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER
15. MAIDEN NAME: Margaret Dirnger
16. BIRTHPLACE (city or town) (State or country): Austria Hungary

17. INFORMENT (Address): Dorthy Schwartz Tensed, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Tekoa, Wash. Date: 5/11/33, 193

19. UNDERTAKER (Address): KIMBALL FUNERAL HOME TEKOA, WASH.

20. FILED May 11, 1933 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 10/33 193

22. I HEREBY CERTIFY, That I attended deceased from May, 10 1933, 193, to May, 10, 1933, 193

I last saw him alive on ..., 193: death is said to have occurred on the date stated above, at 3:30 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis,	5/10/33

Other contributory causes of importance:
Arterial sclerosis.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C B Cliges, M. D.
(Address) Tekoa, Washington.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84468

PLACE OF DEATH
County of Bonner
City of [illegible]

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 4
(No. Priest River Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Olson
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 13 yrs. mos. ds. How long in U. S. if of foreign birth? 12 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 26, 1912.

7. AGE: Years 20 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day labor
(b) General nature of industry, business, or establishment in which employed (or employer): Logging
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Indian head Canada.

PARENTS
10. NAME OF FATHER: Peter Olson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden.
12. MAIDEN NAME OF MOTHER: [illegible]
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweden.

14. Informant (Address): George W. Vanderhoff, Priest River, Idaho.

15. Filed May 23, 1933 R. E. Wessa, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 22 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21st, 1933, to May 22, 1933
that I last saw him alive on May 22, 1933
and that death occurred, on the date stated above, at 5:00 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
pneumonia (lobar)

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) L. J. Stauffer, M. D.
May 22, 1933 (Address) Priest River, Ida

19. Place of Burial, Cremation, or Removal: [illegible] | Date of Burial: May 23, 1933

20. Undertaker: L. B. Moon | Address: Sandpoint, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84469

PLACE OF DEATH

County of Bonner
City of Newport

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 5

201

2. FULL NAME Frank Vanderweyst

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Feb. 2, 1845

7 AGE: Years 88 | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS
10 NAME OF FATHER Not Known
11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant John Vanderweyst
(Address) Newport, Wash.

15 Filed May 23, 1933 R. E. Wessa Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 22nd (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 22, 1933, that I last saw him alive on May 22, 1933, and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows: Fracture of left femur

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds. Years

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) A. D. Schlotthauer, M. D.
May 23 1933 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Newport Wash.
Date of Burial: May 23 1933

20. Undertaker: Sherman & Davis
Address: Newport, Wn.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84470

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

Registration District No. 12

Primary Registration District No. 2144 Local Registrar's No. 74

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME MATHEW H CURRENT

(a) Residence. No. ..... St. Canyon County
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): Feb. 23, 1862

7. AGE: 71 Years | Months: 3 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): --- Ohio

FATHER

13. NAME: ---

14. BIRTHPLACE (city or town) (State or country): --- ---

MOTHER

15. MAIDEN NAME: ---

16. BIRTHPLACE (city or town) (State or country): --- ---

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Grove City Clem Date: Jun 1st, 1933

19. UNDERTAKER (Address): E. F. Peck Blackfoot

20. FILED: June 1, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27th, 1933, to May 31st, 1933

I last saw him alive on May 31st, 1933: death is said to have occurred on the date stated above, at 6:40PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	May 30 1933

Other contributory causes of importance:

Paralysis of lower extremities

Name of operation: None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193..

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury: None

Nature of injury: ---

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ---

(Signed) Chas. R. Lown, M. D.

(Address) State Hosp. South Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84471

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 43 (J)

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HOLLIS HASTINGS

(a) Residence. No. ..... St. BANNOCK COUNTY
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yr. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) ---, Vermont

FATHER

13. NAME Hollis Hastings

14. BIRTHPLACE (city or town) (State or country) ---, Vermont

MOTHER

15. MAIDEN NAME ------ Cummings

16. BIRTHPLACE (city or town) (State or country) ----, Vermont

17. INFORMENT (Address) RECORDS OF STATE HOSP. SOUTH, Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Asylum Cemetary Date May 31, 1933

19. UNDERTAKER A. L. Stallard (Address) Blackfoot, Idaho

20. FILED May 31, 1933 Mrs Nellie E Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to May 30th, 1933

I last saw him alive on May 30th, 1933; death is said to have occurred on the date stated above, at 7:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PERNICIOUS ANEMIA	1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193..

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. L. Lowe, M. D.

(Address) State Hosp. South
Blackfoot, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84472

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Conrad Beckstrand

(a) Residence. No. Shelley Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Ida L. Beckstrand

6. DATE OF BIRTH (month, day, and year) Jan, 27, 1867

7. AGE Years 66 Months 3 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor at School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Deseret, Utah.

FATHER
13. NAME Charles John Beckstrand
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Carrie Roe
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Ida L. Beckstrand Shelley, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Shelley Date May 28, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED May 28, 1933 Mrs Valerie E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933, to May 23, 1933
I last saw him alive on May 23, 1933: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edwin Porter, M. D.
(Address) Box 86, Shelley Ida.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84473

PLACE OF DEATH
County of Bingham
City of Basalt

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Hannah E. Lyon

(a) Residence. No. Basalt, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Thomas Lyon

6. DATE OF BIRTH (month, day, and year) Jan. 4 - 1857.

7. AGE: Years 76 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 5-22-1933
11. Total time (years) spent in this occupation 64 yrs

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Edith Lyon Basalt Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Basalt Cemetery Date 5-25-1933

19. UNDERTAKER (Address) None employed

20. FILED May 25 1933 Mrs Walter E. Fature Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-22- 1933

22. I HEREBY CERTIFY, That I attended deceased from She had no medical attendant, 193..
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 5 45 P.m.
The principal cause of death and related causes of importance were as follows: Probably Coronary Sclerosis. She began with severe pain around the heart at 5 30 P.M. and died at 5 45 P.M.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) Edwin Cutler, M. D.
(Address) Shelley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84474

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME John Duane Pendlebury

(a) Residence. No. 1 Mile S. West from Blackfoot St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 27-1916

7. AGE: Years 17 | Months 2 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. High School Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot

FATHER
13. NAME John H Pendlebury
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Cecile N Harper
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) John H Pendlebury Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem Date May 25 1933

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED May 23, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 22, 1933
I last saw him alive on May 22, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Peritonitis	

Other contributory causes of importance:
Kicked by horse

Name of operation None Date of —
What test confirmed diagnosis Post Mortem Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury May 4 1933
Where did injury occur? at home.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. working with horse
Manner of injury Kicked in Abdomen
Nature of injury Kicked by horse

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify working with horse
(Signed) F. A. Mitchell, M. D.
(Address) Blackfoot Idaho

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84475

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 69

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME AMDERS L, HOLMQUIST

(a) Residence. No. ..... St. Bonneville County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Separated

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): 1866

7. AGE: 67 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Lars Holmquist
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Sara Ericksen
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Asylum Cem. Date: May 21 1933

19. UNDERTAKER (Address): Marian Clark Blackfoot

20. FILED: May 21, 1933 Mrs Walter E Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931 to May 19th, 1933
I last saw him alive on May 19th, 1933; death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	1926

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify N--
(Signed) Chas R. Lowe, M. D.
(Address) State Hosp South Blackfoot

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

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MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bingham

City of Blackfoot

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84476

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 68

44

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George F. Hansbrough

(a) Residence. No. 90 South Fisher St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Daisy J. Hansbrough

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 12 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Louisville
(State or country) Kentucky

FATHER

13. NAME George Hansbrough

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Katie Foree Hansbrough

16. BIRTHPLACE (city or town)
(State or country) Kentucky

17. INFORMENT Daisy J. Hansbrough 90 So. Fisher Ave
(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Blackfoot Date May 20, 1933

19. UNDERTAKER E. L. Peak
(Address) Blackfoot Idaho

20. FILED May 22 1933 J. M. Nalen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/18/1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to May 18, 1933

I last saw him alive on May 18 1933; death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma at head of Pancreas	Jan 1 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Jaundice Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck, M. D.

(Address) Blackfoot, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84477

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1607
Local Registrar's No. 67
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane W. Covington 41

(a) Residence. No. RF Blackfoot, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. F. Covington

6. DATE OF BIRTH (month, day, and year) July 27, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Escalante, Utah

FATHER
13. NAME Sylvester Williams
14. BIRTHPLACE (city or town) (State or country) Salt Lake Co, Utah

MOTHER
15. MAIDEN NAME Mary C. Colman
16. BIRTHPLACE (city or town) (State or country) Smithfield, Utah

17. INFORMENT (Address) W. F. Covington Blackfoot Ida RF

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Shoona, Rupinski Date May 12th 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED May 10, 1933 Mrs Hallie Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 9, 1933
I last saw h~~e~~r alive on May 9, 1933; death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Septicemia	May 8 1933

Other contributory causes of importance:

Ulcerated Infected Hemorrhoids	May 1 1933

Name of operation Hemorrhoidectomy Date of May 8, 1933
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

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RECEIVED JUN 7 1933

PLACE OF DEATH

County of Tingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84478

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Eldorado James Downing

(a) Residence. No. 500 So Adams St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. D. Downing

6. DATE OF BIRTH (month, day, and year) 1864

7. AGE: ~~69~~ Years 69 Months 7 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moselle Mo
(State or country) Franklin County

FATHER

13. NAME James McDaniels

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT J. D. Downing
(Address) 500 So Adams

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Grove City Cemetery Date May 11, 1933

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED May 10, 1933 Mrs Walter E. Galvin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933, to 5-8, 1933

I last saw her alive on 5-7, 1933: death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	8 mo

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Hampton M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84479

PLACE OF DEATH

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Alice Keveren

(a) Residence. No. North East Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: M.W.Keveren

6. DATE OF BIRTH (month, day, and year): June 27, 1873

7. AGE: Years 59 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): London, England

FATHER
13. NAME: George J. Wicker
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Sarah Hobbs
16. BIRTHPLACE (city or town) (State or country): Bedford, England

17. INFORMENT (Address): M. W. Keveren Blackfoot Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Grove City Cem. Date: May 10, 1933

19. UNDERTAKER (Address): E. F. Peck Blackfoot, Idaho

20. FILED: May 9, 1933 Mrs Nature E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1933, to 5-7, 1933
I last saw her alive on 5-7, 1933: death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-7-33
Other contributory causes of importance: acute pleurisy	5-1-33

Name of operation ✓ Date of ✓
What test confirmed diagnosis? physical findings Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓
(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Idaho

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84480

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 64
(No. State Hospital South)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Mansueto Grisenti

(a) Residence. No. ..... St. Albion, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): Feb. 5, 1883

7. AGE: Years 50 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ------
10. Date deceased last worked at this occupation (month and year): 1913
11. Total time (years) spent in this occupation: ------

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: No data
14. BIRTHPLACE (city or town) (State or country): No data

MOTHER
15. MAIDEN NAME: No data
16. BIRTHPLACE (city or town) (State or country): No data

17. INFORMENT (Address): Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
X Place: Rupert Cemetry Date: May 10, 1933

19. UNDERTAKER (Address): X W. A. Goodman Rupert Idaho

20. FILED May 7, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to May 7, 1933, 193..
I last saw him alive on May 7, 1933, 193..: death is said to have occurred on the date stated above, at 3.20 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	3/3/33

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No
(Signed) Chas. R. Lowe, M. D.
(Address) State Hosp. South

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84482

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bingham
Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 62

City of
Ft. Hall Reservation.
(No. Agency Hospital, Ft. Hall, Idaho.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

161a

2. FULL NAME Wahtomy, (No other name)

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Shoshone & Bannock 4/4
5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day and year) Feb. 19, 1933

7 AGE Years | Months | Days | If LESS than 1 day, 20 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

PARENTS
10 NAME OF FATHER Walter Wahtomy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft. Hall, Idaho.
12 MAIDEN NAME OF MOTHER Estell Browning
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ft. Hall, Idaho

14 Informant Walter Wahtomy.
(Address) Ft. Hall, Idaho.

15 Filed May 30, 1933 Mrs Walter E Fatera Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month) Feb. 19, 1933 (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 1933, to Feb. 19, 1933, that I last saw her alive on Feb. 19, 1933, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Premature birth 6-th month

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. J. Muttleman M. D.
19 (Address) Ft. Hall, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, ~~Cremation~~, or ~~Removal~~: Home Ranch
Date of Burial: 2-19-33

20. Undertaker: None.
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84483

PLACE OF DEATH

County of Bingham

City of Ft.Hall Reservation,

Registration District No. 12I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 61

(No. Agency Hospital, Ft.Hall, Idaho.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Wahtomy, (No other name)

(a) Residence. No. Ft.Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone & Bannock 4/4	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day and year) Feb. I9, I933

7 AGE Years | Months | Days | If LESS than 1 day, 20 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft.Hall, Idaho.

PARENTS

10 NAME OF FATHER Walter Wahtomy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft.Hall, Idaho.

12 MAIDEN NAME OF MOTHER Estell Browning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ft.Hall, Idaho

14 Informant Walter Wahtomy.

(Address) Ft.Hall, Idaho.

15 Filed May 30, 19 33 Wm Valentine Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. I9, I933
(Month) (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. I9, 19 33, to Feb. I9, 19 33, that I last saw h er alive on Feb. I9, I933 19, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth 6-th month

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Whitbeck, M. D.

19 (Address) Ft.Hall, Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, ~~Cremation~~, or ~~Removal~~	Date of Burial
Home Ranch	2-I9-33
20. Undertaker None.	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84484

PLACE OF DEATH

County of Bingham.

City of Ft.Hall Reservation.

Registration District No. 12I-R

Primary Registration District No. 2194-R

(No. No Hospital) (If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 60

41

2. FULL NAME Racehorse Julius

(a) Residence. No. Ft.Hall, Idaho. St.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Bannock Ind. 4/4	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Canambe

6 DATE OF BIRTH (month, day and year) 1871

7 AGE Years	Months	Days	If LESS than 1 day, ____hrs. or ____min.
61	- - -	- - - -	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Own farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ft.Hall Reservation

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Tom Kennedy

(Address) Ft.Hall, Idaho

15 Filed May 30, 1933 Wm Nalen E Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb.4, 1933. (Month) (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1933, to Jan. 27, 1933, that I last saw h-- alive on ----------, 19____, and that death occurred, on the date stated above, at 6:A m.

The CAUSE OF DEATH* was as follows:

Cellulitis of left arm, with Septicemia, Jan. 23, 1933

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Mittelman M. D.

19____ (Address) Ft.Hall, Idah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, ~~Cremation~~, or ~~Removal~~: Episcopal Mission — Date of Burial: Feb.9,33 19

20. Undertaker: Agency Carpenter, Ft.Hall, Idaho. — Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84485

PLACE OF DEATH

County of Bingham.
City of Ft. Hall Reservation.

CERTIFICATE OF DEATH

Registration District No. 121-R
Primary Registration District No. 2194-R
(No. .....)

Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

31

2. FULL NAME Wilforn Neaman.

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Shoshone Ind. 4/4

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - -

6 DATE OF BIRTH (month, day and year) Oct. 16, 1921

7 AGE: Years II; Months 6; Days 6; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ft. Hall Res.

PARENTS

10 NAME OF FATHER: Foster Neaman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washakie, Utah.

12 MAIDEN NAME OF MOTHER: Flors Poengerah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ft. Hall Reservation

14 Informant: Mrs. Foster Neaman
(Address) Ft. Hall, Idaho.

15 Filed May 30, 1933 Mrs Walter E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 22, 1933 (Month) (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from - - - , 19 , to - - - - , 19 , that I last saw her alive on - - - - - , 19 , and that death occurred, on the date stated above, at 3:20 p.M m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 7 years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Mittleman, M. D.
19 (Address) Ft. Hall, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Walter Mosho Cemetery

Date of Burial: 1933 Apr. 25, 19

20. Undertaker: Agency Carpenter, Ft. Hall, Idaho
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84486

PLACE OF DEATH
County of Ft. Hall Reservation.
City of Ft. Hall, Idaho County-Bingham.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Mureet Bundall Mc.Kean.

(a) Residence. No. Ft. Hall, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Bannock Ind. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Horsethief Mc.Kean

6. DATE OF BIRTH (month, day, and year) I850

7. AGE: Years 83 | Months - - - - | Days - - - | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Dec. I933
11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Ben LaVatta, Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Episcopal Mission Date Apr. 7, 1933

19. UNDERTAKER (Address) Mc. Han, Pocatello, Idaho.

20. FILED May 30, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 4, I933

22. I HEREBY CERTIFY, That I attended deceased from Dec. I, 1932, to Apr. 3, I933, 193..
I last saw her alive on Apr. 3, 1933: death is said to have occurred on the date stated above, at I2:30 m. Am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis,	Mar. 25-33

Other contributory causes of importance:
Chronic Rheumatism, I Yr.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84487

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Boise
City of Idaho

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. 131
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Chas H. Dingman

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Dingman

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stage Driver
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Green river
(State or country) Wyoming

PARENTS

10. NAME OF FATHER George Dingman
11. BIRTHPLACE OF FATHER (city or town) Salt City
(State or Country) Iowa
12. MAIDEN NAME OF MOTHER Hawley
13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) England

14. Informant Matilda Dingman
(Address) Idaho City Idaho

15. Filed June 6, 1933 Mrs E B Robison.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 30th, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21st, 1933, to May 30th, 1933
that I last saw h~~im~~ alive on May 30, 1933
and that death occurred, on the date stated above, at Dure a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Dropsy

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) ..... , M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Caldwell Idaho	May 31 1933
20. Undertaker	Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84488

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Barnum Meredith Mallory

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 - 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
95	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk + Cook Trapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 6 years

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hamonsport
(State or country) New York

FATHER

13. NAME Barnum D. Mallory

14. BIRTHPLACE (city or town) .....
(State or country) New York

MOTHER

15. MAIDEN NAME Ann Wagner

16. BIRTHPLACE (city or town) .....
(State or country) New York

17. INFORMENT Marietta A. Mallory
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place City Plot Date May 30, 1933

19. UNDERTAKER L. P. Hamm
(Address) Hailey Ida.

20. FILED 6 - 1, 1933 R. A. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 - 24, 1933, to 5 - 28, 1933

I last saw him alive on 5 - 28, 1933; death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows: Senility - Date of onset .....

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert A. Wright, M. D.

(Address) Hailey, Idaho

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84489

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 27
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mae Catherine Sharp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Paul Sharp

6. DATE OF BIRTH (month, day, and year): Jan 10 1910

7. AGE: Years 23 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ketchum Idaho

FATHER
13. NAME: George A. Brockway
14. BIRTHPLACE (city or town) (State or country): Silver Bow Montana

MOTHER
15. MAIDEN NAME: Minnie Wright
16. BIRTHPLACE (city or town) (State or country): Manti Utah

17. INFORMENT (Address): Paul Sharp Hailey Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Ketchum Ida Date: May 25 1933

19. UNDERTAKER (Address): L. J. Harris Hailey Ida

20. FILED 6-1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1933, to 5/23, 1933
I last saw her alive on 5/23, 1933; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic peritonitis from incomplete miscarriage 2 months -	5/16-33

Other contributory causes of importance:
Acute (Pus) appendix

Name of operation: appendicitis Date of 5/19-33
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. Fox M. D.
(Address) Hailey Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84490

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 20221
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Bell Brasse

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Brasse

6. DATE OF BIRTH (month, day, and year) Mar 17 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cargo LaBette County Kansas

FATHER

13. NAME Thomas Mizer

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Ann Caldwell

16. BIRTHPLACE (city or town) (State or country) Simsville Kentucky

17. INFORMENT (Address) John C. Brasse Hailey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Eagle Plot Date May 23 1933

19. UNDERTAKER (Address) L. P. Harris Hailey Idaho

20. FILED 6-1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to May 21, 1933

I last saw h alive on May 21, 1933: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Other contributory causes of importance:	
Interstitial nephritis	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84491

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 885

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Mary Bonnyeors Wright

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Sam Bonnyeors

6. DATE OF BIRTH (month, day, and year) June 1 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oswego (State or country) Kansas

FATHER
13. NAME Thomas Frizel
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Ann Caldwell
16. BIRTHPLACE (city or town) Louisville (State or country) Kentucky

17. INFORMENT (Address) Hailey Cemetery

18. BURIAL, CREMATION, OR REMOVAL Place Eagle Plat Date May 23 1933

19. UNDERTAKER (Address) L. Harris Hailey Ida.

20. FILED 6-1, 1933 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h alive on ✓, 193 : death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Found dead in bed	3 yrs

Other contributory causes of importance:

Toxic Thyroid	

Name of operation Date of
What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1933

PLACE OF DEATH

County of Blaine

City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84492

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Mary Fischer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Mar 24-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohamie County Austria

FATHER

13. NAME Rodeski

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Mrs Chris Armstrong Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Date May 15, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED 6-1, 1933 P. H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to May 11, 1933

I last saw her alive on May 11, 1933: death is said to have occurred on the date stated above, at 1 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr

Other contributory causes of importance:

Name of operation ..... Date of ..... no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible], M. D.

(Address) Hailey, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84493

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2622 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Sisiam wright

(a) Residence. No. ..... St. 161
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): X
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): May 8-1933
7. AGE Years | Months | Days: 5 days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bellevue Idaho

FATHER
13. NAME: Joseph W. Sisiam
14. BIRTHPLACE (city or town) (State or country): Jordan Utah

MOTHER
15. MAIDEN NAME: Ruth Hurst
16. BIRTHPLACE (city or town) (State or country): The Dalles - Oregon

17. INFORMENT (Address): Joseph Sisiam

18. BURIAL, CREMATION, OR REMOVAL
Place: Bellevue Date: May 13 1933

19. UNDERTAKER (Address): L. J. Harris Hailey Ida.

20. FILED 6-1, 1933 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1933, to 5-13, 1933
I last saw him alive on 5-13, 1933; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows: Initiow eight months - Premature

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84494

PLACE OF DEATH
County of Blaine
City of Ketchum
Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Lombardina

For 17

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Italian	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Baget

6. DATE OF BIRTH (month, day, and year) April 10-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) St Barnight Switzerland

FATHER

13. NAME X

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME X X

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Wm Lombardina Ketchum Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Ketchum Cemetery Date May 5, 1933

19. UNDERTAKER Lyle Haggin
(Address) Hailey Ida

20. FILED 6-1, 1933 J. A. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct -, 1932, to May 3, 1933

I last saw him alive on May 3, 1933; death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Interstitial	
Nephritis	1 yr
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. W. [illegible], M. D.

(Address) Hailey, Ida

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84495

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 35

(No. 502 Huron)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrrin Davis

(a) Residence. No. 502 Huron St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Adele Davis

6. DATE OF BIRTH (month, day, and year) Dec 10 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oshkosh
(State or country) Wisc

FATHER

13. NAME Thos J Davis

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Anna C Davies

16. BIRTHPLACE (city or town)
(State or country) N.Y.

17. INFORMENT Adele Davis
(Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lake view Date 5/15, 1933

19. UNDERTAKER Turnbull Co
(Address) Sandpoint, Idaho

20. FILED May 15, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1933, to May 12, 1933.

I last saw h[illegible] alive on May 11, 1933; death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - brain - Left fronto-tempo-parieto region.	apr 6.

Other contributory causes of importance:
Primary Carcinoma - intestinal - removed at Mayo's - about 11 yrs prior

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. G. Stackhouse, M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. Stackhouse

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84496

Registration District No.

Primary Registration District No.

Local Registrar's No. 43

(No. 329 S. Euclid)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Anna Pietsch

(a) Residence. No. Elmira Idaho ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Louis W Pietsch

6. DATE OF BIRTH (month, day, and year): Nov 16 1873

7. AGE: Years 59 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: Wilhelm Burmester

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth ——

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): L.E. Pietsch Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Cremation Spokane Date: May 31, 1933

19. UNDERTAKER (Address): Turnbull Co Sandpoint Idaho

20. FILED May 31, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to May 28, 1933

I last saw her alive on May 28, 1933: death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. I. Ross, M. D.

(Address) Sandpoint Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Wendle

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 84197

Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Ellen Gooby

90

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Gooby

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) May 27, 1933

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Jacrson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) B.E. Gooby Rotehai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date May 31, 1933 Lakeview Cemetery

19. UNDERTAKER L.G. Moon (Address) Sandpoint, Idaho

20. FILED May 31, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	
Other contributory causes of importance: Chronic diabetis	
Obesity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Floyd E. Wendle, M.D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84498

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 41

(No. Near Green Monarch on Lake)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Laurence Miller

(a) Residence. No. Glengary St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Herbert W Miller

14. BIRTHPLACE (city or town) (State or country) Wisc

MOTHER

15. MAIDEN NAME Sarah Payne

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Sarah Payne Glengary

18. BURIAL, CREMATION, OR REMOVAL Newman Cem
Place Glengary Date June 1, 1933

19. UNDERTAKER ~~Turnbull Co~~ L G Moon
(Address) Sandpoint Idaho

20. FILED May 31, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Case
Cured by Death
Approximate Date
May 25 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.
(Address) Coms Boms County Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7f

Primary Registration District No. 2152

DO NOT WRITE IN THIS SPACE

State File No. 84499

Local Registrar's No. 40

182

(No. Near Green Monarch on lake)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl H. Schroeder

(a) Residence. No. Glengary St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Carl H Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Harvey

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs H. D. Payne Glengary

18. BURIAL, CREMATION, OR REMOVAL Place Glengary Newman Cem. Date June 1, 1933

19. UNDERTAKER ~~Funeral~~ E. S. Moore
(Address) Sandpoint Idaho

20. FILED May 31, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occluded Heart Disease	
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84560
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 39

(No. Pope Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Eugene Bucholz 131

(a) Residence. No. Clagstone St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19 1927

7. AGE: Years 5 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Abraham Bucholz

14. BIRTHPLACE (city or town) (State or country) S. Dakota

MOTHER

15. MAIDEN NAME Glaze Brooke

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Abraham Bucholz Clagstone

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Lakeview Cemetery Date May 22 1933

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED May 22, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to May 20, 1933.

I last saw him alive on May 20, 1933: death is said to have occurred on the date stated above, at 3 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	May 20, 1933
Other contributory causes of importance: Diabetes	1931

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. F. Tyler, M. D.

(Address) Sandpoint Idaho

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84501

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 38

(No. 708 N. 4th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Luella Harrell

(a) Residence. No. 708 N. 4th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 30, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

FATHER

13. NAME Frank Harrell

14. BIRTHPLACE (city or town) Lagro
(State or country) Indiana

MOTHER

15. MAIDEN NAME Fern Leona Powell

16. BIRTHPLACE (city or town) Huntington
(State or country) Indiana

17. INFORMENT Frank Harrell
(Address) 708 N. 4th Ave Sandpoint Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinecrest Cemetery Date May 19, 1933

19. UNDERTAKER E. G. Mann
(Address) Sandpoint, Idaho

20. FILED May 19 1933 Viola Allen Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 18, 1933
I last saw her alive on 5-18, 1933: death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Vitality too low to live	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C Erdmann, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Selle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84502

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred La Flam

170

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: H. La Flam

6. DATE OF BIRTH (month, day, and year): March 13, 1883

7. AGE: Years 50 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm

10. Date deceased last worked at this occupation (month and year): May 13, 1933

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (city or town) (State or country): Alpina Michigan

FATHER

13. NAME: Charles La Flam

14. BIRTHPLACE (city or town) (State or country): Quebec Canada

MOTHER

15. MAIDEN NAME: Soulange La Chance

16. BIRTHPLACE (city or town) (State or country): Quebec Canada

17. INFORMENT (Address): Jerry La Flam Sandpoint, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Sandpoint, Ida Date: May 16, 1933 Pinecrest Cem.

19. UNDERTAKER (Address): L. G. MOON Sandpoint, Idaho.

20. FILED May 15, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 16 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Firearms.	
Gunshot wound in head.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/16 1933

Where did injury occur? Selle, Idaho. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury gunshot wound in head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) Sandpoint, Idaho.

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84503

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 36

(No. 417 N Sixth)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mathilda Sletager 74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: F. H. Sletager

6. DATE OF BIRTH (month, day, and year): Aug 27 1866

7. AGE: Years 66 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME: Gilbert

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Bulton

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): F H Sletager sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Lakeview Date: May 17, 1933

19. UNDERTAKER (Address): Turnbull Co sandpoint Idaho

20. FILED: May 15, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 14, 1933

I last saw her alive on May 13, 1933: death is said to have occurred on the date stated above, at 5:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 11, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

mandle

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84504

PLACE OF DEATH
County of Bonner
City of Clagstone

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 27

(No.) 101
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Molke

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Carl Molke

6. DATE OF BIRTH (month, day, and year) 1903-6-8

7. AGE Years 29 Months 11 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) 5-8-33 ~~5-15-1933~~
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middle Valley Idaho.

FATHER
13. NAME Edwin D. Frazier
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Jose Lhine Wilson
16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMENT (Address) Carl Molke Clagstone, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Athol Date 5-23, 1933

19. UNDERTAKER (Address) Carsedy Funeral Home Coeur d'Alene Ida

20. FILED 5-31-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 21, 1933
I last saw her alive on May 16, 1933: death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	May 20, 1933
Upper respiratory infection	May 15, 1933

Other contributory causes of importance:

Congenital defective heart from birth	1903

Name of operation Date of
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ken Henson, M.D.
(Address) Coeur d'Alene, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84505

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 5

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Crain

(a) Residence. No. ... St. Salmon Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Earl Crain

6. DATE OF BIRTH (month, day, and year): July 29 1870

7. AGE: Years 62 | Months 9 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arkansas

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Earl Crain Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Valley Falls Date: April 30 1933

19. UNDERTAKER (Address): Idaho Falls Idaho

20. FILED May 1, 1933 Certificate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 29, 1933.

I last saw h[illegible] alive on April 29, 1933: death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Obesity	
Auto accident of minor importance	April 1, 1933

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 1933

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Minor auto accident

Manner of injury: Auto turned upside down

Nature of injury: Wrenched back.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Ray Hatch, M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84506

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2-14-P
Local Registrar's No. 84

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Thomas Smith.

(a) Residence. No. Highland Park Add. St.
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy Rosena Smith

6. DATE OF BIRTH (month, day, and year) Sept 11 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) about 10 years ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hooper Utah

FATHER
13. NAME Thomas Smith.
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Leon Smith Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 5/3, 1933

19. UNDERTAKER (Address) F. F. McFarlane Idaho Falls Ida.

20. FILED May 4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933, to May 1, 1933.
I last saw him alive on May 1, 1933; death is said to have occurred on the date stated above, at 2:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Arteriosclerosis
Chronic nephritis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. K. Abbott M.D.
(Address) Idaho Falls, Ida

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84507

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 87

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91b

2. FULL NAME Joseph W. Wadsworth

(a) Residence. No. Nelson Hotel St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Wadsworth

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1855

7. AGE: Years 77 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) East Weber
(State or country) Utah

FATHER
13. NAME Joseph Wadsworth
14. BIRTHPLACE (city or town) .....
(State or country) Maine

MOTHER
15. MAIDEN NAME Abgial Higley
16. BIRTHPLACE (city or town) .....
(State or country) New York

17. INFORMENT Ethel Jones
(Address) Nelson Hotel, Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Taylor, Idaho Date May 8, 1933

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED May 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 5, 1933
I last saw him alive on May 5, 1933: death is said to have occurred on the date stated above, at 7-30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	2 years

Other contributory causes of importance:

Chronic Nephritis	2 years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84508

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2100
Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Phillip Daniels Ellis

(a) Residence. No. 450 D St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hazel G Ellis

6. DATE OF BIRTH (month, day, and year) Nov 23 1887

7. AGE: Years 45 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, and year) May 4 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Small Idaho

FATHER
13. NAME J. D. Ellis
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Elizabeth Schoop
16. BIRTHPLACE (city or town) (State or country) Wyoming

17. INFORMENT (Address) Mrs Hazel G. Ellis Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date May 8, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED May 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gun shot wound	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? 6 May Date of injury ....., 1933
Where did injury occur? Idaho Fall Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Home
Manner of injury Shoot by 22 rifle accidently
Nature of injury wound was in neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Fred Porter Common, M.D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84509

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 89
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A. Greeting
(a) Residence. No. Colman Ward St.
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lew F. Greeting

6. DATE OF BIRTH (month, day, and year) May 25 1889

7. AGE: Years 36. Months 11 Days 12. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 30 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon City
(State or country) Idaho

FATHER
13. NAME George W. Gould
14. BIRTHPLACE (city or town) Buffalo
(State or country) Kansas

MOTHER
15. MAIDEN NAME Rosa Bradfield
16. BIRTHPLACE (city or town) Indianapolis
(State or country) Indiana

17. INFORMENT Lew W. Greeting
(Address) Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date May 10 1933

19. UNDERTAKER V. F. McHale
(Address) Idaho Falls Ida

20. FILED May 11, 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 7, 1933
I last saw h[illegible] alive on ....., 193..: death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Peritonitis	May 1

Other contributory causes of importance:

Salpingitis	7
Appendicitis	7

Name of operation Removal tube & ovary Date of May 1
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84510

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH
Registration District No. 73
Primary Registration District No. 21 V-0
Local Registrar's No. 90
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Yorgesen
(a) Residence. No. 210 Chamber St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day and year)
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 30 min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Idaho Falls Ida

PARENTS
10. NAME OF FATHER Lloyd W. Yorgesen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Shelley Ida
12. MAIDEN NAME OF MOTHER Ethlyne Carson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Blackfoot Ida

14. Informant (Address) Lloyd Yorgesen
15. Filed May 9, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 4 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to April 4, 1933
that I last saw him alive on April 4, 1933
and that death occurred, on the date stated above, at 8 A m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature delivery at fifth month of gestation.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs
(Signed) H. E. Gisyett M. D.
April 4, 1933 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Shelley, Idaho
Date of Burial April 4 1933
20. Undertaker none
Address —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84511

PLACE OF DEATH

County of Bonneville

City of Idaho Falls.

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 91

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Carol Wilma Allen.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) August 10 1929

7. AGE: Years 3, Months 8, Days 17. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER Chas. William Allen.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas.

12. MAIDEN NAME OF MOTHER Bertha Marie Lewis.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) North Carolina.

14. Informant C. W. Allen.
(Address) Rigby, Idaho. R. #3

15. Filed May 11, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 27 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to April 27, 1933 that I last saw her alive on April 27, 1933 and that death occurred, on the date stated above, at 4:06 P. m.

The CAUSE OF DEATH* was as follows: Accidental Skull Fracture

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Streptococcus Meningitis

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical and Laboratory.

(Signed) W. R. Abbott M. D.

May 1, 1933 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 4/30/33 19

20. Undertaker: [signature] Address: Rigby

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 12

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 3
Primary Registration District No. 2-14-D

Local Registrar's No. 84512

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Norma Joan Hammon

(a) Residence. No. 291 - 12nd Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Michigan

FATHER

13. NAME L. O. Hammon

14. BIRTHPLACE (city or town) (State or country) Berry Idaho

MOTHER

15. MAIDEN NAME Clara Maria Martin

16. BIRTHPLACE (city or town) (State or country) Manhattan Kansas

17. INFORMENT (Address) Mrs. L. O. Hammon Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date May 12, 1933

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Idaho

20. FILED May 11, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident - Automobile	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? May 9 Date of injury ....., 1933

Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on street

Manner of injury struck by car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred Tate Coroner M. D.

(Address) 211 Rogue Blk Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84513

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 1-0
Local Registrar's No. 93

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hannah Ritchie Beybee.

(a) Residence. No. 463 Cliff St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 22 1865

7. AGE: Years 68 | Months 0 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year) May 6 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Marriotts. Utah.

FATHER
13. NAME James Ritchie
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Hannah Brey Mc
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Miss Ruth Beybee.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 5/10, 1933
19. UNDERTAKER (Address) W. F. McClain. Idaho Falls Ida

20. FILED May 13, 1933 Coy Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to May 6, 1933
I last saw her alive on May 6, 1933: death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Peterson, M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84514

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2145
Local Registrar's No. 94

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Elvera Reyes.

(a) Residence. No. Lincoln (Usual place of abode) Idaho St.
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female		Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) July 24 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Idaho.

FATHER

13. NAME Juan Reyes.

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Elousa Casares

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMENT (Address) Inocente Reyes Lincoln Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 5/11 1933

19. UNDERTAKER V. F. McHaffie (Address) Idaho Falls Ida.

20. FILED May 9, 1933 E. J. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933, to May 9, 1933
I last saw her alive on May 9, 1933: death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	April 28

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) N. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84515

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 91

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Baby Donald Wyatt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 15, 1933

7. AGE Years ~~5 months~~ Months Days If LESS than 1 day, 3 hrs. and 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Jacob Mussman

14. BIRTHPLACE (city or town) Alberta Canada
(State or country)

MOTHER

15. MAIDEN NAME Iva Stella Pearman Wyatt

16. BIRTHPLACE (city or town) Star Valley Wyoming
(State or country)

17. INFORMANT grandfather
(Address) Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Crimden - Idaho Falls Date May 16, 1933

19. UNDERTAKER none
(Address)

20. FILED May 16, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 15, 1933

I last saw him alive on May 15, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
5 mo gestation

Date of onset

Other contributory causes of importance:

Placenta Prava

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84516

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 96
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Anderson, 74a
(a) Residence. No. Rt. # 3 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mae C. Anderson

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sheep man.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mantua, Utah.

FATHER
13. NAME Thomas C. Anderson
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME ? Nielsen
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Mae C. Anderson, Rt. 3. Idaho Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Ammon Date May 19, 1933

19. UNDERTAKER Jack A. Wood, (Address) Idaho Falls, Ida.

20. FILED May 16, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May, 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1933, to May 16, 1933.
I last saw h[illegible] alive on May 16, 1933; death is said to have occurred on the date stated above, at 9:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	2 days

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84517

PLACE OF DEATH

County of Bonneville.

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2 1 1 - 0

Local Registrar's No. 97

(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Joseph Peter Gibson.

(a) Residence. No. ..... St. Rexburg, Idaho.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~XXXXX~~ Martha Gibson.

6. DATE OF BIRTH (month, day and year) April 22 1864

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

PARENTS

10. NAME OF FATHER: John Gibson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): England.

12. MAIDEN NAME OF MOTHER: Mary Ann Blanch.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England.

14. Informant: Mrs. Martha Gibson.
(Address) Rexburg, Idaho.

15. Filed May 22, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 21 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 21, 1933
that I last saw him alive on May 21, 1933
and that death occurred, on the date stated above, at 7 A m.
The CAUSE OF DEATH* was as follows:

Metastatic Adeno Carcinoma Liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Stomach

(duration) yrs. ? mos. ds.

18. Where was disease contracted if not at place of death? Rexburg

Did an operation precede death? Yes Date of May 16

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) [signature], M. D.

5/21, 1933 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rexburg

Date of Burial: 5/23/33 19

20. Undertaker: [signature]

Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84518

Registration District No. 73

Primary Registration District No. 2-1-4-D

Local Registrar's No. 94

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Isaac Samuel Winder

(a) Residence. No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lois Ann Winder

6. DATE OF BIRTH (month, day, and year): May 12 1865

7. AGE: Years 68 | Months | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Glenwood Utah

FATHER

13. NAME: Thomas Winder

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Katherine C. Samson

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Mrs. Lois A. Winder Idaho Falls Rt #3

18. BURIAL, CREMATION, OR REMOVAL Place: Common Idaho Date: May 23, 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Idaho

20. FILED May 24, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to May 20, 1933

I last saw him alive on May 20, 1933: death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart with decompensation	

Other contributory causes of importance:

Prostatic hypertrophy	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84519

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

880

2. FULL NAME Nels Poulson
(a) Residence. No. 540 N Water Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Poulson
6. DATE OF BIRTH (month, day, and year): 6/17/1865
7. AGE: Years 68, Months 11, Days 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) October 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Paul Poulson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Dorothy ?
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Emery Nels Poulson Blackfoot Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Wilford Ida. Date 5/25 1933
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida.
20. FILED May 25, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/23 1933
22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to May 23, 1933
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 415 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. R. Sodeemink, M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84520

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 100

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Cecil Heyrend

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 V

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1933

7. AGE Years | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

FATHER
13. NAME John C. Heyrend
14. BIRTHPLACE (city or town) (State or country) Rigby, Ida.

MOTHER
15. MAIDEN NAME Wilma Morrison
16. BIRTHPLACE (city or town) (State or country) Franklin, Ida.

17. INFORMENT (Address) J. C. Heyrend Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date May 29, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED May 29, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 26, 1933
I last saw him alive on May 26, 1933: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	birth

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Call D.C., M.D.
(Address) Idaho Falls, Idaho

RECEIVED JUN 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84521

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 101

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

101b

2. FULL NAME Ellen Jane Wilson

(a) Residence. No. ..... St. May, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 60 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Isaac R. Wilson

6. DATE OF BIRTH (month, day, and year) Nov. 18 1866

7. AGE Years 66 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME William McLachlan

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Carry Filer

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Isaac R Wilson May, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake City, Ut. Date June 1, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED May 31, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1933, to May 30, 1933

I last saw n alive on May 30, 1933: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Collapse	May 30
right lung	
Other contributory causes of importance:	
Pericarditis	?
Pneumonia with	
pleural effusion	9 pmt

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84522

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 2174
Local Registrar's No. 102
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

94

2. FULL NAME Rulon Spencer Whitehead

(a) Residence. No. ..... St. Iona, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Eleane Whitehead

6. DATE OF BIRTH (month, day, and year) April 30, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER

13. NAME John W Whitehead

14. BIRTHPLACE (city or town) (State or country) Richmond Utah

MOTHER

15. MAIDEN NAME Ruth M. Tracy

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs. Eleane Whitehead Iona, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Iona, Ida. Date June 1, 1933

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Ida.

20. FILED June 2, 1933 C. B. Kennard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to May 29, 1933
I last saw ... alive on May 29, 1933: death is said to have occurred on the date stated above, at 12:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Symptomatic Jaundice	
Other contributory causes of importance:	

Name of operation Splenectomy Date of May 23
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. C. Clute, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84523

County of Canyon
City of Wilder
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gus Martin Paulsen

(a) Residence. No. Wilder (Usual place of abode) Ida St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eleanor Paulsen

6. DATE OF BIRTH (month, day, and year) June 7 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamburg Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) J. W. Paulsen Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 6-11, 1933

19. UNDERTAKER (Address) V. Peckham Caldwell Ida

20. FILED 6-10, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 8, 1933

I last saw him alive on June 8, 1933; death is said to have occurred on the date stated above, at 3.P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	
Art Sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Dudley, M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84524

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles B. Cross

(a) Residence. No. R#2 Caldwell St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16 "1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Evelyn Cross

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 6-6, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell, Idaho

20. FILED 5-10, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3 1933, to June 3, 1933
I last saw him alive on Dec June 3, 1933: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
agh

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) S. B. Dwelley M. D.
(Address) .....

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84525

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnathan Johnson Wilson

(a) Residence. No. R#1 Wilder St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tannon
(State or country) Georgia

FATHER

13. NAME Larkin Wilson

14. BIRTHPLACE (city or town) .....
(State or country) N. Carolina.

MOTHER

15. MAIDEN NAME Kate Johnson

16. BIRTHPLACE (city or town) .....
(State or country) Ind.

17. INFORMENT (Address) J. C. Wilson Wilder, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date June 4, 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 5-10, 1933. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933, to June 2, 1933
I last saw h— alive on June 2, 1933; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	May 25 33
Other contributory causes of importance: Chronic Nephritis & Chronic Endocarditis	Several years

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. M. Cox M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84526

PLACE OF DEATH
County of Canyon
City of Middleton
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 54
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Sloane Kingsbury

(a) Residence. No. Caldwell R# 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~88~~ 85	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Thomas Kingsbury
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Wm Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 6-4, 1933

19. UNDERTAKER C. E. Bekham
(Address) Caldwell Idaho

20. FILED 5-10, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from February, 1933, to June 1, 1933
I last saw h[illegible] alive on May 30, 1933; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Senility.	3 Mos.
Anemia.	2 "

Other contributory causes of importance:
Old Age.

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Bellevue, M. D.
(Address) Star Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84527

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 53
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Irene Phillips

(a) Residence. No. East Chgo. St. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nampa Idaho

PARENTS

10. NAME OF FATHER Henry N. Phillips
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ethel Idaho
12. MAIDEN NAME OF MOTHER Josephine Shaw
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Startup Washington

14. Informant (Address) Henry N. Phillips Caldwell Idaho

15. Filed 6-1, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5-28-33, 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1933, to May 28, 1933
that I last saw h[er] alive on May 28, 1933
and that death occurred, on the date stated above, at 2:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Measles

(duration) 2 yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Bronchial pneumonia
(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) A. A. Newberry M. D.
May 29, 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill Cemetery	5-29 1933
20. Undertaker	Address
Paul L. Case	Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84528

PLACE OF DEATH
County of Canyon
City of Caldwell

CERTIFICATE OF DEATH
Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 52
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

121

2. FULL NAME Henry Sturkey
(a) Residence. No. 1007 Home St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 15 - 1846

7. AGE: Years 86 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Henry Sturkey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs Viola Price Caldwell Idaho

15. Filed 6-1, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 - 28, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to May 28, 1933
that I last saw him alive on May 28, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) Several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptom
(Signed) [signature], M. D.
5-31, 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: 5-31 1933

20. Undertaker: Paul L. Cone
Address: Caldwell Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84529

PLACE OF DEATH

County of Canyon
City of Huston

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 51

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Joyce Rose

(a) Residence. No. Huston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 - 33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huston
(State or country) Idaho

FATHER

13. NAME W. J. Rose

14. BIRTHPLACE (city or town)
(State or country) Okla.

MOTHER

15. MAIDEN NAME Lena Perry

16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMENT W. J. Rose
(Address) Huston, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Ridge Date May 28 1933

19. UNDERTAKER C. V. Jackman
(Address) Caldwell Ida

20. FILED 5-31, 1933 John D. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 26, 1933
I last saw h alive on May 24, 1933. death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Infection	
Following Flu.	

Other contributory causes of importance:

Jaundice	
2 months	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M.D.
(Address) Caldwell Idaho

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84530

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 50
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas D.Farrer
(a) Residence. No. 1402 Cleve. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith S Farrer

6. DATE OF BIRTH (month, day and year) Aug 17 1868

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Covington Penn

PARENTS

10. NAME OF FATHER Wm Farrer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Elizabeth Edwards
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Mrs Thos D.,Farrer 1402 Cleve Caldwell Ida

15. Filed 5-25, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 22-33 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1932, to May 22, 1933
that I last saw him alive on May 18th, 1932
and that death occurred, on the date stated above, at 4 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
acute dilitation of the heart.

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Insufflation pneumonia hydrothorax and myocarditis.
(duration) 1 yrs. 6 mos. 0 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Stethoscopic [illegible]
(Signed) [illegible] M. D.
5-23, 1933. (Address) [illegible], Idaho

19. Place of Burial, Cremation, or Removal Canyon Hill Cemetery
Date of Burial 5-24-33 19

20. Undertaker Paul L.Case
Address Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84531

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joy Kathleen Myers

(a) Residence. No. 517 - No. 11th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 5 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Elmer E. Myers

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Kathryn Cunningham

16. BIRTHPLACE (city or town) Ashton
(State or country) Idaho

17. INFORMENT Elmer E. Myers
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 17 1933

19. UNDERTAKER C. K. Peckham
(Address) Caldwell, Ida

20. FILED 5-18, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1933, to May 15, 1933
I last saw her alive on May 13, 1933; death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	May 5

Other contributory causes of importance:
Flu preceding & intercurrent infection followed up

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Kaley, M.D.
(Address) Caldwell Ida

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84532

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 48
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. **FULL NAME** ~~James~~ Theodore Snyder

(a) Residence. No. John St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec-8-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	5	- -	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Elkhart
(State or country) Indiana

PARENTS

10. NAME OF FATHER Jared Snyder
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Jane Weston
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn

14. Informant Mrs James T. Snyder
(Address) Caldwell Idaho

15. Filed 5-13, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 8 - 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to May 8, 1933
that I last saw h-im alive on May 8, 1933
and that death occurred, on the date stated above, at 11 30 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Angena Vectoris
(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Symptoms

(Signed) [signature], M. D.
5/10, 19 (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Compton Calif	19

20. Undertaker Paul L. Case — Address Caldwell Idah

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84533

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
(No. 8½ mi. So. east Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. #7

2. FULL NAME Eva N. Grimes. 50
(a) Residence. No. 8½ mi So. east Nampa St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: B.C. Grimes.
6. DATE OF BIRTH (month, day and year): Oct. 4th 1879.
7. AGE: Years 53 | Months 7 | Days 4. | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Illinois.

PARENTS
10. NAME OF FATHER: S.R. Nickerson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): unknown.
12. MAIDEN NAME OF MOTHER: Rosa Barrick.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown.

14. Informant: Mr. B.C. Grimes.
(Address) R.F.D. #1 Kuna.
15. Filed May 29, 1933. Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 8 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933 to May 7, 1933
that I last saw her alive on May, 1933
and that death occurred, on the date stated above, at 6 A.M. m.
The CAUSE OF DEATH* was as follows:
Sarcoma of left-
humerus
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs
(Signed) H.H. Rose M. D.
May 8, 1933 (Address) Nampa, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pohlerlawn-Nampa. Date of Burial: 5-10 1933
20. Undertaker: Mrs. Nina M. Talley Address: Nampa, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84534

PLACE OF DEATH
County of Canyon
City of Rural
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 49

(No.) 128
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lavona Evelyn Cover

(a) Residence. No. 13 miles west of Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/12/21

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Homedale Ida.

FATHER

13. NAME C.C.Cover

14. BIRTHPLACE (city or town) (State or country) Nebr.

MOTHER

15. MAIDEN NAME Mc Kague

16. BIRTHPLACE (city or town) (State or country) Nebr.

17. INFORMENT (Address) C.C.Cover Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Rohlerlawn em Date 5/22/33 193

19. UNDERTAKER F.K.Robinson (Address) Nampa Ida.

20. FILED May 30, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/20/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 20, 1933

I last saw h alive on May 20, 1933: death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W.C. Wolfe, M. D.

(Address) Nampa, Idaho

N.

FORM VS No. 5-A-25M 1-19

RECEIVED JUN 8 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84535
Local Registrar's No. 32

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. State School St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mark Green

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	White	

6. DATE OF BIRTH: January (Month) 4 (Day) 1897 (Year)

7. AGE: 36 Yrs. 4 Mos. 25 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Peoria Ills

10. NAME OF Father: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Ills

12. MAIDEN NAME OF MOTHER: Francis McCandliss

13. BIRTHPLACE OF MOTHER (State or Country): Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): [signature]
(Address): Nampa Ida

15. Filed June 3 1933 Lydia Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH 29

16. DATE OF DEATH: May (Month) 29th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1925 to 5-29- 1933, that I last saw h-- alive on 5-29- 1933, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Intermittent Nephritis

(Duration) ....yrs. 6 mos. ....ds.
Contributory (Secondary) Pneumonia (Chronic)
(Duration) ....yrs. ....mos. ....ds.
(Signed) [signature] M. D.
19.... (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 7 yrs. ....mos. ....days. In the State 22 yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: Kohlerlawn-Nampa | DATE OF BURIAL: 6-2 1933

20. UNDERTAKER: Wm D. Talley | ADDRESS: Nampa, Ida.

N. B. A PERMANENT RECORD should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 8 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84536

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME William Darius Fellows

(a) Residence. No. Kuna, Ida. R.F.D. #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-31-33

7. AGE — Years — Months — Days — If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME Charles B. Fellows

14. BIRTHPLACE (city or town) (State or country) Butte, Mont.

MOTHER

15. MAIDEN NAME Henerthe N. Benton

16. BIRTHPLACE (city or town) (State or country) Shelby Ida.

17. INFORMENT (Address) Chas. B. Fellows Kuna, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 6-1, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Idaho

20. FILED June 5, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/31/33, 193..., to 5-31, 1933

I last saw him alive on 5-31, 1933: death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Death thru ~~childbirth~~ birth conditions
Child breathed before born & life drowned. Artificial respiration & child lived 4 hrs.

Date of onset

Other contributory causes of importance:

About 2 wks premature

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Horace P. Belknap, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

B

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84537

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

(No. 6 miles north of Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 51

101a

2. FULL NAME Edith E. Neel Justus

(a) Residence. No. 6 miles north Nampa St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: E. Claud Justus

6. DATE OF BIRTH (month, day and year): November 10/1912

7. AGE: Years 21, Months 6, Days 17. If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Nevada Missouri

PARENTS

10. NAME OF FATHER: James E. Neel

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Butler Missouri

12. MAIDEN NAME OF MOTHER: Ethel Percifield

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Deadrick Missouri

14. Informant: Mrs. James E. Neel
(Address) Nampa, Idaho

15. Filed June 1, 1933 Lydia Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to May 28, 1933 that I last saw her alive on May 25, 1933 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Solidified R. Lung

(Signed) J. H. Murray, M. D.

May 30, 1933 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Star, Idaho. Date of Burial: 5/31/33 19

20. Undertaker: Mrs. Nina M. Talley Address: Nampa, Ida.

FORM V. S. No. 5-A-25M. 1-19. RECEIVED JUN 8 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84538
Local Registrar's No. 45

1. PLACE OF DEATH

County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. State School St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lyle Victor Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 29 Yrs. ..... Mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wis.

10. NAME OF Father: DeMont P Reed

11. BIRTHPLACE OF FATHER (State or Country): Wis

12. MAIDEN NAME OF MOTHER: Helen Powers

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Poynter
(Address) Nampa Ida

15. Filed May 29 1933 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH 78

16. DATE OF DEATH: 5 (Month) 23 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1922, to 5-21-1933, that I last saw him alive on 5-21-1933, and that death occurred on the date stated above, at 4 30 a.M.

The CAUSE OF DEATH* was as follows: —
Status Epilepticus
(Duration) since Childhood yrs. mos. ds.
Contributory (Secondary) Possibly Hemorrhage of Brain
(Duration) yrs. mos. ds.
(Signed) Don Poynter M. D.
19 (Address) Nampa Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 13 yrs. ..... mos. ..... days. In the State 15 yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Wis
Former or usual residence Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: Kohlerlawn-Nampa
DATE OF BURIAL: 5-26 1933

20. UNDERTAKER: Wm D. Talley
ADDRESS: Nampa, Ida.

MARGIN RESERVE
...PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
...—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1933

PLACE OF DEATH

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2036

DO NOT WRITE IN THIS SPACE
State File No. 84540

Local Registrar's No. 68

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Margaret Kaithacker

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. K. Kaithacker.

6. DATE OF BIRTH (month, day, and year) July 31 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Vincent Rucker

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Thomas

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMENT (Address) W. K. Kaithacker, Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date May 14 1933

19. UNDERTAKER F. K. Coleman (Address) Nampa Ida

20. FILED June 5, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/12 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw her alive on 5-10, 1933: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. C. Horton, M. D.

(Address)

Nampa Ida. 1-11-41

Bureau of Vital Statistics
Boise Ida.

RECEIVED
JAN 13 1941

Dear Mrs Atwood, —

Mr Henry Heithecker of Nampa was — yesterday + asked me to furnish your office with corrected data — in connection with his mothers death certificate. Mrs Heithecker according to our records died 5/12/1938. Her true name was Mary Margaret Heithecker, altho she was also known as Maggie M.

If the above statement from me is not sufficient ~~for~~ to justify a change in your records, please send me form for same

Thank you

F. K. Robinson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84541

PLACE OF DEATH

County of Canyon
City of Rural
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 50
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME William Corey Moore

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 4-2-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71		18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wis.

PARENTS

10. NAME OF FATHER Abraham Moore
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wis.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Floyd Moore
(Address) Nampa, Ida.

15. Filed May 20, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Ap 15 -, 1933, to Ap. 20, 1933
that I last saw h[illegible] alive on Ap - 20, 1933
and that death occurred, on the date stated above, at 8:30 a.m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Nephritis.
(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Samuel A. Swayne M. D.
Ap. 27, 1933 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa, Ida.	4-23 1933
20. Undertaker	**Address**
F.K. Robinson	Nampa, Ida.

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84542

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 59

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles Edwin Mills

(a) Residence. No. 515 4th St. S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Idowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/18/49

7. AGE Years 84 Months 4 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Elisha Mills
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Parker
16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Rev. E.O.Mills 515-4th St.S.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Meridian, Ida Date 6/5/33 193

19. UNDERTAKER (Address) Fred K.Robinson Nampa, Idaho,

20. FILED June 5, 1933 Lyda Rogers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/4/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to 6-4-, 1933
I last saw him alive on June 3, 1933: death is said to have occurred on the date stated above, at 7.25 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart decompensation (aortic & mitral insufficiency) and resulting acute pulmonary oedema	March 1933

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. R. Proctor, M. D.
(Address) Nampa, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84543

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 48

88 1-

2. FULL NAME Vicente Maldonado

(a) Residence. No. 1506- 1st. St. North St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mexican	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) about 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section Gang
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U.P. Railroad

9. BIRTHPLACE (city or town) (State or country) Old Mexico

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant Mrs. Chacon
(Address) 1506-12st. No. Nampa, Idaho.

15. Filed May 30, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febr 10, 1933, to May 20, 1933
that I last saw him alive on May 20, 1933
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:
Myocarditis
Chronic Nephritis
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) N P Roos M. D.
May 23, 1933 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Mt. Calvary- Nampa.	5/23/33 19
20. Undertaker	Address
Wm. D. Talley	Nampa, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 8 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84544

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 56

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Isaac H. Waller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 7-70

7. AGE Years 62 Months 9 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Wm Waller

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) James Waller Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 5 20, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED June 5, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1933, to 5-18-, 1933

I last saw him alive on 5-12-, 1933: death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	5-14-33

Other contributory causes of importance:

Chronic cholecystitis	Not known
acute nephritis	5-12-33

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. A. A. Knoggi, M. D.

(Address) Nampa, Idaho.

K

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84545

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Eugene Carpenter

(a) Residence. No. Madison Ave. ~~St.~~ (Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME R. W. Carpenter

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. R. W. Carpenter Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kohlenbarn Date 5/15, 1933

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED June 6, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1933, to May 12, 1933

I last saw h...alive on May 12, 1933.: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mayocarditis,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Samuel A. Swayne, M. D.

(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84546

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME Frank L. Givens

(a) Residence. No. 320 13th ave. S. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-29-56

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millersbury
(State or country) Ohio

FATHER

13. NAME Joe Givens

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Lizabeth Armor

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMENT Ivan Melick
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date 5-28-33 193

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED June 5, 1933 Zyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933, to May 26, 1933
I last saw him alive on May 26, 1933: death is said to have occurred on the date stated above, at am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer tongue	

Other contributory causes of importance:
General weakness from above.

Name of operation No Date of -
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Grace P. Billamp M. D.
(Address) Nampa Idaho

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84548

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Delco

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 41
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Robert Franklin Dawdle

(a) Residence. No. Delco—Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. R. F. Dawdle

6. DATE OF BIRTH (month, day and year) Aug. 18-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Self Employed
(c) Name of employer

9. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

PARENTS

10. NAME OF FATHER Wm. Robert Dawdle
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County) Unknown

14. Informant Mrs. Myrtle Lott
(Address) Delco Idaho

15. Filed May 2. 1933. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended ~~deceased~~ from
April 14 1933 to May 9 1933
that I last saw him alive on May 6 1933
and that death occurred, on the date stated above, at 5 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma Stomach &
General Carcinomatosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & X-Ray

(Signed) Charles B. Reasoner M. D.
May 10, 1933 (Address) Burley-Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Payson-Utah	5/14 1933
20. Undertaker	Address
L. E. Johnson	Burley Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84549

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Oakley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 42
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Pearl Poulton

(a) Residence No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 10 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oakley Ida

PARENTS

10. NAME OF FATHER Hyrum W. Poulton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oakley Ida
12. MAIDEN NAME OF MOTHER Pearl Garrard
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Oakley Ida

14. Informant Hyrum W. Poulton
(Address) Oakley Ida

15. Filed May 16, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to May 13, 1933
that I last saw her alive on , 19
and that death occurred, on the date stated above, at 5 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D. E. Johnson Coroner
5-13, 1933 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Oakley Ida.	5-14 1933
20. Undertaker D. E. Johnson	Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84550

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 43
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James T Fay
(a) Residence. No. 500 Block N. Oakley St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

12

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Mary Fay

6. DATE OF BIRTH (month, day and year) July 18-1874

7. AGE Years 58 Months 9 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Business
(b) General nature of industry, business, or establishment in which employed (or employer) Auto Wreckage
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Lynn Mass.

PARENTS
10. NAME OF FATHER James A. Fay
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Mary Farrell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) Mrs. Mary Fay, N. Oakley Idaho

15. Filed June 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to May 13, 1933
that I last saw him alive on " " , 19....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hypertrophic Cirrhosis Liver
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) Joseph Remsted M. D.
June 3, 1933 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal Burley City Cemetery Date of Burial 5/21 1933

20. Undertaker D E Johnson Address Burley

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84551

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Burley-

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 44
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Leon Anthon
(a) Residence. No. Burley R.F.D. # 2 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 23 yrs. 6 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Platts

6. DATE OF BIRTH (month, day and year) Oct. 27-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	6	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Burley Idaho

PARENTS

10. NAME OF FATHER Carl Anthon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Ellen Halm
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Carl Anthon Burley R.F.D. # 2.

15. Filed June 6, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to May 20, 1933
that I last saw h..... alive on ....., 19....
and that death occurred, on the date stated above, at 6:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gun Shot Wound
Self inflicted

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D. E. Johnson Coroner
May 22, 1933 (Address) Burley Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley, Idaho.	5/24/ 1933

20. Undertaker D. E. Johnson Address Burley Idaho,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84552

PLACE OF DEATH
County of Clark
City of Dubois

Registration District No. 125
Primary Registration District No. 2203
Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hyrum Spurlin

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 20. 1851

7. AGE — Years: 82 | Months: | Days: 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Iowa

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant: W A Colson
(Address) Argora Idaho

15. Filed May 16, 1933 C E Jones M D
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932 to May 15, 1933
that I last saw h~~im~~ alive on May 14, 1933
and that death occurred, on the date stated above, at 6:45 a m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C E Jones, M. D.
May 16, 1933 (Address) Dubois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~: Dubois Idaho — Date of Burial: May 16 1933

20. Undertaker: None — Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84553

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 26

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matilda Jane Chapman

(a) Residence. No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas C. Chapman

6. DATE OF BIRTH (month, day, and year) May 4-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME William Hall

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Vanessa Thompson

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Roy Chapman Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 5-23, 1933

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 5/23, 1933 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933, to May 20, 1933.
I last saw her alive on May 19, 1933: death is said to have occurred on the date stated above, at 7 29 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intertrochanteric fracture of Right Femur	

Other contributory causes of importance:

Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-11, 1933
Where did injury occur? Orofino Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell on street
Nature of injury Fracture of R. Femur.

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84554

Registration District No. 90

Primary Registration District No. 2107

Local Registrar's No. 25

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nicklos J. Kanrjas

(a) Residence. No. ..... St. Porlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 1 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? 30 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Winifred *

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R.R. Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam railroad

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME John Kanrjas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho -

18. BURIAL, CREMATION OR REMOVAL Place Potlatch Idaho Date May 8, 1933

19. UNDERTAKER A.E. Randolph
(Address) Palouse Wash

20. FILED 6/8, 1933 W.A. Thain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1931, to May 7, 1933

I last saw him alive on May 7, 1933; death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Psychosis with Cerebro-Spinal Syphilis	1930

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? 4+ Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 154
(No.) 93
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Alice Waters

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: William Waters

6. DATE OF BIRTH (month, day and year): July 1 1856

7. AGE: Years 76, Months 8, Days 9. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Justice of Peace
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Custer County

9. BIRTHPLACE (city or town) (State or country): New Orleans

PARENTS

10. NAME OF FATHER: Edward Halloran
11. BIRTHPLACE OF FATHER (city or town) (State or Country):
12. MAIDEN NAME OF MOTHER: Charlotte Wardelle
13. BIRTHPLACE OF MOTHER (city or town) (State or County):

14. Informant (Address): Mary Solomon, Challis Idaho

15. Filed May 22, 1933. Edna McKenney, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 10 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to May 10, 1933
that I last saw her alive on May 7, 1933
and that death occurred, on the date stated above, at 4 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Encephalomalacia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Fracture of hip
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) C. L. Kirtley, M. D.
7/8, 1933 (Address) Challis

19. Place of Burial, Cremation, or Removal: Doebler
Date of Burial: May 12 1933

20. Undertaker: Challis, Idaho
Address: Salmon, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84558

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 155
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Carlson
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Carlson

6. DATE OF BIRTH (month, day and year): Dec. 27 1867

7. AGE: Years 63 Months 5 Days 1 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Stockholm Sweden

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): "

14. Informant (Address): Bertha Carlson

15. Filed May 31, 1933 Edna McKinney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 31 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from did not attend, to him, 19..., that I last saw him alive on a time of death, 19..., and that death occurred, on the date stated above, at 7 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Load of wood on wagon ran over him

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. L. Kirby M. D.
7/8, 1933 (Address) Challis, Ida

19. Place of Burial, Cremation, or Removal: Challis, Ida. Date of Burial: May 3, 1933

20. Undertaker: W. C. Dealer Address: Salmon, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84559

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer
City of Stanley

Registration District No. 105
Primary Registration District No. 2186 Local Registrar's No. 151
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Ennis 103

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1868

7. AGE 65 Years | Months 7 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Glasgow Scotland
(State or country)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country)

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County)

14. Informant (Address) T. L. Ennis Clayton Idaho

15. Filed April 11, 1933 Edna McPhee Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 12 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933, to 3-12, 1933
that I last saw h..... alive on ✓, 19.....
and that death occurred, on the date stated above, at 99. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
Treated this man over telephone
Never saw him personally —
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) R. H. Wright M. D.
5-15, 1933 (Address) Hailey, Ida.

19. Place of Burial, Cremation, or Removal: Clayton, Idaho | Date of Burial: Mar. 14. 1933

20. Undertaker: Friends | Address: Clayton, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84560

PLACE OF DEATH
County of Franklin
City of Weston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Marie Christensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 r

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James Christensen

6. DATE OF BIRTH (month, day, and year): Mar 27 1886

7. AGE: Years 47 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Fredric Shaffer
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Marie Dick
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): James Christensen, Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Weston Date: May 8, 1933

19. UNDERTAKER (Address): M. W. Hendricks, Preston Idaho

20. FILED June 8, 1933 G. W. Stales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1933, to May 5, 1933
I last saw her alive on May 5, 1933: death is said to have occurred on the date stated above, at 11.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1930.
Other contributory causes of importance: Diabetes	4 yrs 1929

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Orson A. Daines M.D.
(Address) Preston Ida.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84561

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 31

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl William Nelson Jr.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Earl Wm. Nelson
14. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER

15. MAIDEN NAME Marguret Foss
16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Earl W. Nelson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date May 16 193

19. UNDERTAKER M. E. Hendricks (Address) Preston

20. FILED June 8, 193 3 G. W. State Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to May 15, 1933
I last saw him alive on May 15, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	May 13, 1933
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? P. M. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
N.E. If so, specify
(Signed) O. B. Luther M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84562

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 32

(No.) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clell Oscar Rawlings

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

FATHER

13. NAME Oscar Rawlings

14. BIRTHPLACE (city or town) (State or country) Fairview Idaho

MOTHER

15. MAIDEN NAME Navella Wiser

16. BIRTHPLACE (city or town) (State or country) Lewiston Utah

17. INFORMENT (Address) Oscar Rawlings Fairview Id.

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Idaho Date June 1, 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston Id.

20. FILED June 5, 1933 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-27-, 1933, to 5-25-33, 1933
I last saw him alive on 5-25, 1933; death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	5-26-33
Ruptured appendix	5-25-33
Other contributory causes of importance:	
Appendectomy drainage	5-27-33

Name of operation Appendectomy Date of 5-27-33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. E. Cutler, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84563

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darrel Rex Barger

117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10 1926

7. AGE: Years 6 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Treasureton Idaho

FATHER

13. NAME T. J. Barger

14. BIRTHPLACE (city or town) (State or country) Downey Idaho

MOTHER

15. MAIDEN NAME Pearl Nelson

16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMENT (Address) T. J. Barger father Treasurwton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Treasureton Date June 2, 1933

19. UNDERTAKER (Address) M. W. Hendricks Preston

20. FILED June 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-27-33, 193..., to 5-30, 1933

I last saw him alive on 5-30, 1933: death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis general	5-26-33
Acute appendicitis	5-24-33

Other contributory causes of importance:

Name of operation Appendectomy & drainage Date of 5-27-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Cutler, M. D.

(Address) Preston Ida

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84564

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 26
(No. Grangeville, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Newton Neely

(a) Residence. No. Sumner, Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Nov. 12, 1933

7. AGE: Years 1 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Infant
10. Date deceased last worked at this occupation (month and year): Infant
11. Total time (years) spent in this occupation: Infant

12. BIRTHPLACE (city or town) (State or country): Rhodes Lake, Washington

FATHER

13. NAME: John William Neeley
14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER

15. MAIDEN NAME: Avalon Gardner
16. BIRTHPLACE (city or town) (State or country): Puyallop Washington

17. INFORMENT (Address): John Neeley Grangeville, Idaho

18. BURIAL, CREMATION, REMOVAL
Place: Grangeville Date: May 29, 1933

19. UNDERTAKER: Glenn W. Ailor
(Address): Grangeville, Idaho

20. FILED: June 5, 1933 B C Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 5-27, 1933
Where did injury occur? Grangeville Ida
(Specify city or town, county, and State)
Specify whether injury occurred ~~in industry, in home~~, or in public place. Tourist Park
Manner of injury Drowned
Nature of injury Suffocation from water

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B C Chipman, M. D.
(Address) Grangeville, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84565

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 22

County Hospital
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry R. Gear

(a) Residence. No. Grangeville, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 11, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) Jan 15, 1933

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Redriver Texas

FATHER

13. NAME William Gear

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Avriva Haley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Jess Hollingshead Grangeville, Idaho

18. BURIAL, CREMATION, REMOVAL Place Burial Date May 17, 1933

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED ....., 193.... B C Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. ....., 1933, to May ....., 1933
I last saw him alive on May 15, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B C Chapman, M. D.
(Address) Grangeville, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84566

PLACE OF DEATH
County of Idaho
City of Florence

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 21

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME Peter A. Norman

(a) Residence. No. Florence, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): July 26, 1867

7. AGE: Years 65, Months 9, Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Miner
10. Date deceased last worked at this occupation (month and year): May 8 1933
11. Total time (years) spent in this occupation: 5 years

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Peter Norman
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Frank Norman, Clarkston, Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Big Bear Ridge Date: May 13, 1933

19. UNDERTAKER (Address): Glenn Ailor, Grangeville, Idaho

20. FILED ....., 193.... B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not see him, 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Dropped dead on trail in mountain. Most likely cardiac embolus

Date of onset

Other contributory causes of importance:

Not known

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley F. Orr, M. D.

(Address) Cottonwood

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84567

PLACE OF DEATH
County of Idaho
City of Fenn

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 19

(No.) 112
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis C Spengler

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 25 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? 57 yrs. about mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa Spengler

6. DATE OF BIRTH (month, day, and year) March 10 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired merchant & farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 3-1 1914

11. Total time (years) spent in this occupation about 3 years

12. BIRTHPLACE (city or town) Cochstedt
(State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Edith R. Webber.
(Address) Fenn, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Denver Date 5-12, 1933

19. UNDERTAKER Hamerly
(Address) Hanquer Idaho.

20. FILED , 193 B.C. Hepsman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-10- 1933.

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to May 10, 1933
I last saw him alive on May 10, 1933.; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from stomach	

Other contributory causes of importance:
Gastric ulcer.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Woodward, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84568

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 1007
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Clifford Speddan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Speddan

6. DATE OF BIRTH (month, day, and year): 2/24/1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Mining Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgetown Mo.

FATHER
13. NAME: Robert Rush
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Melcena Thomson
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Lotie S. Overman, Kellogg, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Grangeville Date: May 6, 1933

19. UNDERTAKER (Address): T. A. Hancock, Grangeville

20. FILED ....., 193.... R. E. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5/4/1933

22. I HEREBY CERTIFY, That I attended deceased from Prefs, 1933, to 5-4-, 1933.
I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
Nephritis	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. E. Chipman, M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 108

Primary Registration District No. 2181

DO NOT WRITE IN THIS SPACE

State File No. 84569

Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Peter Byrne

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) June 29, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mrs Liz

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Frank Byrne

18. BURIAL, ~~CREMATION,~~ OR REMOVAL Place Grangeville Date Apr 19, 1933

19. UNDERTAKER (Address) A. A. Hancock Grangeville Idaho

20. FILED , 193 B. C. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. , 1932, to Apr. 16 , 1933

I last saw him alive on Apr. 16 , 1933 : death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Nephritis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. C. Chipman, M. D.

(Address) Grangeville Ida.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84570

PLACE OF DEATH
County of Fremont
City of St. Antnony
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 81

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Almer Adams

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 27th, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rummey
(State or country) Wales

FATHER
13. NAME George P. Adams
14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER
15. MAIDEN NAME Sarah Baynon
16. BIRTHPLACE (city or town)
(State or country) Wales.

17. INFORMENT Henry I. Adams
(Address) St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date 5/31/33 193

19. UNDERTAKER W. W. Hansen
(Address) St. Anthony, Idaho.

20. FILED May 31, 1933 Sarah Wenk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to May 29, 1933
I last saw him alive on May 27, 1933: death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
and hypertension	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. A. Williams, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

PLACE OF DEATH
County of Fremont
City of Stanthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84571

Registration District No. 19
Primary Registration District No. 2177
Local Registrar's No. 80

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reed G. Mason

(a) Residence. No. Egin Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Egin Ida

FATHER
13. NAME Floyd G Mason
14. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

MOTHER
15. MAIDEN NAME Veda Powell
16. BIRTHPLACE (city or town) (State or country) Egin Ida

17. INFORMENT (Address) Floyd Powell

18. BURIAL, CREMATION, OR REMOVAL Place Cyberg Date 5 26, 1933

19. UNDERTAKER (Address) None

20. FILED May 26, 193 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from At Birth, 1933, to , 193

I last saw him alive on May 25, 1933; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows: Premature Birth 6 1/2 Mons

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Wolf M.D., M. D.
(Address)

JUN 12 1933

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84572

PLACE OF DEATH
County of Fremont
City of St Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 78

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bonnie Jean Cotton

(a) Residence. No. St Anthony Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fremont Co

FATHER
13. NAME James Cotton
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Pearl Celia Moon
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Jamie Cotton St Anthony Ida

18. BURIAL, CREMATION, OR REMOVAL Place Ola Gem Idaho Date May 11, 1933

19. UNDERTAKER (Address) Rigby Ashton Ida

20. FILED May 10, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10 1933

22. I HEREBY CERTIFY, That I attended deceased from birth
Apr 28, 1933 to May 10, 1933
I last saw h alive on May 10, 1933: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify
(Signed) W. D. Hawkins M.D.
(Address) St Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84573

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No.

Primary Registration District No.

Local Registrar's No. 39

(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Edwin Lorenzo Larson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(~~WIFE of~~) Hannah R Larson

6. DATE OF BIRTH (month, day, and year) Jan. 20th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murray Utah

FATHER

13. NAME Thurston Larson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Elizabeth Mary Fox

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Edwin L. Larson St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Date 5/19/33 193

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED May 19, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 16, 1933

I last saw him alive on May 16, 1933: death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 16,

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84574

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88f

2. FULL NAME William Hill

(a) Residence. No. St. Anthony, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Hill

6. DATE OF BIRTH (month, day, and year): Dec. 8-1848

7. AGE: Years 84 | Months 5 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cheshire England

FATHER

13. NAME: William Hill

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Miss Viola Hill St. Anthony Ida. R.F.D. 3

18. BURIAL, CREMATION, OR REMOVAL
Place: Parker Date: 6/9, 1933

19. UNDERTAKER (Address): W.M. Hansen St. Anthony, Idaho.

20. FILED: June 9, 1932 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6/7/1933

22. I HEREBY CERTIFY, That I attended deceased from June 3 —, 1933, to June 7, 1933

I last saw him alive on June 7, 193..: death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6-33

Other contributory causes of importance:
Cardio-vascular renal disease

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

6/1/33 (Signed) Ronn H. Rich, M. D.
(Address) Rexburg Idaho

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84575

Local Registrar's No. 83

PLACE OF DEATH

County of Fremont
City of St. Anthony
Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Lorraine Murri

(a) Residence. No. 159 St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				6 hrs.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) St. Anthony
(State or country) Ida

PARENTS

10 NAME OF FATHER Warren E. Murri
11 BIRTHPLACE OF FATHER (city or town) St. Anthony Ida.
(State or country)
12 MAIDEN NAME OF MOTHER Winnifred Schooted
13 BIRTHPLACE OF MOTHER (city or town) Wilford, Ida.
(State or country)

14 Informant Warren E. Murri
(Address) St Anthony, Ida.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 19th 1933
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 19, 1933,
that I last saw h alive on , 19,
and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:
Malformation of liver Probable internal hemorrhage.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) P. W. Kelly M. D.
6/1, 1933 (Address) St. Anthony Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84576

PLACE OF DEATH

County of FREMONT
City of ASHTON
Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WILLIAM ,F. LALK.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) AUGUST 3rd 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CONTRACTOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MASON& CARPENTER

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) WISCONSIN

FATHER

13. NAME HENRY C LALK.

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME DONT KNOW

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMENT (Address) A.P. LALK. FORT ATKINSON WIS.

18. BURIAL, CREMATION, OR REMOVAL Place FORT ATKINSON Date WIS 5/9/33 193

19. UNDERTAKER LEWIA KISER
(Address) ASHTON IDAHO

20. FILED 5/8/33 193 LEWIS KISER
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from 3/7 33, 193, to 5/7/33, 193
I last saw him alive on 5/7/33, 193: death is said to have occurred on the date stated above, at 10.30 P?M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIC COMA	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? URINE BP. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H.W. DOTY, M. D.
(Address) ASHTON IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84577

PLACE OF DEATH

County of Fremont

City of Ashton

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Frank Schultz

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. TRAPPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Alma Road Marysville Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Anthony Date May 26, 1933

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho

20. FILED 5/26, 1933 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 25, 1933

I last saw him alive on May 20, 1933; death is said to have occurred on the date stated above, at —m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
(Found Dead in Hills)	
Other contributory causes of importance: —	

Name of operation — Date of —

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) P. L. Kelly M. D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84578

PLACE OF DEATH
County of Fremont
City of Montour

Registration District No. .....
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Lewis B. Cox
(a) Residence. No. ..... Montour Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word.)
M	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 9, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10. NAME OF FATHER Martin Cox
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New Jersey

14. Informant (Address) Lloyd E. Cox

15. Filed 5/22, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Apr 26, 1933, to May 21, 1933,
that I last saw ~~him~~ alive on Apr 26, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of colon

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) C. R. Cummings, M. D.
5/22, 1933 (Address) Emmett

19. Place of Burial, Cremation, or Removal Sweet Idaho — Date of Burial 5/22 1933

20. Undertaker C. D. Buckner — Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84579

RECEIVED JUN 5 1933

PLACE OF DEATH
County of Ada
City of Emmett
Registration District No. ....
Primary Registration District No. 6
Local Registrar's No. ....
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willard Tyrle McProud 135

(a) Residence. No. Emmett Ida St. ....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margery McProud

6. DATE OF BIRTH (month, day and year) Sept 8-1898

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Auto Truck driver
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) South Haven Kansas

PARENTS

10. NAME OF FATHER George K. McProud
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER Minnie Redmon
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kentucky

14. Informant (Address) Mrs Margery McProud

15. Filed 5/17, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
12-21-, 1932, to 5-15-, 1933
that I last saw him alive on 5-15-, 1933
and that death occurred, on the date stated above, at 7 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Abcess of prostate gland
....
....
(duration) .... yrs. 5 mos. .... ds.
CONTRIBUTORY (Secondary) Infection with gas bacillus
(duration) .... yrs. .... mos. 1 ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? yes Date of 12-21-32
Was there an autopsy? no
What test confirmed diagnosis? ....
(Signed) J L Reynolds M. D.
5/17, 1933 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 5/19 1933
20. Undertaker: O W Buckmun — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84580

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 9
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Duwn David Farnsworth
(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lucy Farnsworth

6. DATE OF BIRTH (month, day and year) Apr 22 - 1857

7. AGE Years 76 Months — Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Spring Valley Minn

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Lucy Farnsworth Emmett Idaho

15. Filed May 10, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to May 9, 1933
that I last saw him alive on May 9, 1933
and that death occurred, on the date stated above, at 10 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Paralysis - complicated by heart failure.
(Agina Pectoris) J L Reynolds
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) N B Barnes, M.D.
May 10, 1933 (Address) Emmett Ida

19. Place of Burial, Cremation, or Removal Emmett Ida
Date of Burial 19

20. Undertaker C D Buckneum
Address Emmett Idaho

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84581

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Gem
City of Emmett — Registration District No. ____ Primary Registration District No. 6 — Local Registrar's No. ____
(No. ____ If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Kreigenbeck

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Margaret Kreigenbeck

6. DATE OF BIRTH (month, day and year) Aug 13 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76	8	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (city or town) Essen
(State or country) Germany

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) "
(State or Country)

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) "
(State or County)

14. Informant Henry Kreigenbeck
(Address)

15. Filed 5/8, 1933 J. K. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 5, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 5, 1933
that I last saw him alive on May 5, 1933
and that death occurred, on the date stated above, at 9 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) several yrs. mos. ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? no Date of ____
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) [illegible] M. D
5/8, 1933 (Address) ____

19. Place of Burial, Cremation, or Removal: Emmett Idaho — Date of Burial: 5/8 1933

20. Undertaker C. O. Buckmaster — Address Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84582

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. .....
Primary Registration District No. 6 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Womack
(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Cordelia Womack

6. DATE OF BIRTH (month, day and year) Apr 30 - 1857

7. AGE Years 76 Months 0 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER Alexander Womack
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois
12. MAIDEN NAME OF MOTHER Phoebe Perkins
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Not known

14. Informant (Address) Fred J. Beard Emmett Idaho

15. Filed 5/4, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to May, 1933
that I last saw him alive on Apr 6, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Brights Disease

..... (duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart and Kidney
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J L Reynolds, M. D.
5/4, 1933 (Address) Emmett

19. Place of Burial, Cremation, or Removal Emmett Ida
Date of Burial 5/4 1933

20. Undertaker C D Bucknum
Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 8 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84583

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 228

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Mary Bryant

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Bryant

6. DATE OF BIRTH (month, day, and year) (8) 15-1853

7. AGE Years 79 Months 5 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linton, Indiana

FATHER
13. NAME Dont
14. BIRTHPLACE (city or town) (State or country) Know

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Gerty Meyers.

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date 5-10, 1933

19. UNDERTAKER (Address) Thompson Undertaking

20. FILED 5-31-, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1933, to 5-9-, 1933
I last saw h alive on 5-9-, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility:	
Hypertension	
arteriosclerosis	
myocarditis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James Cromwell M. D.
(Address) Gooding, Idaho

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84584

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 230

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111b

2. FULL NAME William Bush Young

(a) Residence. No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Young

6. DATE OF BIRTH (month, day, and year): Sept 21-1877

7. AGE: Years 55 | Months 8 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Gavin Young Sr.
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Jane Bush
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Gavin B. Young Jr.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Gooding Date May 27 1933

19. UNDERTAKER (Address): A. C. Thompson

20. FILED 5-31, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 24, 1933
I last saw him alive on May 24, 1933; death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Perforated Peptic ulcer of duodenum	May 4
2. atelectasis with secondary pneumonia	May 19

Other contributory causes of importance:

Name of operation Repair perforation - drainage Date of May 4
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James O. Cromwell, M. D.
(Address) Gooding, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84585

PLACE OF DEATH
County of Idaho
City of Ferdinand

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Peter Aschenbrenner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lottie Aschenbrenner

6. DATE OF BIRTH (month, day, and year) July 14-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Conrad Aschenbrenner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katherine Haan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Jos. C. Aschenbrenner Ferdinand, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Craigmont Idaho Date 5-30, 193 Burial

19. UNDERTAKER Brower-Wamp Co. (Address) Lewiston Idaho

20. FILED May 30, 1933 W. J. Orr Registrar. per J.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-27-1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
This man died just before my arrival. Cause of death being diabetes.	

Other contributory causes of importance:

No evidences of food taking.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. A. Woodcock, M. D.

(Address) Cottonwood, Idaho

RECEIVED JUN 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84586

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 20
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Fredrick Lange

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 15 yrs. 1 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 24, 1918

7. AGE Years 15 Months 1 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) High School
(c) Name of employer none

9. BIRTHPLACE (city or town) (State or country) Cottonwood, Idaho

PARENTS
10. NAME OF FATHER G. H. Lange
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Helen Terhaar
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ~~Idaho~~ Minnesota

14. Informant (Address) Fred Lange

15. Filed May 23, 1933 W. F. Orr per I. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 21 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Apr. 20, 1933
that I last saw him alive on April 20, 1933
and that death occurred, on the date stated above, at 10 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Tumor at Base of Brain

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) J. F. Phinnick, M. D.
May 22, 1933 (Address) Grangeville, Ida

19. Place of Burial, Cremation, or Removal Cottonwood
Date of Burial May 23 1933

20. Undertaker Brawer & Wann
Address Lewiston Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUN 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation St.)

File No. 84587

Registered No. 19

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edith Mary Albers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) ✓

6. DATE OF BIRTH: May (Month) 4 (Day) 1933 (Year)

7. AGE: ✓ Yrs. ✓ Mos. ✓ ds.

IF LESS than 1 day how many 14½ hrs. or ... ?

8. OCCUPATION

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Frank Albers

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Gertrude Schaecher

13. BIRTHPLACE OF MOTHER (State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Albers

(Address) Cottonwood, Ida.

15. Filed May 5 1933 W. F. Orr per D.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

159C

16. DATE OF DEATH: May (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 8:30 AM 1933, to May 4 11 PM 1933, that I last saw her alive on May 4 1933, and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows: Poorly developed due to Diabetes of Mother & Patent foramen ovale.

(Duration) ... Yrs. ... mos. 1 ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wesley F. Orr M. D.

5/5 1933 (Address) Cottonwood

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Ida.

DATE OF BURIAL: May 5 1933

20. UNDERTAKER: Fr. Willibrord

ADDRESS: Cottonwood, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK-CO., PRINTERS & BINDERS, BOISE 51088

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84589

RECEIVED JUN 3 1933

PLACE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 17

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Malinda Moran

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 45 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Howard Moran

6. DATE OF BIRTH (month, day and year) Apr. 6th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55		26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) State of Kansas.

PARENTS

10. NAME OF FATHER August Kapczynski

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Mary Kanuski

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Laurence Fizell Cottonwood, Ida.

15. Filed May 3, 1933 W. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 2nd (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to May 2, 1933, that I last saw her alive on May 2, 1933, and that death occurred, on the date stated above, at 9:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Chronic Endocarditis (duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) ... (duration) 2 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical only.

(Signed) Wesley F. Orr, M. D.

May 3, 1933 (Address) Cottonwood

19. Place of Burial, Cremation, or Removal: Cottonwood Idaho — Date of Burial: May 4th 1933

20. Undertaker: Glenn Ailor — Address: Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

RECEIVED JUN 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84590

PLACE OF DEATH
County of Idaho Co
City of Warren Ida

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Julius Bradford Blackwell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27-1911

7. AGE: Years 21 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold dredging
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Meadows Ida

FATHER
13. NAME Wm Wallace Blackwell
14. BIRTHPLACE (city or town) (State or country) John Day Ore

MOTHER
15. MAIDEN NAME Hellen Louise Just
16. BIRTHPLACE (city or town) (State or country) Mine

17. INFORMENT (Address) A. D. Gr. B. Blackwell

18. BURIAL, CREMATION, OR REMOVAL Place McCall Date May 13, 1933

19. UNDERTAKER (Address) A. D. Noble Cascade

20. FILED May 13, 1933 Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 11, 1933
I last saw him alive on May 11, 1933: death is said to have occurred on the date stated above, at 7 05/A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Gunshot wound through right chest	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/10, 1933
Where did injury occur? Warren Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Roscoe C. Ward, M. D.
(Address) Cascade Idaho

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84591

PLACE OF DEATH

County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1615

2. FULL NAME Lester Clayton Frisk. Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 7, 1933

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	0	0	6 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Lester Clayton Frisk.

11. BIRTHPLACE OF FATHER (city or town) StAnthony, Idaho.
(State or Country)

12. MAIDEN NAME OF MOTHER Badel Hansen.

13. BIRTHPLACE OF MOTHER (city or town) Grant, Idaho.
(State or Country)

14. Informant Lester Frisk
(Address) Rigby, Idaho.

15. Filed June 7, 1933 A B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 7 (Day) 1933 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on June 7, 1933, to ....., 19.....
that I last saw ~~him~~ alive on June 7, 1933
and that death occurred, on the date stated above, at 12:30 p.m.
The ~~CAUSE~~ OF DEATH* was as follows:
Premature. (a 7 month child)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. A. Anderson, M. D.
June 7, 1933 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho.	6/8/33 19
20. Undertaker A B Eckersell	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

JUN 12 1933

PLACE OF DEATH

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 84592

Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joshua Brigham Morgan. 1889

(a) Residence. No. St. (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lucy Jane Morgan.

6. DATE OF BIRTH (month, day and year) Dec. 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Mill Creek, Utah.

PARENTS

10. NAME OF FATHER John Morgan.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Ann Gillott.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Eugene Morgan

(Address) Rigby, Idaho.

15. Filed June 6, 1933 C. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 5, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 5, 1933

that I last saw him alive on June 5, 1933

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Crushing Injury of Chest

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Labelle, Idaho.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. A. Anderson, M. D.

June 6, 1933 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	June 8, 1933

20. Undertaker C. B. Eckersell Address Rigby

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 24 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84594

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

940

2. FULL NAME Mary Josephine Sargent

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Theodore E Sargent

6. DATE OF BIRTH (month, day, and year) June 25 .1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montery Mass

FATHER

13. NAME Moses Walker

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary H Remele

16. BIRTHPLACE (city or town) (State or country) Lee Mass

17. INFORMENT (Address) Theodore E Sargent Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Green Lake. Wis Date , 193

19. UNDERTAKER (Address) J. R. Wiley Jerome Idaho J R Wiley

20. FILED Apr. 26, 193 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April, 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1933, to April 24, 1933.
I last saw h alive on April 24, 1933; death is said to have occurred on the date stated above, at 13:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	4-16-33

Other contributory causes of importance:
Arterial hypertension

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 84595

Local Registrar's No. 40

129

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Percy Bertram Walden Sr.

(a) Residence. No. 1015 - 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Emma E. Walden

6. DATE OF BIRTH (month, day, and year) 869-1-16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4-15-1933

11. Total time (years) spent in this occupation 19 yr

12. BIRTHPLACE (city or town) (State or country) Sand Hill Mo.

FATHER

13. NAME Isaac Newton Walden

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Page Mayo.

16. BIRTHPLACE (city or town) (State or country) Waterville Maine

17. INFORMENT (Address) Percy B. Walden, Jr. 1015 Second Street

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida. Date 6-16, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 6-15-, 1933. E. L. Sparkman, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to June 13, 1933
I last saw him alive on June 13, 1933; death is said to have occurred on the date stated above, at 8 24 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1931
Other contributory causes of importance:	
Hypertrophied Prostate and Cataracts, Cystitis.	1931

Name of operation Cystotomy Date of June 11, 33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Sparkman, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED JUN 7 1933 Idaho

~~Washington~~ State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No.

Registered No. 21

84596

1. PLACE OF DEATH

County of Kootenai

City or Town of Coeur d'Alene

Registration Dist. No. 30 No. 1050 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Josefhine Ditmer

(a) Residence: No. 524 Reed St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Ditmer

6. DATE of BIRTH (month, day, and year) Aug 24

7. AGE Years 69+ Months Days If LESS than 1 day, hrs, or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Herdshire Eng

FATHER

13. NAME Winchell

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) A. C. Ditmer Rudyard Mont

18. BURIAL, CREMATION, OR REMOVAL

Place Rosemont Date , 19

19. UNDERTAKER Mission Funeral Home

(Address) 1322 N. Monroe

20. FILED 5/31, 1933 E. L. Spokane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933 to May 17, 1933

I last saw her alive on May 17, 1933, death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Apoplexy	6 mo.
Paralysis of bowels	4 days

Contributory causes of importance not related to principal cause:

Arteriosclerosis	Years
Old age	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) L. C. Ditmer M.D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 10562.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Wood.

DO NOT WRITE IN THIS SPACE

State File No. 84597

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John Nelson

(a) Residence. No. 817 Cda Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, and year) 1853 - 2 - 15

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yards

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nils Olson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Maret Emilson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Oscar W. Nelson eldest

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5-21, 1933

19. UNDERTAKER Mooney Mortuary (Address) Cda.

20. FILED 5/31, 1933. E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1932, to May 19, 1933

I last saw him alive on May 19, 1933; death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
• Carcinoma prostate	2 yrs.

Other contributory causes of importance: Exhaustion from abuse

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Allred, M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84598

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

106

2. FULL NAME Carl Parsen

(a) Residence. No. CW Alene Homes St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Betsy Parsen

6. DATE OF BIRTH (month, day, and year) 1848 - 5 - 1

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Brick layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 1918

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknow

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Millie Rockne

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Date 6-1, 1933

19. UNDERTAKER (Address) Cassidy Memorial Home Coeur d'Alene Idaho

20. FILED 5/31, 1933. E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/28, 1933, to 5/30, 1933.

I last saw him alive on 5/28, 1933.; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emphysema	?
Other contributory causes of importance:	
Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O M Hazlett, M. D.

(Address) Coeur d'Alene.

7-over

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Sturges

DO NOT WRITE IN THIS SPACE

State File No. 84599

PLACE OF DEATH

County of Kent.

City of CDA.

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME William G. Harris

(a) Residence. No. 110 Wallace Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Exie

6. DATE OF BIRTH (month, day, and year): 4-9-1878

7. AGE: Years 55 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mining Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Eldorado Placer Mine

10. Date deceased last worked at this occupation (month and year): 1933-5

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Cal.

FATHER

13. NAME: ——

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: ——

16. BIRTHPLACE (city or town) (State or country): ——

17. INFORMENT (Address): Mrs. W. G. Harris CDA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Forest Date: 6-1, 1933

19. UNDERTAKER (Address): Mooney Mortuary CDA

20. FILED 5/31, 1933. E. L. Spohn. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5-30 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to ....., 193...

I last saw him alive on May 15, 1933: death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis with Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold J. Sturges, M. D.

(Address) CDA Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

Hustel.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84600

PLACE OF DEATH
County of Kootenai
City of Ella

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME John Henry Harnell

(a) Residence. No. 1201 Montana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (~~or~~) ~~WIFE of~~ Alice Harnell

6. DATE OF BIRTH (month, day, and year) 1861 - 7 - 31

7. AGE: Years 71 | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1918
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Cyrus Harnell
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Rebecca Dunn
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) H. Harnell Ella.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5 - 25, 1933

19. UNDERTAKER Mooney Mortuary
(Address) Ella

20. FILED 5-31, 1933 E. L. Spokes, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 - 22 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933, to May 22, 1933.
I last saw h~~im~~ alive on 5/22, 1933; death is said to have occurred on the date stated above, at 4:09 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. M. Hustel, M. D.
(Address) Coeur d' Alene

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84601

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 8

(No. 1) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Hazelwood

(a) Residence. No. 823 Birch Avenue St.
(Usual place of abode) Chicago Ill.
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	divorced

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Hazelwood

6. DATE OF BIRTH (month, day, and year) 1903-12-11

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centralia Ill.

FATHER

13. NAME Wm. Dixon

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Winnie Devans

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT Winnie Jones.
(Address) Forest Cemetery

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Coeur d'Alene, Ida. Date 5-4-, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho.

20. FILED May-5th, 1933 E. L. Sparks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May-2-1933

22. I HEREBY CERTIFY, That I attended deceased from March-13, 1933, to May-2-, 1933
I last saw her alive on May-1-, 1933: death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs,	5 years

Other contributory causes of importance:
None Known

Name of operation None Date of
What test confirmed diagnosis? X-ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. L. Sparks M.D., M. D.
(Address) Coeur d'Alene, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84602

PLACE OF DEATH
County of Kootenai
City of Athol

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Albert Stahl

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lydia Stahl

6. DATE OF BIRTH (month, day, and year) 1860-9-3

7. AGE Years 73 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hutchinson Minn.

FATHER
13. NAME Carl Stahl
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Minnie Heller
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) Mrs A J Stahl

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date 5-11, 1933

19. UNDERTAKER (Address) Cassidy Funeral Home C.D.A. Sda Rathdrum

20. FILED 5-18-, 1933 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-8-, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Saw him, 193.., to after death 5/8, 1933.

I last saw him alive on ....., 193.., death is said to have occurred on the date stated above, at 11:05 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis - (evidence by enlarged heart by precursion - edema of ankles enlarged liver - bed sores show prolonged sickness

Date of onset: Coroner notified and he approved diagnosis 11:05

Other contributory causes of importance: Balanitis and infection of skin of scrotum - Senility.

Name of operation None Date of .....

What test confirmed diagnosis? No Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Y

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. P. Horning, M. D.

(Address) Rathdrum Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Dr. Teed.

DO NOT WRITE IN THIS SPACE

State File No. 84603

Local Registrar's No. 13.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Josephine Klinge

(a) Residence. No. 821 Indiana St. 128
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Alois

6. DATE OF BIRTH (month, day, and year) 1880 - 1 - 6

7. AGE Years 53 Months 4 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Lee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Alois Klinge Cdlle.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Thomas Date 5-16, 1933

19. UNDERTAKER (Address) Mooney Mortuary Cdlle.

20. FILED May 18, 1933. E. L. Spohn M.D. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 - 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 13, 1933

I last saw her alive on May 13, 1933: death is said to have occurred on the date stated above, at 845 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Teed, M.D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

Dr. Hurstad.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84604

PLACE OF DEATH
County of Kootenai Co.
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 14

(No. Home Hospital 50)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Nellie C. Munn

(a) Residence. No. Homestead Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of J. W. Munn

6. DATE OF BIRTH (month, day, and year) 4-7-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER
13. NAME George M. Briggs
14. BIRTHPLACE (city or town) (State or country) Wis

MOTHER
15. MAIDEN NAME Marianne Cormier
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. T. H. Hurstad Coeur d'Alene Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 5-18, 1933

19. UNDERTAKER Mooney Mortuary
(Address) C'd'A

20. FILED 5/31, 1933 E. L. Sparks M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to May 15, 1933.
I last saw her alive on May 15, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyoma of Uterus	about 1923
Other contributory causes of importance:	
Surgical Shock.	5/15/33

Name of operation Hysterectomy Date of May 15, '33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. M. Hurstad M. D.
(Address) Coeur d'Alene Ida.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84605

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annabelle Runnells Daggett

(a) Residence. No. 405 - 3rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widowed.

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W. A. Daggett

6. DATE OF BIRTH (month, day, and year) 1858 - 7 - 27

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) 5 - 17 - 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Iowa.

FATHER
13. NAME James Morgan Runnells
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Mary Jane McCoid
16. BIRTHPLACE (city or town) (State or country) Fairfield Iowa

17. INFORMENT (Address) Marion Wilcox 903 - W. 1st Ave Spokane Wash.
18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Idaho Date 5-21, 1933
Jones -
19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho.
20. FILED 5/31, 1933 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 19, 1933
I last saw her alive on May 18, 1933; death is said to have occurred on the date stated above, at 1.35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy,	3 days
Myocarditis Chronic -	
Other contributory causes of importance:	
Arteriosclerosis	20 yrs

Name of operation none Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84606

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

88 Ir

2. FULL NAME Benj. McMannus

(a) Residence. No. 1006 - Young ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Lena McMannus

6. DATE OF BIRTH (month, day, and year) 1865 - 2 - 4

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1931.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Hugh McMannus

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Dont. Know

16. BIRTHPLACE (city or town) (State or country) Dont. Know.

17. INFORMENT (Address) John McManus

18. BURIAL, CREMATION, OR REMOVAL Ida Thomas Place Coeur d'Alene Date 5-30, 1933

19. UNDERTAKER Conrad Funeral Home (Address) Coeur d'Alene Ida

20. FILED 5/31, 1933. E. L. Spahn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1933, to 5-27, 1933
I last saw h~~i~~alive on 5-11, 1933: death is said to have occurred on the date stated above, at 12:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. A. Tell, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Spohn

DO NOT WRITE IN THIS SPACE

State File No. 84607

PLACE OF DEATH

County of Kent

City of Ellis

Registration District No. 20

Primary Registration District No. 1050

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Walter B. Forward

(a) Residence. No. 1001 — 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, and year) 1859-9-19

7. AGE Years 73 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ont. Canada

FATHER

13. NAME Clinton

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Esther Clement

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. W. B. Forward Ellis

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. Date 5-31, 1933

19. UNDERTAKER (Address) Mooney Mortuary Ellis

20. FILED 5/31, 193 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to May 5, 1933

I last saw him alive on May 26, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Ca of Bladder. Date of onset Jan 26th 1932.

Other contributory causes of importance:

Old age.

Name of operation Prostatectomy Date of 1932 Jan 26

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Spohn, M. D.

(Address)

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84608

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 18

(No.) 129

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina Holt

(a) Residence. No. 307 - Wallace Ave ~~St.~~

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Fred Holt

6. DATE OF BIRTH (month, day, and year) 1864 - 3 - 20

7. AGE Years 69 Months 2 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andres Nelson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Carrie Swanson

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Fred Holt

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida Date 5 - 28, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho.

20. FILED 5/31, 1933 E. L. Spohn. M.D. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 24, 1933

I last saw her alive on May 24, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	? - several years ago -

Other contributory causes of importance:

Cerebral Hemorrhage -	5/24/37

Name of operation none - Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84609

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME William Morgan Bannister

(a) Residence. No. St. Bayview Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Don't Know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not Know

FATHER

13. NAME

14. BIRTHPLACE (city or town) " " "
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) " " "
(State or country)

17. INFORMENT (Address) Helen Braun Mahon County Home Rathdrum Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Rathdrum Date 5-16, 1933

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Ida

20. FILED 5/31, 1933. E. L. Groh, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-12-1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 12, 1933
I last saw him alive on May 7, 1933; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1 2 years
Acute Myocarditis	3 days

Other contributory causes of importance:
Chronic Myocarditis
Chronic Nephritis
Old age Probably 75 years

Name of operation — Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No.
(Signed) E. L. Groh M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84610

PLACE OF DEATH —
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 20

(No. 128 B. St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Angelia Poirier

(a) Residence. No. 128 B. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gideon Poirier

6. DATE OF BIRTH (month, day, and year) 1843 - 1 - 4

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Can.

FATHER

13. NAME Mitchel Russell

14. BIRTHPLACE (city or town) (State or country) Can.

MOTHER

15. MAIDEN NAME Dont-Know.

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Joe Bird

18. BURIAL, CREMATION, OR REMOVAL Place Thomas C.D'Alene Ida. Date 5-8, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 5/31, 1933. E. L. Sloan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1933, to 5-6-, 1933.
I last saw h[illegible] alive on 5-5, 1933.: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. H. Teed, M.D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84611

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1(a)

2. FULL NAME Mae Johanna Benson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1929 - 5 - 1

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME Elmer Benson
14. BIRTHPLACE (city or town) (State or country) Spokane Wash.

MOTHER

15. MAIDEN NAME Esther Lundin
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Elmer Benson

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date May-9-, 1933

19. UNDERTAKER Cassidy Funeral Home (Address) C'd'A

20. FILED 5/31, 1933 E. L. Ipsen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-25-, 1933, to 5-6, 1933
I last saw her alive on 5-6-, 1933: death is said to have occurred on the date stated above, at 5P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Widal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold J. Sluyter, M.D.
(Address) C'd'A Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

Dr. Sturges

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84612

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Mrs. Fern Gooler Hayden

(a) Residence. No. 921 Wallace St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Theodore Hayden

6. DATE OF BIRTH (month, day, and year) 8-9-1907

7. AGE Years 25 Months 9 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Crookston Minn

FATHER

13. NAME George L. Gooler

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Adeline Ducharme

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) Geo. R. Gooler

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Thomas Coeur d'Alene, Ida Date 5-15, 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene, Ida

20. FILED May-15, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-12 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 12, 193..

I last saw her alive on May 12, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilat. Lobar Pneumonia	5-4-33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold J. Sturges, M. D.

(Address) C D A Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84613

PLACE OF DEATH
County of Kootenai
City of Belmont

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Tucker

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Orin Tucker

6. DATE OF BIRTH (month, day and year) January 18

7. AGE	Years	Months	Days	If LESS than 1 day,
	97	2	23	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) East Springfield Penn.

PARENTS

10. NAME OF FATHER Abner Allen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N. York State
12. MAIDEN NAME OF MOTHER Ciner Cudney
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Penn.

14. Informant (Address) Vern L. Hoover Belmont Ida.

15. Filed 5-4-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1933, to April 13, 1933
that I last saw her alive on March 24, 1933
and that death occurred, on the date stated above, at 7:10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis with
Chronic Passive Congestion

about 10 yrs (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility - Senile
Dementia (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination

(Signed) F. F. Hoover, M. D.
Apr. 13, 1933 (Address) Rathdrum Idaho

19. Place of Burial, Cremation, or Removal: Mountain View Cemetery-Athol — Date of Burial: 4-13 1933
20. Undertaker: Caseely Funeral Home — Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933
PLACE OF DEATH

County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 84614

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Gebser

(a) Residence. No. Princeton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Gebser

6. DATE OF BIRTH (month, day, and year) Feb. 27. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	73	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spices

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) New Ulm Germany.

FATHER

13. NAME William Gebser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Gebser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Lizzie Gebser Princeton Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash Date June 8, 1933

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash,

20. FILED June 6th, 1933. J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH June 5. 1933.

21. DATE OF DEATH (month, day, and year) ~~May 27~~ June 5

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to June 5th, 1933

I last saw him alive on June 2nd, 1933: death is said to have occurred on the date stated above, at 1045 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs- pneumonia.	May 28th
Other contributory causes of importance:	
Senility	

Name of operation Prostatectomy Date of May 2nd

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F C. Gibson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933
PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 84615

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 00

2. FULL NAME Daniel Joseph Gasperino

(a) Residence. No. W Potlatch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 15 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Potlatch
(State or country) Idaho

FATHER

13. NAME Vito Gasperino

14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER

15. MAIDEN NAME Albina - Martinni

16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMENT Vito - Gasperino
(Address) Potlatch

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Date June 7th 1933

19. UNDERTAKER
(Address) Parento

20. FILED June 5th 1933. J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1933; to June 5th, 1933
I last saw ~~him~~ alive on June 3rd, 1933: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	June 2nd
Other contributory causes of importance:	
✓	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) J. W. Thompson, M. D.
(Address) Potlatch, Ida.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84616

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 28

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Maggie Myrtle Grant

(a) Residence. No. Boville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J. R. Grant

6. DATE OF BIRTH (month, day, and year): July 20, 1886

7. AGE: Years 46 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Warren, Co., Iowa

FATHER
13. NAME: Jerome Smull
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Bertha Cading
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): J.R.Grant, Boville, Idaho

18. BURIAL, ~~[illegible]~~ Place: Moscow, Idaho Date: May 31, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED 6-6-, 1933 Harry Enhouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to May 29, 1933
I last saw her alive on May 29, 1933: death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma retroperitoneal	months ago.
& Mesenteric glands	
c. Complete Obs. Bowel & Bile ducts	8 wks ago.

Other contributory causes of importance:
Secondary Anaemia
Inanition & Myocarditis

Name of operation: No Date of
What test confirmed diagnosis? autopsy Laboratory Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. Magee, M. D.
(Address) Moscow Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84617

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 27

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura B. Burke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. L Burke

6. DATE OF BIRTH (month, day, and year) April 14, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hancock county
(State or country) Ill.

FATHER

13. NAME Benj. Nelson

14. BIRTHPLACE (city or town)
(State or country) Ky.

MOTHER

15. MAIDEN NAME Emiley Powers

16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMENT Mrs. J. S. Knudson
(Address) Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date May 25, 1933

19. UNDERTAKER W. R. Short
(Address) Moscow

20. FILED 6-6-, 1933 Henry Enbusel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933, to May 23, 1933
I last saw him alive on May 23, 1933: death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Hypertension	
Cardiac decompensation	Feb 1933

Other contributory causes of importance:
Senility

Name of operation none Date of
What test confirmed diagnosis? Clinical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph D Wilson, M. D.
(Address) Moscow, Ida.

RECEIVED JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84818

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 26

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Richard Vanderpool 41

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1902

7. AGE: Years 30 | Months 4 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 4/33
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Moscow (State or country) Idaho

FATHER
13. NAME David H. Vanderpool
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Mabel Roland
16. BIRTHPLACE (city or town) Pueblo (State or country) Colo.

17. INFORMENT Ralph Vanderpool (Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Moscow
Place 5/11/33 Date ....., 193

19. UNDERTAKER H. R. Short (Address) Moscow Ida.

20. FILED 6-6-, 1933 J. Hauffenhorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to May 10, 1933

I last saw him alive on May 9, 1933: death is said to have occurred on the date stated above, at 4:43 m. A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	

Other contributory causes of importance:

Abrasion on finger

Name of operation Opened abcess Date of 4/24/33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 4/14/33

Where did injury occur? Country (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Working on telephone line

Nature of injury Abrasion on finger

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Gretman, M. D.

(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84619

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

884

2. FULL NAME Christoph Lange

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Lange

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Christoph Lange, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date May 9, 1933

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 6-6-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 5, 1933
I last saw him alive on May 4, 1933; death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Sudden heart failure	

Other contributory causes of importance:

Name of operation None. Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? None.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 84620

Local Registrar's No.

164

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johanna Bloomquist

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Lundquist

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Charley Carlson

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Ida Date May 18 1933

19. UNDERTAKER (Address) John J Pickerd

20. FILED May 18, 1933 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1931, to May 15, 1933.

I last saw her alive on Jan., 1933, death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. A. Meyer, M. D.

(Address) Troy Idaho

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84621

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johan Ostlund

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Hendrickson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Christina Lidell

18. BURIAL, CREMATION, OR REMOVAL
Place Dry Creek Date May 26 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED May 26, 1933 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to May 23, 1933.
I last saw h[illegible] alive on May 11, 1933.: death is said to have occurred on the date stated above, at 10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. Meyer, M. D.
(Address) Troy Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84622

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nils Sandquist

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elenora Sandquist

6. DATE OF BIRTH (month, day, and year) Aug 24-1861

7. AGE Years 71 Months 10 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Jonas Sandquist
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Kown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Nils Sandquist

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Ida Date June 6, 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED June 6, 1933 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to June 3, 1933.
I last saw him alive on June 3, 1933; death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Other contributory causes of importance: Prostatic hypertrophy Chronic nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. G. Meyer, M.D.
(Address) Troy Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84623

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No. 1002

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elin Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nils Johnson

6. DATE OF BIRTH (month, day, and year) Jan. 17-1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Katrina .....

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs Hadeen

18. BURIAL, CREMATION, OR REMOVAL Place Westdale Date May 12 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED May 12, 1933 Lucy In Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/9/33 193

22. I HEREBY CERTIFY, That I attended deceased from 4/27/33, 193 , to 5/8/33, 193

I last saw her alive on 5/8/33, 193 : death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Fractured Femur	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Doyle M. Fuchs, M. D.

(Address) Moscow Idaho

RECEIVED JUN 16 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84624

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Kathrine H Mathews

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: F J Mathews

6. DATE OF BIRTH (month, day, and year): Dec 18, 1879

7. AGE: Years 53 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Mathew Harris
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): F J Mathews

18. BURIAL, CREMATION, OR REMOVAL
Place: Richfield Date: 6-14, 1933

19. UNDERTAKER (Address): C E Hickok, Shoshone Ida

20. FILED: 6/12, 1933 J. L. Fuller, Registrar.
By A M Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 193..., to ..... 193...
I last saw her alive on ..... 193... I was found dead in bed
death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June 11

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. E. Barrett, M. D.
(Address) Shoshone Ida

RECEIVED JUN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84625

Registration District No. 16

Primary Registration District No.

Local Registrar's No. 18

PLACE OF DEATH

County of Lincoln

~~City~~ of PO Burmah

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna L Schenk

881

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Chas J Schenk

6. DATE OF BIRTH (month, day, and year): Sept 26 1888

7. AGE — Years: 64 | Months: 8 | Days: 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sedalia Mo

FATHER

13. NAME: Richard Mahken

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Jagle

16. BIRTHPLACE (city or town) (State or country): Sedalia Mo

17. INFORMENT (Address): Chas J Schenk

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address): C E Hickok Shoshone Idaho

20. FILED 6/8, 1933 J. L. Fuller Registrar.
By A M Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to June 6, 1933.

I last saw him alive on June 6, 1933: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Jan 3/33.

Other contributory causes of importance: Rheumatism Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury No, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84626

PLACE OF DEATH
County of Lincoln
City of Richfield

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 47

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Robert Adelbert Lemmon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26-1872

7. AGE: Years 61 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Adve Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Fox Lake Wis.

FATHER
13. NAME John Lemmon
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Amelia King
16. BIRTHPLACE (city or town) (State or country) Windsor Nova Scotia

17. INFORMENT (Address) R J Lemmon

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Date May 2 1933

19. UNDERTAKER (Address) E E Hickok Shoshone Ida

20. FILED 6/1, 1933 J. L. Fuller Registrar.
By A H Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to May 23, 1933
I last saw him alive on May 23, 1933: death is said to have occurred on the date stated above, at 8.40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?

Other contributory causes of importance:
Embolus of Mesenterial artery. May 23

Name of operation Date of
What test confirmed diagnosis? No X Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Barrett, M. D.
(Address) Shoshone Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84627

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. 26

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Jean K Noritake

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Japanese	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kame Noritake

6. DATE OF BIRTH (month, day, and year) April 8 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant Prop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Noritake

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) Mrs Kame Noritake

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Date 5-25, 1933

19. UNDERTAKER G. E. Hickok (Address) Shoshone Idaho

20. FILED 5/25, 1933 J. L. Fuller Registrar.
By a Stillman Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-23- 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-17-, 1933, to 5-23-, 1933

I last saw him alive on 5-23-, 1933: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute,	
Atomical Nephritis	5-14-33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) W. T. Barnes M. D.

(Address) Shoshone Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84628

PLACE OF DEATH:
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. ..... Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant (Dr F. E. Barrett) 206

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 21 1933

7. AGE Years Months Days: Five months Premature
If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Shoshone
(State or country) Idaho

FATHER
13. NAME Frederick E. Barrett
14. BIRTHPLACE (city or town) Minan
(State or country) Idaho

MOTHER
15. MAIDEN NAME Sue E. Goltman
16. BIRTHPLACE (city or town) Sterling
(State or country) Ill.

17. INFORMENT T. E. Barrett
(Address) Shoshone Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Shoshone Ida Date May 22 1933

19. UNDERTAKER Name
(Address)

20. FILED 5/22, 1933 J. L. Fuller Registrar.
By A. Johnston Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Five months	May 20 1933

Other contributory causes of importance:
Whooping Cough in Mother

Name of operation — Date of .....
What test confirmed diagnosis? Dy Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. E. Barrett, M. D.
(Address) .....

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84629

PLACE OF DEATH
County of Madison
City of Sugar City

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Agnes Marie Sauer Haynes.

(a) Residence. No. Sugar City Ida. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Isaac N. Haynes.

6. DATE OF BIRTH (month, day, and year) Mar 19 1899.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	2.	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant Idaho

FATHER

13. NAME W. M. Sauer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Agnes Marie Imelli.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMENT (Address) D. N. Haynes Sugar City Ida. Rt. 1.

18. BURIAL, CREMATION, OR REMOVAL
Place Sugar Ida. Date June 2, 1933

19. UNDERTAKER (Address) Vern J. Hollis Rupert Idaho.

20. FILED 6-6-, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-31-1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 31, 1933
I last saw her alive on May 28, 1933; death is said to have occurred on the date stated above, at 7:10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma both Ovaries & Metastases to brain, lungs etc.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. B. Rigby, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84630

PLACE OF DEATH
County of Madison
City of Sugar

Registration District No. 1a0
Primary Registration District No. 2178 Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sebastino Rueda

(a) Residence. No. Sugar City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mexican	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) April 15 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden, Utah,
(State or country)

FATHER

13. NAME Sr. Juan Rueda.

14. BIRTHPLACE (city or town) Mexico
(State or country)

MOTHER

15. MAIDEN NAME Soledad Velorquez

16. BIRTHPLACE (city or town) Mexico
(State or country)

17. INFORMENT Sr. Juan Rueda
(Address) Sugar City Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Ida. Date May 26 1933.

19. UNDERTAKER Wm J. Keller.
(Address) Rexburg Ida.

20. FILED 6-6-, 1933 J. R. Bowring
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1933.

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to May 25, 1933
I last saw him alive on May 24, 1933: death is said to have occurred on the date stated above, at 2.a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenic Anemia	unknown
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Cigley, M. D.
(Address) Rexburg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

130

PLACE OF DEATH

County of Madison

City of Independence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84631

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Niels Christian Jensen

(a) Residence. No. Thornton #1. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8th 1838

7. AGE Years 94 Months 5 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jens Poulsen

14. BIRTHPLACE (city or town) (State or country) Voersaa Denmark

MOTHER

15. MAIDEN NAME Sidse Marie Neelson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Joseph Jensen Rexburg #1.

18. BURIAL, CREMATION, OR REMOVAL Place Annis Date May 20, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 6-6-, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from During 1926, 193 , to 1927, 193

I last saw him alive on in 1932, ~~193~~: death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senilitis	
Myocarditis	1 year

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

5/18/33 (Signed) Lorin L. Rich, M. D.

(Address) Rexburg Idaho

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84632

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elaine Erickson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161 N

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11 1933

7. AGE Years Months Days If LESS than 1 day, 10 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER
13. NAME E. Raymond Erickson
14. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

MOTHER
15. MAIDEN NAME LaVon Hamilton
16. BIRTHPLACE (city or town) (State or country) Sugar City Idaho

17. INFORMENT (Address) E. Raymond Erickson Rexburg

18. BURIAL, CREMATION, OR REMOVAL
Place Burton Date May 11, 1933

19. UNDERTAKER (Address) A. B. Eckersell Rigby, Ida.

20. FILED 6-6, 1933 J. Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 11, 1933
I last saw her alive on May 11, 1933: death is said to have occurred on the date stated above, at 11:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Patulous foramen ovale	

Other contributory causes of importance:
Albuminuria of Mother

Name of operation ✓ Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
5/12/33. (Signed) Lorin L. Rich, M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84633

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Inella Agustus Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M.
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Will A Peterson

6. DATE OF BIRTH (month, day, and year) Aug 14/1903

7. AGE Years 29 Months 8 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Driggs
(State or country) Idaho

FATHER
13. NAME Samuel Kunz
14. BIRTHPLACE (city or town) Bear Lake Co
(State or country) Idaho

MOTHER
15. MAIDEN NAME Helen Maud Foster
16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMENT (Address) Samuel Kunz Driggs Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date 5/12, 1933

19. UNDERTAKER (Address) A B Eckersell Rigby Ida

20. FILED 6-6, 1933 J R Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-9-1933

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933, to May 9, 1933
I last saw her alive on May 9, 1933: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Belvic abscess and paritinitis originated from self aduced abortion	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A B Rigby MD, M. D.
(Address) Rexburg Ida

RECEIVED JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84634

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Byrne

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13-1933

7. AGE: Years X; Months X; Days 24; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Archer Idaho

FATHER
13. NAME Ervin Lewis Byrne
14. BIRTHPLACE (city or town) (State or country) Archer Idaho

MOTHER
15. MAIDEN NAME Euella Sutton
16. BIRTHPLACE (city or town) (State or country) Archer Idaho

17. INFORMENT (Address) E. L. Byrne Thorton Idaho 1948

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Idaho Date May 9, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 6-6, 1933 J. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to May 7, 1933.
I last saw him alive on May 7, 1933: death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
inanition	

Other contributory causes of importance:
Pyloric obstruction congenital.

Name of operation none Date of .....
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify congenital
(Signed) Lorin F. Rich M. D.
(Address) Rexburg Idaho

RECEIVED JUN 9 1933

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 1140. Idaho —

PLACE OF DEATH ~~Washington State Board of Health~~

Record No. 84635

County of Nez-Jr

City or Town of Lewiston

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No.

Registration Dist. No. ..... No. St. Joseph's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Marian Leona Childers

(a) Residence No. ..... St.; Dr. Braddock

(Usual place of abode)

(b) If non-resident, give city or town, and state ..... Nez.

(c) How long in Registration Dist. ..... yrs. ..... mos. ..... ds.; how long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

Personal and Statistical Particulars

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (Write the word): Single

5. (a) If married, widowed or divorced:
Husband of ——
or
Wife of ——

6. Date of birth: Sept (Month) 18 (Day) 1910 (Year)

7. Age: 22 yrs 8 mos. 14 ds. If less than one day hrs. ..... or min. .....

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer: none

9. Birthplace (City or town): Pomeroy
(State or country): Wash —

PARENTS

10. Name of Father: Roy Childers

11. Birthplace of Father (City or town) (State or Country): Pomeroy Wash

12. Maiden name of Mother: Kate Russell

13. Birthplace of Mother (City or town) (State or Country): Missouri

14. Informant: Roy Childers
Address: Pomeroy Wash

15. Filed May 27, 1933 J. M. Lyle Registrar. By G. M.

Medical Certificate of Death

16. Date of death: May (Month) 24 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 24, 1933 that I last saw her alive on May 23, 1933 and that death occurred on the date stated above, at 3 a m.
(State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).
The CAUSE OF DEATH was as follows:

(Primary) acute cerebrospinal meningitis

(Duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at the place of death? Pomeroy Wash

(a) Did an operation precede death? no Date of .....

(b) Was there an autopsy? no

(c) What test confirmed diagnosis? Pus + meningococci in spinal fluid

(Signed) E. G. Braddock M. D.

May 25 1933 Address Lewiston Idaho

19. Place of Burial, ~~Cremation~~ or Removal: Pomeroy Wash

Date of Burial: May — 1933

20. Undertaker: Vassaro

Address: Pomeroy

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions .....
(Insert numbers of unanswered questions) (Signature of Undertaker)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 1—20M—1-14-25.

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Copy

DO NOT WRITE IN THIS SPACE
State File No. 84636

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

206

2. FULL NAME Sylvia Lena Lathan.

(a) Residence. No. 1450 G. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15th, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
---.	---.	---.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME Granville Lathan.

14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Rozella Edwards.

16. BIRTHPLACE (city or town) Stites,
(State or country) Idaho.

17. INFORMENT Granville Lathan
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date May 17th 1933.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED May 27, 1933 J. M. Lyle Registrar.
By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1933, to May 15th, 1933

I last saw her alive on May 15th, 1933: death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth - 6½ month	
following operation on mother	
for gangrenous appendicitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. H. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84637

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. North Lewiston.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Jennie Hunt.

(a) Residence. No. North Lewiston. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 16th, 1909.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23.	7.	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goodrich, Idaho.

FATHER

13. NAME Robert A. Lane.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Pearl E. Woods.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) S. D. Hunt Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 17th, 1933

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED May 27, 1933 J. M. Lyle Registrar. By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 15, 1933

I last saw her alive on May 15, 1933; death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Physical signs & X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84638

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Franklin Konen 16 V

(a) Residence. No. 1019 Elm St Clarkston Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 0 | Months 0 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME William F. Konen
14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER
15. MAIDEN NAME Cathrine Haenesgeen
16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMENT (Address) Wm. F. Konen Clarkston Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Uniontown Wash Date 5/13/33 193

19. UNDERTAKER (Address) Vassar Mortuary Inc. Lewiston Idaho

20. FILED May 30, 1933 J. M. Lyle Registrar. By G. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/12/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to May 12, 1933

I last saw him alive on May 12, 1933: death is said to have occurred on the date stated above, at 4.30 m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage

Date of onset: May 6th 33

Other contributory causes of importance: Transverse Position

Name of operation Version Date of May 6th 33

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. C. Carssow, M. D.

(Address) Lewiston Idaho

Dr Carssow.

MARGIN RESERVED FOR BINDING

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RECEIVED JUN 9 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47

County of Nez Perce

Primary Registration District No.

City of Lewiston Idaho (No. ....., ... St.)

File No. 180

Registered No. 84639

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fannie Osterhout

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Nov. (Month) 13 (Day) 1861 (Year)

7. AGE: 71 yrs. mos. 6 ds. 28

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boone, Iowa

10. NAME OF FATHER: Stephen S. Bell

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mary E Capps

13. BIRTHPLACE OF MOTHER (State or Country): U. S. A.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. E. Osterhout
(Address) Nezperce Idaho

15.
Filed May 24 1933 J. M Lyle Local Registrar
By G. M.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1933 to May 11 1933, that I last saw her alive on May 10 1933 and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:
Cancer of gall bladder

(Duration) yrs. 9 mos. — ds.

Contributory (Secondary) Operation.

(Duration) yrs. mos. 4 ds.

(Signed) Paul D Johnson M. D.

May 11 1933 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. 1 mos. 8 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? Nez Perce Idaho

Former or usual residence Nez Perce, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: May 13 1933

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED JUN 9 1933

South

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84640

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 1308 9th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME William Hugh Gragg.

(a) Residence. No. 1308 9th, Avenue.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 26th, 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.	7.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Warehouseman.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Cynthia ------.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) W. E. Gragg, Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 12th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 15, 1933 J. M. Lyle Registrar.
By S. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 10, 1933
I last saw him alive on May 10, 1933: death is said to have occurred on the date stated above, at 6:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 1
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Clark

DO NOT WRITE IN THIS SPACE

State File No. 84641

Local Registrar's No. 117

2. FULL NAME Mont Judson McMurray.

(a) Residence. No. 1428 13th, Avenue. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26th, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	7.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashford. North Carolina.

FATHER

13. NAME Wm. McMurray.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Emily Alley.

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash. Date May 13th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 29, 1933 J. M. Lyle Registrar.
By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 10, 1933.
I last saw him alive on May 10, 1933: death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated appendicitis	
Other contributory causes of importance:	
general peritonitis	

Name of operation Appendectomy Date of 5/3/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE

State File No. 84643

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Edna Jane Yeager.

(a) Residence. No. ~~Southwick~~ St. Southwick, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23rd, 1853.

7. AGE Years 79. Months 8. Days 15. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia.

FATHER

13. NAME William Mustoe.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

MOTHER

15. MAIDEN NAME Nancy Cash.

16. BIRTHPLACE (city or town) (State or country) West Virginia.

17. INFORMENT (Address) Wm Mustoe, Johnson, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Southwick, Idaho. Date May 11th 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED May 27, 1933 J. M. Lyle Registrar.

By G. M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1933, to May 8, 1933

I last saw her alive on May 7, 1933, death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Injury from fall.

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Signs of Ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ..., 193

Where did injury occur? Southwick Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall caused by dizziness

Nature of injury Fract. Tibia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Johnson

DO NOT WRITE IN THIS SPACE
84644
State File No.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 1734 17th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

37

2. FULL NAME Edwin Estel Mood Jr.

(a) Residence. No. 1734 7th, Avenue. XXX
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23rd, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12.	---.	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Edwin Estel Mood.

14. BIRTHPLACE (city or town) (State or country) Washington.

MOTHER

15. MAIDEN NAME Thelma Standley.

16. BIRTHPLACE (city or town) (State or country) Mohler. Idaho.

17. INFORMENT (Address) E. P. Standley. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Washgton. Date May 8th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED May 15, 1933 J. M. Doyle Registrar.
By E.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to May 6, 1933

I last saw him alive on May 6, 1933: death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	About Mch 1-33
Other contributory causes of importance:	
Tuberculus meningitis	Apr 10-33

Name of operation — Date of

What test confirmed diagnosis? X ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul W. Johnson, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

White

DO NOT WRITE IN THIS SPACE
State File No. 84645

PLACE OF DEATH
County of Nez Perce.
City of Spalding.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101 a

2. FULL NAME Frank Huie.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Chinese.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
----.	3.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Ning Huie.

14. BIRTHPLACE (city or town) (State or country) China.

MOTHER

15. MAIDEN NAME Lin Shee.

16. BIRTHPLACE (city or town) (State or country) China.

17. INFORMENT (Address) Frank Huie Spalding, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewisron, Idaho. Date May 4th, 1933.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED May 27, 1933 J. M Lyle Registrar.
C.J.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1933., to May 3, 1933
I last saw him alive on May 3, 1933.: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	May 2. 33
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84646

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nezperce
City of Lewiston,
Registration District No. 1939
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Allen Parsons

(a) Residence. No. Snake River Ave. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 14,1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

PARENTS

10. NAME OF FATHER Stone Parsons
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas City, Kansas
12. MAIDEN NAME OF MOTHER Nora Maedor
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kansas City, Kansas

14. Informant Mrs Wilma Nugent (Sister)
(Address) 326- 16th Lewiston

15. Filed May 3, 1933 J. M. Lyle Registrar.
By D. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 2 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1933, to May 2, 1933, 19....
that I last saw him alive on May 1st 1933, 19....
and that death occurred, on the date stated above, at 3 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gangrenous Appendix

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes. Date of Apr. 27 33
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J. M. Lyle M. D.
19.... (Address) Lewiston, Ida

19. Place of Burial, Cremation, or Removal Lewiston, Ida. Date of Burial 5/4/33 19

20. Undertaker H.R.Merchant Address Clarkston Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84649

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. 1717 G. Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Plesant Vantrease.

(a) Residence. No. 1717 G. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24th, 1877.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
55.	6.	4.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamburg,
(State or country) Illinois.

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Clarence Vantrease
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida Date May 30, 1933

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED June 5, 1933 J. McDyle
Registrar.
By Gm

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to May 28, 1933.
I last saw him alive on May 27, 1933: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 27 '33
Other contributory causes of importance:	
none	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Carson, M. D.
(Address) Leviston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84650

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Max Leonard Stewart
(a) Residence. No. ..... St. Lapwai, Ida.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 5, 1928

7. AGE Years 5 Months 3 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Clarkston, Wash.

PARENTS

10. NAME OF FATHER Norman A. Stewart
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Huppert Iowa
12. MAIDEN NAME OF MOTHER Pearl Kerlee
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Grangeville, Ida.

14. Informant (Address) Mrs N A Stewart Lapwai Idaho

15. Filed May 30, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1933, to May 27, 1933
that I last saw him alive on May 27, 1933
and that death occurred, on the date stated above, at 2 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus

(duration) Probably 6 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Lapwai Idaho
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Chemalysis
(Signed) Paul W. Hunt M. D.
May 31, 1933 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal Lewiston, Ida. Date of Burial 5/29/33 19

20. Undertaker H.R.Merchant Address Clarkston

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84651

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Orchards.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin Hartman Chapin.

(a) Residence. No. Orchards. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17th, 1875.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57.	6.	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) River Falls, Wisconsin.

FATHER

13. NAME Wesley Chapin.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME -----Hawley

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Mrs. C. N. Chapin. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date May 29th, 1933.

19. UNDERTAKER Brower-Mann Company,
(Address) Lewiston, Idaho.

20. FILED May 29, 1933 J. McGyle Registrar.
By E.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26th, 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1933, to May 27, 193

I last saw him alive on May 22, 1933: death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	4

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. McGyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84652

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Nezperce
City of Lewiston

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie A Windsor
(a) Residence. No. Craigmont St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H.O. Windsor

6. DATE OF BIRTH (month, day and year) July 4th 1872

7. AGE Years 60 Months 10 Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Issac Way
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Indiana
12. MAIDEN NAME OF MOTHER May Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Indiana

14. Informant (Address) H.O. Windsor Craigmont, Ida.

15. Filed May 27, 1933 J. M. Lyle Registrar. By G. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 25, 1933
that I last saw her alive on May 25, 1933
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cholecystitis Acute

..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Craigmont Idaho
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) E. J. Braddock, M. D.
May 26, 1933 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal Craigmont Ida
Date of Burial 19

20. Undertaker H.R. Merchant Clarkston Wn
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84653

PLACE OF DEATH
County of Ny Perce
City of Lewiston

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME George Nelson Harbin
(a) Residence. No. ..... 15 St. Clarkston, Wash
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Harbin

6. DATE OF BIRTH (month, day and year) June 29, 1876

7. AGE Years 56 Months 10 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work labor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Independence Oregon

PARENTS
10. NAME OF FATHER John A. Harbin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Elizabeth Bailey
13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant (Address) .....

15. Filed May 30, 1933 J. M. Lyle Registrar. By G. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to May 25, 1933
that I last saw him alive on May 24 1933
and that death occurred, on the date stated above, at 5a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Intestinal nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Uraemia
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) W. O. Clark, M. D.
May 26 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal Clarkston, Wa. Date of Burial 5/29 1933

20. Undertaker H. R. Merchant Address Clarkston

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84654

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

139

2. FULL NAME Marion Lenore Morrison

(a) Residence. No. Lower Asotin Road St. Clarkston, Wash.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 12, 1910

7. AGE: Years 22 | Months 5 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Palouse, Wash.

PARENTS

10. NAME OF FATHER George Marion Morrison
11. BIRTHPLACE OF FATHER (city or town) (State or Country) College Springs Iowa
12. MAIDEN NAME OF MOTHER Clara Massey
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Coffeyville, Kans

14. Informant (Address) Clara Michaelis Clarkston, Wash.

15. Filed May 30, 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May - 23 (Month) (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to May 23, 1933 that I last saw her alive on May 22, 1933 and that death occurred, on the date stated above, at 3 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Double Salpyngeitis
+ pelvic infection

(duration) about 1 year yrs. mos. ds.

CONTRIBUTORY (Secondary) mesenteric thrombosis

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? yes Date of May 20-33
Was there an autopsy? no
What test confirmed diagnosis? .....

(Signed) Paul B Johnson M. D.
May 26, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal: Clarkston, Wash. Date of Burial: 5/24/33

20. Undertaker: H.R.Merchant Address: Clarkston Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84657

PLACE OF DEATH
County of Oneida
City of Malad #2

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Eunice Alice Nicholas Ward

(a) Residence. No. Malad Ida Rt 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 63 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: George Ward Deceased

6. DATE OF BIRTH (month, day, and year): Feb. 8 1853

7. AGE: Years 80 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Bountiful Utah

FATHER
13. NAME: Joseph Nicholas
14. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER
15. MAIDEN NAME: Nancy Allen
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): J. W. Ward Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: May 27 1933
Place Willard Utah Date ....., 193

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 5/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to May 23, 1933
I last saw her alive on May 20, 1933 death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and disease incident to old age.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. M. Malay M.D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84660

PLACE OF DEATH

County of Power

City of Am. Falls, Ida

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 14

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Christen Christensen

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Christensen

6. DATE OF BIRTH (month, day, and year) April 12, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) ..... (State or country) Denmark

FATHER

13. NAME Peter Christensen

14. BIRTHPLACE (city or town) ..... (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Hansen

16. BIRTHPLACE (city or town) ..... (State or country) Denmark

17. INFORMENT Mrs. Phil Bergmann (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Neeley Date June 3 1933

19. UNDERTAKER ..... (Address) American Falls, Idaho.

20. FILED 6-3, 1933 Genevieve North Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1933, to 5-30, 1933.
I last saw ~~him~~ alive on 5-30, 1933.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Atheroma	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W. G. Logan, M. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84661

County of Power
City of Am. Falls, Ida. Registration District No. 23
Primary Registration District No. 2072 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evva Wolfenbarger Wolfenbarger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dabe Wolfenbarger

6. DATE OF BIRTH (month, day, and year) Mar. 20 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME D. Bird

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Huff

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT Everett Wolfenbarger
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Neeley Date May 28, 1933

19. UNDERTAKER H. H. Dawson
(Address) Am. Falls, Idaho.

20. FILED May 29, 1933 Geneva Nolt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 25, 1933

I last saw her alive on May 25, 1933; death is said to have occurred on the date stated above, at 9:30 a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiosclerosis	

Other contributory causes of importance:

Chronic interstitial nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) V. G. Logan, M. D.

(Address) American Falls

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84662

PLACE OF DEATH
County of Power
City of American Falls
Registration District No. 23
Primary Registration District No. 2072
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Joseph P. Rothgeb

(a) Residence. No. Six miles west of Rockland, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/18 1882

7. AGE: Years 51 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not known State of Washington

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) not onown

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) A.W.Davis Coroner

18. BURIAL, CREMATION, OR REMOVAL
Place Fairfield, Wash Date ....., 193

19. UNDERTAKER (Address) Davis Furn & Und Co
A. W. Davis American Falls, Idaho

20. FILED May-24, 1933 Genevieve Noff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1933, to May 21, 1933
I last saw him alive on dead: May 21, 1933: death is said to have occurred on the date stated above, at 730 m.am
The principal cause of death and related causes of importance were as follows:

	Date of onset
C	
Cerebral Hemorrhage?	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V G Logan, M. D.
(Address) American Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84663

PLACE OF DEATH
County of Power
City of American Falls

Registration District No. 23
Primary Registration District No. 2025
Local Registrar's No. 11

(No.) 740
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyed Clifford Cotterel

(a) Residence. No. Americam Falls, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ Mattie A. Cotterel

6. DATE OF BIRTH (month, day, and year) April 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	00	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albion, Idaho
(State or country)

FATHER

13. NAME SAm H. Cotterel

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Hattie Lish

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT Clifford Cotterel
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place American Falls Date May 10, 1933

19. UNDERTAKER Am Falls Ida
(Address)

20. FILED May 10, 1933 Geneva Nott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to May 8, 1933

I last saw him alive on May 8, 1933; death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	
Other contributory causes of importance:	
Bronchiectasis and cardiac dilation.	

Name of operation -- Date of --

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Logan, M. D.

(Address) American Falls, Idaho

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84664

PLACE OF DEATH

County of Power
City of American Falls
Registration District No. 24
Primary Registration District No. 2072
Local Registrar's No. 10
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Hyram William Rice

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stella D. Rice

6. DATE OF BIRTH (month, day, and year): Sept 6th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Stock Man.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year): May 28 32

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmington, Utah.

FATHER

13. NAME: Hyram William Rice Sr.

14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: Olive Smith.

16. BIRTHPLACE (city or town) (State or country): Not known.

17. INFORMENT (Address): Floyd Rice

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. Cem. Date 5/7th, 1933

19. UNDERTAKER (Address): American Falls, Idaho.

20. FILED 5-5-, 1933 Gwen Nolte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/5/ 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to May 5, 1933

I last saw him alive on May 5, 1933: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric carcinoma	

Other contributory causes of importance:

gastric carcinoma	

Name of operation gastrocolotomy Date of 5-3-33

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V H Egan, M. D.

(Address) American Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84665
State File No.

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 78
Primary Registration District No. 1011 Local Registrar's No. 149
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edgar Kittrell

(a) Residence. No. 183 Kuig St. St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Cora S. Kittrell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. White & Bender Wholesale Groc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Louden Co. Tenn

FATHER

13. NAME P. W. Kittrell

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Sarah T. Cochran

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMENT (Address) R E Kittrell

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Spokane Date May 11 1933 Burbank, Wn

19. UNDERTAKER (Address) Bruce G. Worstell Wallace Idaho

20. FILED May 10th, 1933 C. E. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20 1933, to May 8 1933

I last saw h~~im~~ alive on May 6 1933; death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Spring 1931
Cavitation	
Pneumonia	May 5

Other contributory causes of importance:

Name of operation Thoracoplasty Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Avery, M. D.

(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84666

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 152

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Christina Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harold Walker

6. DATE OF BIRTH (month, day, and year) Nov-21-1876

7. AGE Years 56 Months 8 Days 10 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlantic Iowa

FATHER
13. NAME Nils Thulin
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Johanna Atterson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Harold Walker Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date June 3, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida

20. FILED June 2nd, 1933 C S Storm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1933, to 5-31, 1933

I last saw her alive on 5-31-, 1933: death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	5-15-33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ex. Fitz Gerald M. D.
(Address) Hale Bldg. Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84667

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 157

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph T. Walker 117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22, 1895

7. AGE Years 37 Months 9 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2 yrs without work

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER
13. NAME No inf
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) County Hospital Records M. C. Thornhill Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date May 31, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED June 1st, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1933, to May 26, 1933.
I last saw him alive on May 26, 1933: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows: Surgical shock following operation for removal of gall bladder & appendix

Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of .....
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg, Idaho

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84668

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 78
Primary Registration District No. 1011 Local Registrar's No. 15-0
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Johnson

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Frans Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Martha Pearson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Ella Johnson Davenport Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date May 17, 1933

19. UNDERTAKER J. A. Brown (Ward Undertaking Co.) (Address) Wallace, Ida.

20. FILED May 17, 1933 C. S. Elsom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1933, to 5-15, 1933
I last saw him alive on 5-15, 1933; death is said to have occurred on the date stated above, at 12:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	?
Other contributory causes of importance:	
Brain, Concussion of.	5-7-33.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-7, 1933
Where did injury occur? Home - Wallace Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home.
Manner of injury Patient fell.
Nature of injury Concussion of Brain.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. J. Fitzgerald, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84669

County of Shoshone
City of Kellogg
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles F. Schulhauser 31

(a) Residence. No. died at County infirmary
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) June 16 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carbondale Colo

FATHER

13. NAME Carl Schulhauser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Chas. Schulhauser

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Apr - 29 - 1933

19. UNDERTAKER (Address) R. O. Stout Kellogg Ida

20. FILED June 12, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1933, to Apr 25, 1933

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Miner

(Signed) M. C. Lindsay, M. D.

(Address) Kellogg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84670

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. (147)

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Estella Braun

(a) Residence. No. Avery, Idaho 38
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ ~~HUSBAND of~~ ~~(or)~~ WIFE of Erwin Braun

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 36 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calumet Michigan

FATHER
13. NAME — Bergen
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Josie Coby
16. BIRTHPLACE (city or town) (State or country) Ruby Washington

17. INFORMENT (Address) Erwin Braun Avery, Wash.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace, Id. Date May, 1933

19. UNDERTAKER (Address) B G Marstell Wallace, Id.

20. FILED May 18th, 1933 C Crewe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1933, to Apr 24, 1933.
I last saw her alive on Apr 24th, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain	
Syphilis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84671

County of Shoshone
City of Wallace
Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 146

(No. 524 High St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans Emanuel Rasmussen

(a) Residence. No. 524 High St. St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mae Watkins Rasmussen

6. DATE OF BIRTH (month, day, and year) Oct. 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Undertaking & furniture salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Co.

10. Date deceased last worked at this occupation (month and year) May 21, 1932

11. Total time (years) spent in this occupation about 30 yrs

12. BIRTHPLACE (city or town) (State or country) Aalborg, Denmark Europe

FATHER

13. NAME Hans E Rasmussen, Sr

14. BIRTHPLACE (city or town) (State or country) Aalborg, Denmark Europe

MOTHER

15. MAIDEN NAME Antonette Firstman

16. BIRTHPLACE (city or town) (State or country) Aalborg, Denmark

17. INFORMENT (Address) Mae Rasmussen Wallace Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Spokane, W. Date 5/5, 1933

19. UNDERTAKER B. C. Warnock (Address) Wallace, Ida

20. FILED May 5th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ... 193 ... to May 2 1933

I last saw him alive on May 2, 1933, death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Cystitis	few days
Other contributory causes of importance: Carcinoma of Bladder & Prostate with Metastasis to Femur & Lumbar Vertebrae	Several Mo.

Was operation performed? ... Date of ... 193
What test confirmed diagnosis? Pathologic ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) ... M.D.
(Address) Wallace Ida

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84672

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donna Louise Peterson 160

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11-1933

7. AGE Years Months Days If LESS than 1 day, 6 hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg - Idaho

FATHER
13. NAME Roy Peterson
14. BIRTHPLACE (city or town) (State or country) Joplin Minn

MOTHER
15. MAIDEN NAME Gertrude Soper
16. BIRTHPLACE (city or town) (State or country) Wymore Nebr

17. INFORMENT (Address) Mrs. A. E. Soper

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Date May 12 1933

19. UNDERTAKER (Address) R. L. Stout - Kellogg

20. FILED June 3, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on 1:45 a.m 1933: death is said to have occurred on the date stated above, at 8.9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blue baby	
Congenital heart	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No.
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84673

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME George Winston Barr

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 25, 1933

7. AGE Years | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene

FATHER

13. NAME George Barr

14. BIRTHPLACE (city or town) (State or country) La Crane, Wash

MOTHER

15. MAIDEN NAME Miss Deja

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Geo. Barr Kellogg

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Date 6/4/33, 193

19. UNDERTAKER (Address) M. C. Hawkins Kellogg Idaho

20. FILED June 3, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to ....., 193...

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymico-Lymphaticus	6 wks

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Anderson, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
84674
State File No.

Local Registrar's No. 25

31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herbert Uhlhoff

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Margaret Uhlhoff

6. DATE OF BIRTH (month, day, and year): Aug 15-1882

7. AGE: Years 50 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead Mine

10. Date deceased last worked at this occupation (month and year): Jan 1933

11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (city or town) (State or country): Mullan Ida.

FATHER

13. NAME: August Uhlhoff

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kathryn Petz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs. Uhlhoff

18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Ida Date: May 12 1933

19. UNDERTAKER (Address): Kellogg Idaho

20. FILED June 3, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 5/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28th, 1933, to May 10th, 1933. I last saw h alive on May 8th, 1933.; death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. Miner

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

RECEIVED JUN 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84675

PLACE OF DEATH
County of Shoshone
City of Wardner

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME William, John, Tregoning

(a) Residence. No. 333 Main 12 years St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): June 20, 1911

7. AGE: Years 21 Months 11 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Redruth Cornwall England

FATHER
13. NAME: W. C. Tregoning
14. BIRTHPLACE (city or town) (State or country): Redruth, Cornwall England

MOTHER
15. MAIDEN NAME: Rena
16. BIRTHPLACE (city or town) (State or country): Gwennap England

17. INFORMENT (Address): 333 Main, St. Wardner Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Burial Kellogg Date: May 31st 1933

19. UNDERTAKER (Address): M. C. Thornhill Kellogg

20. FILED June 3, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to May 27, 1933
I last saw him alive on May 27, 1933: death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, labor, bilateral	9 days

Other contributory causes of importance:
Cardiac Insufficiency

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 9 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84676

Registration District No. 123

Primary Registration District No. 3207

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Transit Pucci

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 7 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northport Wash.

FATHER

13. NAME James Pucci

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Fidonina Mandali

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Pearsons Arnold

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date May 16 1933

19. UNDERTAKER M. L. Thrumble
(Address) Kellogg Idaho

20. FILED June 3, 1933 Mrs. Helen M. Brady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1933, to May 12, 1933

I last saw him alive on May 12, 1933; death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	
Bronchitis,	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. P. Mason, M. D.

(Address) Kellogg Ida

RECEIVED MAY 17 1933

Dr. F. Fitzgerald

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84677

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 101

Local Registrar's No. 142

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Clifford Jame Marshall

(a) Residence. No. Burke, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 23 1924

7. AGE Years 8 Months 6 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sand Coulee
(State or country) Montana

FATHER

13. NAME Robert R. Marshall

14. BIRTHPLACE (city or town) Frankfort, Ky.
(State or country)

MOTHER

15. MAIDEN NAME Sylvia Amundsen

16. BIRTHPLACE (city or town) Spokane Wash
(State or country)

17. INFORMENT Robert R. Marshall
(Address) Burke Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Wallace Date Apr. 24th 1933

19. UNDERTAKER B. G. Worstell
(Address) Wallace, Ida

20. FILED April 27th, 1933 C. S. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1933, to 4/24, 1933

I last saw him alive on 4/24, 1933: death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, acute	4/10/33

Other contributory causes of importance:

Endocarditis, chronic	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. J. FitzGerald, M. D.

(Address) Hale Bldg. Wallace Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84678

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. ~~X~~ 1011
Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Ida Mikkola

(a) Residence. No. Farm at Cataldo St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mike Mikkola

6. DATE OF BIRTH (month, day, and year): Nov 26, 1883

7. AGE: Years 49 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER
13. NAME: A Konhela
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME: Koutilla
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMENT (Address): Mary Herlin

18. BURIAL, CREMATION, OR REMOVAL
Place: Kingston, Ida. Date: apr 5, 1933

19. UNDERTAKER (Address): M. C. Thornhill, Kellogg, Ida.

20. FILED: April 4th, 1933. Essmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): april 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30th, 1933, to Apr 2nd, 1933
I last saw her alive on Apr 2nd, 1933: death is said to have occurred on the date stated above, at 8 20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical shock following abdominal operation	

Other contributory causes of importance:
Cholecystitis

Name of operation: Laparotomy Date of Apr 31st 1933
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 17 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84679

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 138

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Maria Santomarco

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Necola Santomarco

6. DATE OF BIRTH (month, day, and year) June 7 - 1868

7. AGE Years 64 Months 9 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Giuseppe Capobiango
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Maria Destefano
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) John Dire Wallace Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Date Apr 12, 1933

19. UNDERTAKER (Address) J. A. Bwer Wallace Ward Und Co.

20. FILED 1 April 10th 1933 J. C. Stoum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to Apr 8, 1933

I last saw her alive on Apr 8, 1933; death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chp.	

Other contributory causes of importance: Cerebral Throm Basis Several Mo

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ida Mowery M. D.

(Address) Wallace Ida

RECEIVED MAY 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84680

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 137

(No. Gem, Idaho .)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyman Ruggles Barto.

(a) Residence. No. Gem, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXX~~ Regina V. Barto

6. DATE OF BIRTH (month, day, and year) March 23rd 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Geneva, Illinois.

FATHER
13. NAME Alphonse A Barto,
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Harriet T. Hitchcock
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) Regina V. Barto Gem, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Thompson, Mont. Date Apr. 5th, 1933.

19. UNDERTAKER Buell G. Marstell
(Address) Wallace Idaho

20. FILED April 6th, 1933 Coston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to April 5th, 1933
I last saw him alive on Mar 23, 1933; death is said to have occurred on the date stated above, at 12 05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Hypertrophied prostate	
Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Laurence Ellis, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84681

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 73

(No.) Twin Falls County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Samuel A. Salladay

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 17-1869
7. AGE: Years 64 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: clerk in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: hardware store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carthage Mo.

FATHER
13. NAME: Jacob Salladay
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Mary Secrest
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): L. E. Salladay Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: 6-2, 1933

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls, Idaho

20. FILED 6/2, 1933 George C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to May 31, 1933
I last saw him alive on May 31, 1933: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	18 hrs.
Other contributory causes of importance:	
Dilatation of heart acute	immediate.

Name of operation none Date of .....
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193.
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Duncan & Alexander, M. D.
(Address) Twin Falls, Idaho.

JUN 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84682

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 72

(No.) 1(a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orma Turner

(a) Residence. No. 750 2nd West St. 7 Pm
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 31 1915

7. AGE Years 17 Months 10 Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colo

FATHER
13. NAME H. J. Turner
14. BIRTHPLACE (city or town) (State or country) Colo

MOTHER
15. MAIDEN NAME Anne Whetnall
16. BIRTHPLACE (city or town) (State or country) Mo"

17. INFORMENT (Address) Anne, Wesley Twin Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Jan 3, 1933

19. UNDERTAKER (Address) J. C. Drake Twin Falls

20. FILED 6/5, 1933 George C. Halley M. D. Registrar
acts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 30, 1933, I last saw her alive on May 30 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	about April 26

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) H. C. Houghek M. D.
(Address) Twin Falls, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 84683

Local Registrar's No. 71

75

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susie H. Carlson

(a) Residence. No. 644 Fourth Avenue West St.
(Usual place of abode)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Peter Carlson

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Klewer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Irine Carlson
(Address) 644 Fourth Avenue West

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date May 29, 193 3

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6/1, 193 3 George C. Hally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27 193 3

22. I HEREBY CERTIFY, That I attended deceased from January, 193 3, to May 27, 193 3

I last saw h alive on May 26, 193 3: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis	1931
Infection by Spirochetta Pallida	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John K. Laughlen, M. D.

(Address) Twin Falls Idaho

JUN 12 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84685

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 69

(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME H. Lester

(a) Residence. No. County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Lester

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT Tom Lester
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Twin Falls Date May 27, 1933

19. UNDERTAKER T. E. Duke
(Address) Twin Falls

20. FILED 5/29, 1933 George C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1933, to 5/24, 1933

I last saw h[illegible] alive on 5/20, 1933: death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 12 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 84686

Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Edgar De Forest Shrestleff

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of widowed.

6. DATE OF BIRTH (month, day, and year) April 23, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Harrison F. Shrestleff

14. BIRTHPLACE (city or town) (State or country) Des Moines Mass

MOTHER

15. MAIDEN NAME Cornelia Smith

16. BIRTHPLACE (city or town) (State or country) Not [illegible] Pennsylvania

17. INFORMENT (Address) Lamond S. Shrestleff Long Beach California

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date May 29, 1933

19. UNDERTAKER (Address) F. E. Drake Twin Falls Idaho

20. FILED 5/29, 1933 George C. Halley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to May 24, 1933

I last saw him alive on May 24, 1933: death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 24 1933

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Hw. Clouchet, M.D.

(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

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JUN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84688

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 66

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Lester Quinley Taylor

(a) Residence. No. 460 3rd St. North
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Jan 24

7. AGE Years 17 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tarrview
(State or country) Idaho

FATHER
13. NAME W. R. Taylor Jr.
14. BIRTHPLACE (city or town) Dayton
(State or country) Ida.

MOTHER
15. MAIDEN NAME Ethel McClain
16. BIRTHPLACE (city or town) Tarrview
(State or country) Ida.

17. INFORMENT W. R. Taylor Twin Falls
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 2 T. Cemetery Date 5/23, 1933

19. UNDERTAKER Evans Johnson
(Address) L. J. Johnson Twin Falls

20. FILED 5/31, 1933 George C. Halley M.D. Registrar
Att.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/7/32, 193, to 5/21/33, 193

I last saw him alive on 5/21/33, 193: death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and aortic stenosis 4 plus and regurgitation with chronic dilatation 4 plus.	about Dec. 1931

Other contributory causes of importance:

Cardiac dilatation acute.	5/21/33

Name of operation none Date of laboratory.
What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Duncan L. Alexander, M. D.
(Address) Twin Falls, Idaho

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JUN 12 1933

PLACE OF DEATH

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84689

Registration District No. 37
Primary Registration District No. 2081 Local Registrar's No. 65

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Albert Mc Ley

(a) Residence. No. Route # 1 St. Hansen
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) March 20 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Melbourne
(State or country) Mo

FATHER

13. NAME James J. Mc Ley

14. BIRTHPLACE (city or town) Melbourne
(State or country) Mo

MOTHER

15. MAIDEN NAME Virginia Terhune

16. BIRTHPLACE (city or town) Harrison Co
(State or country) Mo

17. INFORMENT (Address) Mary Mc Ley Route #1 Hansen Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Twin Falls Cemetery Date 6/23, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 6/22, 1933 George C. Talley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to May 20, 1933.

I last saw him alive on May 14, 1933; death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cancer Face Mesenteric	Oct 1 - 32

Other contributory causes of importance:

Name of operation Exploratory Date of Dec 29/32

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wilson, M. D.

(Address) Twin Falls Idaho

JUN 1 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 84690

Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Nettie Hartley

(a) Residence. No. 138 2nd Ave West St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. F. Hartley

6. DATE OF BIRTH (month, day, and year) Dec 12 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Shadrick Large
14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER
15. MAIDEN NAME Maggie ~~Robertson~~ Brazil
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) H. F. Hartley Twin Falls

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Rogerson Date May 20, 1933

19. UNDERTAKER F. E. Drake
(Address) Twin Falls

20. FILED 5/19, 1933 George C. Hadley M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 193

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw her alive on May 17 —, 1933: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928
Other contributory causes of importance:	
Cardiac Insufficiency	1932

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Natural Date of injury ——, 193..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) F. A. Dwight, M. D.
(Address) Coroner Twin Falls County

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84691

PLACE OF DEATH
County of Twin Falls
City of Kimberly
Registration District No. 37
Primary Registration District No. 2081
Local Registrar's No. 63

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garfield Buster Womacott

(a) Residence. (No. R.F.D. #1, Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22-1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
25	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13 years
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Estacada
(State or country) Oregon

FATHER
13. NAME Edward L. Womacott
14. BIRTHPLACE (city or town)
(State or country) Ill

MOTHER
15. MAIDEN NAME Addie Harden
16. BIRTHPLACE (city or town) Dalesville
(State or country) Oregon

17. INFORMENT Edward L. Womacott
(Address) Route #1, Kimberly Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem Date May 19, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 5/16, 1933 George C. Halley Registrar.
act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to May 17, 1933
I last saw him alive on May 17, 1933: death is said to have occurred on the date stated above, at 6.00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	
Endocarditis	

Name of operation —. Date of —
What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) H. E. Grant, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84692

PLACE OF DEATH
County of Twin Falls.
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 62

(No.) County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

881

2. FULL NAME Mrs. Lillian Wilkinson

(a) Residence. No. ..... Twin Falls St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 21 1867

7. AGE: Years 66 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME D C Beckford
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Mary Moore
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) A Wilkinson Twin Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date May 14, 1933

19. UNDERTAKER (Address) F E Drake Twin Falls

20. FILED 5/15, 1933 George C. Kelly, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to May 11, 1933
I last saw her alive on May 11th, 1933, 5 P.m.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterial hypertension	1923
Chronic myocarditis	1928

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify
(Signed) John J. Daugherty M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84693

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Rose M. Nixon

(a) Residence. No. 144 - 8th Ave E St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: W. E. Nixon

6. DATE OF BIRTH (month, day, and year): Dec 9-1866

7. AGE: Years 66 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): The Dalles Oregon

FATHER
13. NAME: William Michell
14. BIRTHPLACE (city or town) (State or country): Cornwall England

MOTHER
15. MAIDEN NAME: Sarah Wells
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): W. E. Nixon Twin Falls Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place The Dalles, Ore Date 5-10, 1933

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho

20. FILED 5/9, 1933 George C. Halley Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28-1909, ~~193~~, to May 8, 1933

I last saw her alive on May 7, 1933; death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	July 1931

Other contributory causes of importance:

Name of operation: None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Wilson, M. D.
M.D. (Address) Twin Falls Idaho

JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84694

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 60

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delno C. Anderson

(a) Residence. No. 537 - 5th Ave E. St. (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockford Ill (State or country)

FATHER

13. NAME Carl N. Anderson

14. BIRTHPLACE (city or town) Sweden (State or country)

MOTHER

15. MAIDEN NAME Victoria Ragnar

16. BIRTHPLACE (city or town) Sweden (State or country)

17. INFORMENT Carl N. Anderson (Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 5/10, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Ida.

20. FILED 5/10, 1933 George C. Talley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw him alive on May 7, 193 3 ; death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured vertebra and dislocations with pressure on spinal cord.	Instant death.

Other contributory causes of importance:

Automobile accident.	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 7 1933

Where did injury occur? Twin Falls Ida. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On street.

Manner of injury Auto accident.

Nature of injury Fractured vert brae

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify No.

(Signed) F. A. Dwight M. D.

(Address) Twin Falls County Coroner.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84695

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 59

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Emanuel Lee Hendrix 162

(a) Residence. No. 1140 - 8th East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) April 30 1933

7. AGE: Years 0 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Robert E. Hendrix
14. BIRTHPLACE (city or town) Ava
(State or country) Missouri

MOTHER
15. MAIDEN NAME Lizzie V. Teller
16. BIRTHPLACE (city or town) Verney
(State or country) Nebraska

17. INFORMENT Robert E. Hendrix
(Address) 1140 - 8th East Twin Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Filer, Ida Date 5/9, 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 5/9, 1933 George C. Halley acts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 30th, 1933, to Apr 7th, 1933
I last saw him alive on May 7, 1933: death is said to have occurred on the date stated above, at 10:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro intestinal infection	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H E Lamb, M. D.
M D (Address)

JUN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84696

PLACE OF DEATH
County of Twin Falls
City of Rogerson

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 58

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Amanda Harris

(a) Residence. No. Rogerson, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Georgetown
(State or country) Texas

FATHER

13. NAME Monroe Harris

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Ann Mason

16. BIRTHPLACE (city or town)
(State or country) So Carolina

17. INFORMENT Mrs Harris
(Address) Rogerson Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date 5-8-1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED 5/8, 1933 George C. Talley
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... alive on ✓, 193...: death is said to have occurred on the date stated above, at 9.40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Original Cysteria	May 2-33
Other contributory causes of importance:	
Arteria-sclerosis.	1920

Name of operation None Date of —
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home.
Manner of injury Natural.
Nature of injury Spasm of heart.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

M.D. (Signed) Frank A. Dwight Jr. M. D
(Address) Filer Ida.
Twin Falls County Coroner.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 84697

Local Registrar's No. 57

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Stutzman

100a

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jake Stutzman

6. DATE OF BIRTH (month, day, and year): Aug 6 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Woolman

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Chapel Nebr

FATHER

13. NAME: D.A. Stutzman

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Ann. Petersein

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): C.A. Stutzman Filer

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Filer Cem. Date: May 4, 1933

19. UNDERTAKER (Address): F.E. Drake Twin Falls

20. FILED 5/5, 1933 George C. Dalley M.D. Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to May 1, 1933

I last saw him alive on April 30, 1933; death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	April 25/33
Other contributory causes of importance: Infection Mediastinal Space	Feb. 1933
Pneumococcic Type III Rte.	
predominant Infection	

Name of operation: none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - , 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr John R Morgan, M. D.

(Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING

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JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84698

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nephi Gledhill

(a) Residence. No. 1350 St. 6th Ave E. 89
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Margaret Gledhill

6. DATE OF BIRTH (month, day, and year): June 21 1882

7. AGE: Years 50 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Supt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Sugar Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mona Utah

FATHER
13. NAME: James Gledhill
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Elizabeth Comer
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Elwood Gledhill Pocatello Ida

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place: Provo Utah Date: 5/4, 1933

19. UNDERTAKER (Address): Provo Mortuary L. E. Johnson Twin Falls

20. FILED 5/3, 1933 George C. Talley as Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1933, to May 1, 1933
I last saw him alive on May 1, 1933: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 1/33
Degenerated heart Muscle Untreatable	April 17/33

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Physical Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr John R Morgan, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Twin Falls

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 84699

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Koneeny.

(a) Residence. No. R-2- St. Burley Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Koneeny

6. DATE OF BIRTH (month, day, and year) Feb-2-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Agnes J. Dana Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Cemetery Date 5-28, 1933

19. UNDERTAKER (Address) Evans & Johnson J. E. Schmidt

20. FILED 5-27, 1933 J. N. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-25-1933

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1933, to May 25, 1933

I last saw him alive on May 25, 1933; death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Type III	5-12-33

Other contributory causes of importance:

Possible mitral carcinosis subchronic poisoning from tooth in tonsilar region

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury

Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) E. L. Berry, M. D.

(Address) Burley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84700

PLACE OF DEATH
County of Twin Falls.
City of Buhl

Registration District No. 39
Primary Registration District No. 2687
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

60a

2. FULL NAME William Francis Shades

(a) Residence. No. R.F.D. St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs William Shades

6. DATE OF BIRTH (month, day and year) Sept 5 — 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER William T Shades
11. BIRTHPLACE OF FATHER (city or town) (State or Country) No Carolina
12. MAIDEN NAME OF MOTHER Lottie Funch
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Carolina

14. Informant Mae Shades
(Address) Buhl Idaho

15. Filed May 31, 1933. J. N. Wrigley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 29th 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to May 29th, 1933
that I last saw him alive on May 26th, 1933
and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute dilation of heart following Appendectomy
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Toxic goitre, with consequent Cardiac enlargement
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 5-29.33
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) John F. Coughlin M. D.
5-30, 1933 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Buhl Cemetery	6/1 1933
20. Undertaker	Address
Evans & Johnson	Buhl Idaho

RECEIVED JUN 5 1933

DEPARTM[illegible] WELFARE
BUREAU [illegible] VITAL [illegible] ATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84701

PLACE OF DEATH
County of Twin Falls.
City of Buhl,

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
Local Registrar's No. .....

(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME George Martin Cederburg

(a) Residence. No. R-5- Buhl. Ida.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs George Cederburg

6. DATE OF BIRTH (month, day and year) Aug - 27 - 1888

7. AGE	Years	Months	Days	If LESS than 1 day,
	45	9	✓	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Wilcox, Nebr
(State or country)

PARENTS

10. NAME OF FATHER Chas A Cederburg
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden.
12. MAIDEN NAME OF MOTHER Johanna Swanson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden.

14. Informant Mrs Rosa Cederburg
(Address) RFD. Buhl. Ida

15. Filed May 31, 1933. J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-20, 1933, to 5-27, 1933
that I last saw h[illegible] alive on 5-27, 1933
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Brain Tumor
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? not Known.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Geo. Jennings, M. D.
5-28, 1933 (Address) Buhl, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. May 31/33

19. Place of Burial, Cremation, or Removal	Date of [illegible] 19 33
Buhl Cemetery	
20. Undertaker	Address
Evans & Johnson F E Schmidt	Buhl.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84702

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME James Richard Kendrick

(a) Residence No. McCullum Addition St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Kendrick

6. DATE OF BIRTH (month, day, and year) Apr. 8 - 1847

7. AGE Years 86 Months 1 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 yrs.

11. Total time (years) spent in this occupation All ways

12. BIRTHPLACE (city or town) (State or country) Roane Co. Tennessee

FATHER

13. NAME Samuel Kendrick

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Hector

16. BIRTHPLACE (city or town) (State or country) Dawn Knox

17. INFORMENT (Address) Mrs Henry Lehman Buhl, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date 5/22, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl, L. Johnson

20. FILED May 23, 1933 J. H. Wurkley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/20 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to May 19, 1933

I last saw him alive on May 19, 1933: death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows: Senility.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Wurkley, M. D.

(Address) Buhl Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

PLACE OF DEATH

County of Twin Falls

City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2-087

DO NOT WRITE IN THIS SPACE

State File No. 84703

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

103

2. FULL NAME James Leroy Orrell

(a) Residence. No. 902 E. Main St. Buhl, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Vera Williams Orrell

6. DATE OF BIRTH (month, day, and year) July 30 1907

7. AGE: Years 25 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ida

FATHER

13. NAME L. B. Orrell

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mary Duncan

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) L. B. Orrell

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Payette, Ida Date 5/19 1933

19. UNDERTAKER Evans & Johnson (Address) H. E. Schmidt

20. FILED May 18, 1933 J. T. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 17, 1933.

I last saw him alive on May 17, 1933: death is said to have occurred on the date stated above, at 11.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pulmonary Congestion	May 16
	May 13

Other contributory causes of importance:

Cardiac hypertrophy
Nephritis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. MacNamara, M. D.

(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84704

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME St Elmo Fagg

(a) Residence. No. R 7 D, ~~Twin Falls~~ Buhl Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs St Elmo Fagg

6. DATE OF BIRTH (month, day, and year) Jan 31 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conway Springs Kans

FATHER

13. NAME Joseph Fagg

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Paulina Traylor

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. St Elmo Fagg

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Sale Cemetery Date 5/3, 1933

19. UNDERTAKER Evans & Johnson
(Address) Buhl Ida

20. FILED May 7, 1933 J. W. Merkley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from none, 193~~1~~, to all, 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
alleged gastric carcinoma	
Cardiac insufficiency	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Merkley, M. D.

(Address) Buhl, Idaho

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84705

PLACE OF DEATH
County of Valley
City of Donnelly Ida
Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Franklin Wallace

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Donnelly Ida

FATHER
13. NAME Robt Gilmore Wallace
14. BIRTHPLACE (city or town) (State or country) Troy Mo

MOTHER
15. MAIDEN NAME Thelma Halferty
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Stanley E Wallace

18. BURIAL, CREMATION, OR REMOVAL
Place Donnelly Date May 19 1933

19. UNDERTAKER
(Address)

20. FILED May 18, 1933 M. Gardner Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 17, 1933
I last saw him alive on May 17, 1933: death is said to have occurred on the date stated above, at 10 00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death	
Skull fracture caused by blow on head by shot during shot put at track meet	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/17, 1933
Where did injury occur? Donnelly - Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lucile C Nash, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84706

PLACE OF DEATH
County of Valley
City of McCall

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Charlotte LaVern Norton

(a) Residence. No. St. McCall Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single (Baby)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-24-33

7. AGE Years Months Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCall Ida.

FATHER
13. NAME Wm Norton
14. BIRTHPLACE (city or town) (State or country) Laramie, Wyoming.

MOTHER
15. MAIDEN NAME Alice Doyle
16. BIRTHPLACE (city or town) (State or country) Laramie Wy.

17. INFORMENT (Address) Mrs A. Hanson McCall, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place McCall Ida. Date 5-4, 1933

19. UNDERTAKER (Address) None.

20. FILED 5/7, 1933 M. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1933, to 5-2, 1933
I last saw her alive on 5-2, 1933: death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was still Farm'l & revived only after extended efforts.	4-24-33
Congenital weakness - unable to overcome.	
Cause Obscure.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Day S. Numbers
(Signed) , M. D.
(Address) McCall, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84707

PLACE OF DEATH
County of Washington
City of Medford

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bethenny Seay

(a) Residence. No. South Crane Creek St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A.A. Seay

6. DATE OF BIRTH (month, day, and year) July 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME James Cordell

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Lora Reed

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) A. A. Seay Medford Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Medford Cem. Date 5-15-, 1933

19. UNDERTAKER L. C. Northam
(Address) Weiser, Idaho

20. FILED May 24, 1933 M. K. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease died before medical assistance could be rendered	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. C. Northam Coroner M.D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84708

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 10 10
Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James E Willey

(a) Residence. No. 2 acres from Gypsum on St. 170
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 3. - 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME William O Willey

14. BIRTHPLACE (city or town) (State or country) Vt.

MOTHER

15. MAIDEN NAME Lucy E. Estes

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Romona Stover Huntington Ore

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED May 24, 193 3 H. K. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at about 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide. by shooting self one bullet head with 45 C Revolver. self inflicted	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Northam Coroner M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 64709

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Pelger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amelia Pelger

6. DATE OF BIRTH (month, day, and year) Aug. 27-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roumania

FATHER
13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Amelia Pelger Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 5-13-, 1933

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED May 24, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 1933, to 5/10, 1933
I last saw him alive on 5/10, 1933: death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	1933
Carcinoma right lung	1933

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert M Coats M.D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84710

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Edgar Clelland. 117

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Hilda Heinrich.

6. DATE OF BIRTH (month, day, and year): Oct 8 1904

7. AGE: Years 29 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Craigmont, Idaho.

FATHER
13. NAME: James Edgar Clelland
14. BIRTHPLACE (city or town) (State or country): Hoel, Missouri

MOTHER
15. MAIDEN NAME: Isabelle Simmons
16. BIRTHPLACE (city or town) (State or country): St. Charles, Iowa.

17. INFORMENT (Address): Isabelle Clelland, Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Midvale Date: May 4, 1933

19. UNDERTAKER (Address): J Affidelson, Cambridge

20. FILED: 5-16-33 DR. R. T. WHITEMAN, CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1933, to , 193
I last saw did not see him last once. alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized abdominal carcinomatosis.	18 mo

Other contributory causes of importance:

Acute appendicitis	2 yrs ago

Name of operation: appendicitis Date of: 2 yrs ago
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? O Date of injury , 193
Where did injury occur? C
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alan S. Thurston, M. D.
(Address) Council Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 2 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84711

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura E Howland 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widdow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25 - 1864

7. AGE Years 69 Months 4 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Wm Olney
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Chas Howland Cambridge Idaho

18. BURIAL, CREMATION, OR REMOVAL Place April 26 Cambridge Date Apr 26, 1933

19. UNDERTAKER (Address) J A Henderson Cambridge Ida

20. FILED 5-12, 193 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - '33 193, to Apr. 25, 1933.
I last saw her alive on Apr. 24, 1933: death is said to have occurred on the date stated above, at 2:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4-23-33.

Other contributory causes of importance:

Inoperable Gastric Carcinoma,	Apr-1931.

Name of operation None. Date of None.
What test confirmed diagnosis? Clinical Was there an autopsy? Yes,

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) R T Whiteman, M. D.
(Address) Cambridge Ida

RECEIVED JUN 16 1933

84712

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84712

PLACE OF DEATH
County of CLARK
City of DUBOIS,

Registration District No. 125
Primary Registration District No. 2203
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME NEWTON A. McINTOSH

(a) Residence. No. PARK HOTEL St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. Single, Married, Widowed, or Divorced (write the word) SINGLE

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 22, 1887

7. AGE Years 45 Months 8 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOTEL KEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NORWOOD, MISSOURI.

FATHER
13. NAME APP McINTOSH.
14. BIRTHPLACE (city or town) (State or country) MACOMB, MO.

MOTHER
15. MAIDEN NAME MALINDA HUFFMAN
16. BIRTHPLACE (city or town) (State or country) MISSOURI

17. INFORMENT (Address) A. E. McINTOSH NORWOOD, MO.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place NORWOOD, MO. Date June 13 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho.

20. FILED June 13 1933 C E Jones MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1928 to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 8:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C E Jones, M.D.
(Address) Dubois Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

84713

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84713

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 57

(No. 2 mi. S + 1/4 W of U. P. Depot

(If death occurred in a hospital or institution, give its name instead of street and number)

188b

2. FULL NAME Whitney C Close

(a) Residence. No. Spokane St. Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eurith A

6. DATE OF BIRTH (month, day, and year) Jan 10 1906

7. AGE Years 27 Months 5 Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Butcher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Meat Market

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1933

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Walter S. Close

14. BIRTHPLACE (city or town) (State or country) Philadelphia

MOTHER

15. MAIDEN NAME Not obt Campbell

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT (Address) Robert W. Owen Spokane, Washington

18. BURIAL, CREMATION, OR REMOVAL Place Spokane ~~Boise Idaho~~ Date June 14 1933

19. UNDERTAKER (Address) Schrieber & McCann Boise Idaho

20. FILED 6-19, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7:50 a.m.

The **principal cause of death** and related causes of importance were as follows: Cerebral ~~contusion~~ compression multiple fractures and shock due to unavoidable airplane collision piloted by deceased

Date of onset Instantly before death

Other **contributory causes** of importance:

Name of operation none Date of.....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 13, 1933

Where did injury occur? 1 mile South of Boise Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury Army problem

Nature of injury Crushing of body

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Pilot of Air plane

(Signed) George C. Halley, M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item & information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

84714

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84714

PLACE OF DEATH
County of Jefferson
City of Roberts

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME D. H. Grow

(a) Residence. No. ..... St. Cardston, Alberta, Can.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Grow

6. DATE OF BIRTH (month, day, and year): Nov. 8, 1878

7. AGE: Years 54 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Livestock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Cattle Ranch
10. Date deceased last worked at this occupation (month and year): June 8-1933
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): Huntsville Utah

FATHER
13. NAME: John W. Grow
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Katherine McKay
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): L. B. Lofgreen, Springfield, Idaho

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place: Huntsville, Utah Date: June 12, 1933

19. UNDERTAKER (Address): O. Burt, Idaho Falls, Ida.

20. FILED: June 11, 1933 A. D. Eckwell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
called following accident	
dead when first seen	
Auto accident	

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? auto Date of injury 6/10, 1933

Where did injury occur? Near Roberts Idaho (Specify city or town, county, and State)

Specify whether injury occurred ~~in industry~~, in home, or in public place. On Idaho Montana Highway

Manner of injury: auto crash

Nature of injury: Crushed torso

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Earl Jones M. D.
(Address) Jefferson Co. Physician Roberts Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

8475

RECEIVED JUN 12 1933

PLACE OF DEATH

County of Idaho

City of Burgdorff

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103

Primary Registration District No. 2161

Local Registrar's No. 20

DO NOT WRITE IN THIS SPACE

State File No. 84715

(No. Golden Anchor Mine)

(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME Albert E. Lund

(a) Residence. No. Page, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alvina Lund

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: About 55 years; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Metallurgist and Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Milling and Assaying

10. Date deceased last worked at this occupation (month and year): 5-16-33

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Lund

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Robert L Dean, Burgdorff, Idaho

18. [illegible] REMOVAL Place: Spokane, Wash. Date: May 20, 1933

19. UNDERTAKER (Address): A. W. Robb, Cascade, Idaho

20. FILED 6-5, 1933 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death while working in Mine Probably due to Cerebral Hemorrhage	5-16-33.

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Chipman, M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

84716

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84716

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 159

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Robert W. Henry

(a) Residence. No. 1414 N. 19th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Lula Henry

6. DATE OF BIRTH (month, day, and year) Oct. 8-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Charles W. Henry
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Lula Henry Boise, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 6/19/33
19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho
20. FILED 6-19, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to June 16, 1933.
I last saw him alive on June 16, 1933.: death is said to have occurred on the date stated above, at 6 40 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis, Volvulus, Intestinal Obstruction.	6-13-1933

Other contributory causes of importance:

Gastric Ulcer	Several years

Name of operation Release of Obstruction of 6-13-33.
What test confirmed diagnosis? Physical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold T. Nokes, M. D.
(Address) Boise, Idaho.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

S 4717

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84717

PLACE OF DEATH

County of Payette

City of Emmett

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia L. Melcher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Melcher

6. DATE OF BIRTH (month, day, and year) April 5 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Earlville (State or country) Iowa

FATHER

13. NAME Luke Graham

14. BIRTHPLACE (city or town) Eng. (State or country)

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMENT E. L. Melcher (Address) 6125 So Park. Tacoma Wash

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida. Date June 13 1933

19. UNDERTAKER Glenn C Gardner (Address) Payette Idaho

20. FILED June 23 1933 J. O. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 11, 1933.

I last saw her alive on June 11, 1933: death is said to have occurred on the date stated above, at 930 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 20 1933

84718

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84718

PLACE OF DEATH
County of Ada
City of Kuna

Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 223

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey E. Brandenburg

(a) Residence. No. ..... St. 187
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft Star Arkansas

FATHER

13. NAME John W. Brandenburg

14. BIRTHPLACE (city or town) (State or country) Proctor Ky

MOTHER

15. MAIDEN NAME Cushia Everson

16. BIRTHPLACE (city or town) (State or country) Hazard Ky

17. INFORMENT (Address) Mrs John Brandenburg Kuna Ida

18. BURIAL, CREMATION, OR ~~REMOVAL~~
Place Kuna Date 6/2, 1933

19. UNDERTAKER (Address) B W Johnson Meridian Ida

20. FILED 6-2, 1933 Scott Wheelhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193... death is said to have occurred on the date stated above, at 6.25 A.m.

The principal cause of death and related causes of importance were as follows: Has had weak fainting Spells for years. In this one he fell face down in a ditch

Date of onset

Other contributory causes of importance: Full of water & was found in that position dead

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H J Coleman M. D.

(Address) Kuna Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED JUL 5 1933

84719

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH.

1. **PLACE OF DEATH.**

Registration District No. 85

County of Bonner County

Primary Registration District No. 2185

City of ~~Priest Lake~~ Wordman

(No. ....., ... St.)

File No. 84719

Registered No. 6

If death occurs away from usual residence, give facts called for under special information.

Resident of Troy, Idaho

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Rev. David Emanuel Engberg

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** male

4. **COLOR OR RACE** white

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** married (Write the word.)

6. **DATE OF BIRTH.** August 23, 1892 (Month) (Day) (Year)

7. **AGE** 40 Yrs. 9 Mos. 26 ds. 26

IF LESS than 1 day how many.....hrs. or .....min.?

8. **OCCUPATION**

(a) Trade, profession or particular kind of work... Minister-Lutheran Ch

(b) General nature of industry, business, or establishment in which employed (or employer)..... Troy, Idaho

9. **BIRTHPLACE** (State or Country) Kansas

10. **NAME OF FATHER** John H. Engberg

11. **BIRTHPLACE OF FATHER** (State or Country) Sweden

12. **MAIDEN NAME OF MOTHER** Elizabeth Nelson

13. **BIRTHPLACE OF MOTHER** (State or Country) Sweden

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.**

(Informant) Mrs. Ruth E. Engberg, widow

(Address) Troy, Idaho

15. Filed June 22 1933 R. E. Wessa Local Registrar

MEDICAL CERTIFICATE OF DEATH 182

16. **DATE OF DEATH** June 19, 1933 (Month) (Day) (Year)

17. **I HEREBY CERTIFY, That I attended deceased from** ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Accidental Drowning,

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. J. Alcorn M. D.

6/20 1933 (Address) Coroner Bonne Co Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)**

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Spokane, Wn.

DATE OF BURIAL ..... 191...

20. **UNDERTAKER** HAZEN & JAEGER

ADDRESS Spokane, Wn

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BRKS. 24658

A4720

FILED IN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of **Boise**

City of **Dagett Creek**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84720
State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. **Dagett Creek, Boise County, Ida.**)
(If death occurred in a hospital or institution, give its name instead of street and number)

1889

2. FULL NAME **Paul Leroy Voss**

(a) Residence. No..... St. **Meridian, Idaho**
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	**White**	**Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **January 19th. 1894**

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	38	**4**	**28**	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **Laborer**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). **Garwin, Iowa**
(State or country)

MOTHER FATHER

13. NAME **Charles Voss**

14. BIRTHPLACE (city or town). **Iowa**
(State or country)

15. MAIDEN NAME **Elsie May From**

16. BIRTHPLACE (city or town). **Iowa**
(State or country)

17. INFORMANT **N. E. Voss**
(Address) **Seaside or Hamilton Rt**

18. BURIAL, CREMATION OR REMOVAL
Place **Meridian, Idaho** Date **6-21-33**, 193..

19. UNDERTAKER **B. Robison**
(Address) **Meridian, Idaho**

20. FILED **6/20**, 193.. **Geo E Robison**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **6-17** 193**3**

22. I HEREBY CERTIFY, That I ~~attended~~ found deceased ~~from~~ dead **June 17** 193**3**., ~~to ....., 193..~~.
~~I last saw h.. alive on ....., 193..~~: death is said to have occurred on the date stated above, at **4.30** P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed by Log.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? **Dagett Creek**
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, in **home**, or in **public place**. **Industry**
Manner of injury. **Log**
Nature of injury. **Crushed**

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) **J. E. Shanahan Coroner**
(Address) **Idaho City Idaho**

84721 ✓

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84721

Registration District No.....
Primary Registration District No..... Local Registrar's No.....

(No. Idaho State Soldiers Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer William Ace,

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maxine T. Ace

6. DATE OF BIRTH (month, day, and year) Sept. 28 1886

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
46	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Undertaker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Big Sandy Wyo.

FATHER

13. NAME William Ace

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Emma E. Evans

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) R. Fancy Shirley Salt Lake City, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/2..., 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-6..., 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193....: death is said to have occurred on the date stated above, at 9:40PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot Wound In Head.	
Self Inflicted,	
(Suicide)	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? Ida. Soldiers Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.. Self Infliceted
Nature of injury.. Gun Shot Wound

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) J. M. Cann Coroner, M. D.
(Address) Boise Idaho

RECEIVED JUL 13 1933

24722

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84722

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 X-0 Local Registrar's No. 131
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bennett F Wing
(a) Residence. No. So Capitol Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Elva Wing
6. DATE OF BIRTH (month, day, and year): Oct 10 1894
7. AGE: Years 38, Months 8, Days 24, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Auto Elec Eng
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Licensed air Pilot Owner H. Shop
10. Date deceased last worked at this occupation (month and year): July 3 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springville Utah

FATHER
13. NAME: Benj. Wing
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs Elva Wing Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 7/6, 1933
19. UNDERTAKER (Address): V. F. McHan Idaho Falls Idaho
20. FILED: 7/6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 4 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident - Aeroplane crash	

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: July 4 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Airplane Crash
Manner of injury: Body Crushed
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred Porter Coroner M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

84723 ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84723

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 65
(No. Near Whitney School on Owyhee Road.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles F. Baker

(a) Residence. No. 6th & Orchard St. 742
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Louise Baker

6. DATE OF BIRTH (month, day, and year): Oct. 24-1867

7. AGE: Years 65, Months 8, Days 2. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio.

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Miss Eleanor Baker. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date: 6/30/33 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 6-29, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26/33 193

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ June 26, 1933, to June 26, 1933 ~~I last saw in alive on~~ ~~193~~ death is said to have occurred on the date stated above, ~~at~~ about 10:30 m.

The principal cause of death and related causes of importance were as follows:

Probably apoplexy. Died suddenly while at work on highway. Fell forward on scend.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Callaway, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

84724

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84724

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 184

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Hubert Tyler.

(a) Residence. No. 26 miles north of Boise on Idaho City road.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Leatha. G. Tyler.

6. DATE OF BIRTH (month, day, and year) Feb. 23.1892.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	4	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington.

FATHER

13. NAME Albert. N. Tyler.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Leatha. G. Tyler. Boise, Ida. % Idaho City Stage.

18. BURIAL, CREMATION, OR REMOVAL New Plymouth Idaho. Date July. 18 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-17, 1933 W. L. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-15 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to death, 1933

I last saw him alive on 7-14, 1933; death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-5-33

Other contributory causes of importance:

1. Myocarditis	about 1931
2. Aortic & mitral valvular heart disease with	unknown
3. Auricular fibrillation.	"

Name of operation None Date of

What test confirmed diagnosis? Lab. & hyp. findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. West, M. D.

(Address) Boise Idaho

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84725

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. ~~8~~ ~~2~~
Primary Registration District No. ~~2004~~ 2004 Local Registrar's No. ~~152~~ 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth J. Foster

(a) Residence. No. 2416 No. 28th St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

204

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John M. Foster

6. DATE OF BIRTH (month, day, and year) April 13 1851

7. AGE Years 82 Months 1 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

FATHER
13. NAME Samuel Dougherty
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs O.W. Rawlins 2416.No,28th Boise Ida,

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date May 8, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida.

20. FILED U-12, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw her alive on ....., 193....: death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural, Died Suddenly And Before Medical Assistance Could Be Summoned.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J. W. McCann Coroner, ~~M.D.~~
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED JUL 14 1933

Dr Budge. V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84726

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 166
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvia Cunningham

179

(a) Residence. No. 1115 4th St. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clyde Cunningham

6. DATE OF BIRTH (month, day, and year) April, 12 1898

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME Michel Hastrider

14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Lizabeth Harrison

16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMENT (Address) Daniel Hastrider, Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 6-25-, 1933

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Ida.

20. FILED 6-22, 1933 W.H. Rhoden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-21 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 21, 1933
I last saw h[illegible] alive on June 21, 1933: death is said to have occurred on the date stated above, at 1.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Body Burn	
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis Physicians Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A.W. Budge Jr M.D., M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84727

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2 (2)
Primary Registration District No. 1004
Local Registrar's No. 161
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Henry Alegria

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12th. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER

13. NAME Ignacio Alegria

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Maria Uberuaga

16. BIRTHPLACE (city or town) (State or country) Boise, Ida.

17. INFORMENT (Address) Ignacio Alegria, Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Date 6-13, 1933

19. UNDERTAKER (Address) A. Schreiber & McCann Boise Ida

20. FILED 6-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1933, to June 11, 1933

I last saw h[illegible] alive on June 11, 1933; death is said to have occurred on the date stated above, at 2.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Pyloric Stenosis	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Smoot, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84728

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 156

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Miller

(a) Residence. No. 611 Grove St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) About 1876

7. AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Wm Domhoff Boise

18. BURIAL, CREMATION, OR REMOVAL Place Ada Co. P. Date 6-14, 1933 Morris Hill

19. UNDERTAKER (Address) Schreiber & Mr. Cann Boise Ida

20. FILED 6-14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 10, 1933
I last saw him alive on June 10, 1933: death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury - Run over by truck Crushing Sigmoid flexure of colon - Fracturing pelvis	

Other contributory causes of importance:
Suppression of urine & obstruction of bowel from injury of colon

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? yes Date of injury 6-8, 1933
Where did injury occur? Ada County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Fracture of pelvis, colon bone & rupture of urethra
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Callaway, M. D.
(Address) Boise Idaho

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

~~Near Regina P.O.~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84729

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 171

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Agnes Fisher

(a) Residence. No. ..... St. Twin Falls,

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX femal

4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Fisher

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 43 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** house keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not obtainably (State or country)

FATHER

13. NAME ~~Agnes Fisher~~ not known

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Joe Severance (Address) 2222 Harrison Blvd.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Twin Falls Date 6/29, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 6-28, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 1.15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured skull with cerebral contusion	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/27 1933

Where did injury occur? Ada Co. Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Hiway

Manner of injury Auto accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) N. A. Koelsch, M. D.

(Address) Boise

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MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84730

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph. R. Mc Clintock.

(a) Residence. No. 4 Miles West of Eagle. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Emma. C. Mc Clintock.

6. DATE OF BIRTH (month, day, and year) November. 27. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME John Mc Clintock.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Bettie Brown.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Roy Mc Clintock. R.D. # 1. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date June. 30. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 6-29, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to June 28, 1933.
I last saw h alive about June 10, 1933.: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laudrie's Paralysis	about June 33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Callaway, M. D.
(Address) Boise Idaho

RECEIVED JUL 14 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84731

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 163

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victoria Louise Eoff

(a) Residence. No. 515 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Eoff

6. DATE OF BIRTH (month, day, and year) January 28 1859

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	74	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brighton Canada

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Tom S. Hoskot
(Address) Boise Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Portland Ore Date 6/22, 1933

19. UNDERTAKER Schreiber & Mc Cann
(Address) Boise Ida

20. FILED 6-21, 1933 A. R. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-20-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1933 to June 20, 1933

I last saw her alive on 6-20, 1933; death is said to have occurred on the date stated above, at 2.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	many years ago

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) S. W. Forney, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84732

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 167

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paulene. M. Branscomb.

(a) Residence. No. 114. E. Idaho. Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James. H. Branscomb.

6. DATE OF BIRTH (month, day, and year) March. 15. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME James Wood.

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Mary Jane Turner.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMENT (Address) James. H. Branscomb. 114. E. Idaho. St Boise. Ida.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. D. June. , 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-23, 1933 W. H. Rhodes. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to June 22, 1933

I last saw h[illegible] alive on June 22, 1933; death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	June 1927
Patient had Cancer 9 yrs ago removed by F. M. Joyce. Portland Ore	
Other contributory causes of importance:	
Coronary Thrombosis	June 21 1933

Name of operation Thyroidectomy Date of 1927

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Braxton, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84733

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 149

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M. Patterson

(a) Residence. No. 916 State Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gladys Patterson.

6. DATE OF BIRTH (month, day, and year) Oct. 24-1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Store.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado.

FATHER

13. NAME John W. Patterson

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Lucy Carr.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Mrs. Gladys Patterson. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/9/33, 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 6-7, 193 3 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/4/33 193

22. I HEREBY CERTIFY, That I attended deceased from March, 193 3, to June 4, 193 3.
I last saw him alive on June 4, 193 3: death is said to have occurred on the date stated above, at 7:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1926
Myocarditis.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. A. Norlen, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84734

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 54
(No. ½ Mile West of Cole School.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Lamper.

(a) Residence. No. Star, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Lamper.

6. DATE OF BIRTH (month, day, and year) Nov. 13-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Casey Smith.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Etta Shelton. Star, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Star Cemetery. Date 6/3/33 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 6-3, 1933 W. M. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/31/33 193

22. I HEREBY CERTIFY, That I attended deceased from 1929, 193..., to May 31, 1933
I last saw him alive on May 30, 1933: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
High blood pressure	
Chronic Bronchitis	
Other contributory causes of importance:	
Cardiac failure	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Reno Numbers, M. D.
(Address) Boise, Idaho.

RECEIVED JUL 14 1933

L

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84735

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 62

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME William Howard Jacobs.

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah M. Jacobs.

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 79 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Teamster
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farms etc.
10. Date deceased last worked at this occupation (mo. and yr.): 1928
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER FATHER

13. NAME: Not obtainable
14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER

15. MAIDEN NAME: Not obtainable
16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Royal B. Jacobs Nampa, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Morris Hill Date: 6-16 1933

19. UNDERTAKER (Address): Schreiber & McCann

20. FILED 6-20 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-14-1933

22. I HEREBY CERTIFY, That I attended deceased from March 3., 1933., to ....., 1933.

I last saw him alive on ....., 1933.; death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	
Senile Dementia	

Name of operation: None Date of: -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) M. Calloway, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84736

PLACE OF DEATH

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 170

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Parnell.

(a) Residence. No. 1602. N. 6 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Ida. V. Parnell.

6. DATE OF BIRTH (month, day, and year) Aug. 29. 1972.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60.	9	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Jerimiah Parnell.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Ann Bowlin.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs. Ida. V. Parness. 1602. N. 6 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Ottawa, Iowa. Date June. 30. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 6-28. 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to June 26, 1933
I last saw h[illegible] alive on June 24, 1933: death is said to have occurred on the date stated above, at 10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	May 1933
Chronic Nephritis	
Myocarditis	
High blood pressure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. Reno Numbers, M. D.
(Address) Boise Ida

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84737

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 155
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Archie A. McCoy. 90
(a) Residence. No. Yellow Pine, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jennie L. McCoy.
6. DATE OF BIRTH (month, day, and year): Jan. 11-1873
7. AGE: Years 60, Months 5, Days 1. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Mining Man.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): California.

FATHER
13. NAME: John McCoy.
14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): J. Gill McCoy. Stibnite, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Emmett Cemetery Date: 6/15/33 193
19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.
20. FILED 6-14, 1933 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/12/33 193
22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to June 12, 1933
I last saw him alive on June 12, 1933 death is said to have occurred on the date stated above, at 7 45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic	10 Dec 1932
Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Evans-Lombe, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84738

County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 56

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John B. McMILLEN

(a) Residence. No. ..... St. Weiser, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 30, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Weiser, Idaho Date 6/9/33 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-8, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1933, to June 8, 1933
I last saw him alive on June 8, 1933: death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocarditis	

Other contributory causes of importance:
Hernia repair and general anesthetic

Name of operation Hernia Repair Date of 5-29-33
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. Smith, M. D.
(Address) V.A. Facility, Boise, Idaho

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84739

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 172

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 K

2. FULL NAME Walter S. Sack

(a) Residence. No. Boise, Idaho. Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alma Sack

6. DATE OF BIRTH (month, day, and year) Feb. 15-1863

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME Wm. C. Sack
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Martha Overton.
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. Alma Sack. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/29/33 193

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 6-29, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/27/33 193

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to June 27, 1933
I last saw him alive on June 27, 1933: death is said to have occurred on the date stated above, at 8 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	6/26/33

Other contributory causes of importance:

Name of operation Laparatomy Date of 6/26/33
What test confirmed diagnosis? operative Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] Jr. M.D., M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84740

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 168

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1592

2. FULL NAME Joanne Boner.

(a) Residence. No. 1815. Broadway Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4.1932.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Walter. L. Boner.

14. BIRTHPLACE (city or town) Nebraska.
(State or country)

MOTHER

15. MAIDEN NAME Pearl Banning.

16. BIRTHPLACE (city or town)
(State or country) Arkansas.

17. INFORMENT Mrs. Walter. L. Boner.
(Address) 1815. Broadway Street. R.D.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date June. 30, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-28, 1933 W. S. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to June 27, 1933
I last saw her alive on June 27, 1933: death is said to have occurred on the date stated above, at 6-50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis Left lower Lobe Lung.	Congenital
Dyspnoea 24 hrs -	Jan 11. 1933
Convulsions 36 hrs	March 1933

Other contributory causes of importance:
Gastro-enteritis June 24-26. 1933
Convulsions 5-30-PM June 27-1933
and never recovered from shock
Hemorrhage into left pleural cavity.

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. J. Hamilton, M. D.
(Address) Boise Idaho.

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84741

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 59
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

156

2. FULL NAME Charlrs Rossiter Cross

(a) Residence. No. 315 E. Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Cross

6. DATE OF BIRTH (month, day, and year) Dec 6th 1866

7. AGE Years 66 Months 6 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Orchardist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Red Wing
(State or country) Minn.

FATHER
13. NAME William F. Cross
14. BIRTHPLACE (city or town)
(State or country) Mass.

MOTHER
15. MAIDEN NAME Adelaide Meachem
16. BIRTHPLACE (city or town)
(State or country) Mass.

17. INFORMENT Dorothy N. Cross
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date May 14, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-19, 1933 W H Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 - - - 1933, to June 11, 1933
I last saw ~~him~~ alive on June 10, 1933: death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteoarthritis (arthritis deformans)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) M. Callaway, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84742

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 58

(No. 2 mi. S of 1/4 mi W of U.P. Depot 1882
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George E. Hallett

(a) Residence. No. ..... St. Spokane Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arlyne Omalia

6. DATE OF BIRTH (month, day, and year) Oct 27 1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Comercial Pilot & Civil Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** State of Washington

10. Date deceased last worked at this occupation (mo. and yr.) June 10 1933

11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER FATHER

13. NAME George E. Hallett Sr

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Minnie Richardson

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT (Address) Robert W. Owen Spokane Washington

18. BURIAL, CREMATION OR REMOVAL Place Boise Idaho Date June 14, 1933

19. UNDERTAKER (Address) Schrieber & McCann Boise Idaho

20. FILED 6-19, 1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral contusion	
multiple fractures and lacerations - Shock due unavoidable	instantly
to airplane collision of ship piloted by deceased	
Other **contributory causes** of importance:	

Name of operation None Date of.....

What test confirmed diagnosis? Exam + injury Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? accident Date of injury June 13 193 3

Where did injury occur? 1 mi S of Boise Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury Army problem

Nature of injury crushing of body

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify aviator

(Signed) Geo. C. Hally, M. D.

(Address) Twin Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84743

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 150

(No. 1021 Lincoln Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME LeGrand E. Pratt

(a) Residence. No. 1021 Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Pratt

6. DATE OF BIRTH (month, day, and year) Oct-15,1835

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
97	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME John Pratt.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME ---- Thompson.

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMENT (Address) Mrs. W. C. Miller. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/9/33, 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-8, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to ?, 193

I last saw him alive on May 14, 1933: death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Calloway, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84744

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 55

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Curtis

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah E. Curtis

6. DATE OF BIRTH (month, day, and year) Feb. 12-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cobbler
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Joseph Curtis.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) H. J. Fletter. Sandy, Utah.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6-5-33, 193
19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.
20. FILED 6-5, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/31/33, 193

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to 5-31, 1933
I last saw him alive on May 30, 1933: death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Calloway, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84745

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 61
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William A. Beveridge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Race Horse Man

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record,

17. INFORMENT (Address) E. K. Schreiber Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Morris Hill 6/15 Date 6/15, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 6-20, 1933 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to June 8, 1933
I last saw him alive on June 7, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M. Calloway, M. D.
(Address) Boise Idaho

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84746

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 151
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Lucile Rice

(a) Residence. (No. 203 Juniper St St. Nampa, Idaho 31)
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1931
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Rushville Illinois

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. E. Long Nampa 203 Juniper St

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date 5/25, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 6-9, 1933 W. A. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to May 24, 1933
I last saw h[illegible] alive on May 24, 1933; death is said to have occurred on the date stated above, at 4:40 (p.m.)
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis advanced with cavitation and Desquamation	
Other contributory causes of importance:	
Toxemia	

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. A. Rhodes, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84747

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 154
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ben Manly Joseph 31

(a) Residence. No. Owyhee & Overland St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Joseph

6. DATE OF BIRTH (month, day, and year) Sept 22 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Creston (State or country) Iowa

FATHER
13. NAME Jonathan M. Joseph
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Sadie McGuffin
16. BIRTHPLACE (city or town) Claysville (State or country) Penn.

17. INFORMENT (Address) H. G. Joseph Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 6/11, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 6-12, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1933, to 6-4-8, 1933
I last saw h[illegible] alive on 6-4-9, 1933: death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Nephritis c Generalized tuberculous foci of lungs. Ht hip. & spine — Mild Cachexia —	1930

Other contributory causes of importance:
Myocarditis acute. Hypostatic Pulmonary Congestion

Name of operation Spinal puncture Date of 6-6-33
What test confirmed diagnosis Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jack F Simpson M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84748

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 165

(No. St. Slphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dr. J. W. Davis

21

(a) Residence. No. Glenns Ferry, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie Davis

6. DATE OF BIRTH (month, day, and year) Feb. 16-1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME John Davies.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Mary Davies.

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Dr. J. W. Davis Jr. Salt Lake City, Utah.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/25/33 193

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 6-22-193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/21/33 193

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 21, 1933
I last saw him alive on June 20, 1933: death is said to have occurred on the date stated above, at 4:20 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelis	

Other contributory causes of importance:

Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Laboratory

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Fred A. Tourney Jr., M. D.
(Address) Boise, Idaho.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84749

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 63

(No. Boise, Idaho. Route #3)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Phyllis Joy Turner.

(a) Residence. No. Boise, Idaho. Route #3. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Mch. 4-1931

7. AGE: Years 2 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Harry E. Turner.
14. BIRTHPLACE (city or town) (State or country) Colo.

MOTHER
15. MAIDEN NAME Grace Wiedrick.
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Harry E. Turner. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/22/33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 6-23, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/20/33, 193

22. I HEREBY CERTIFY, That ~~I attended deceased from ..... 193 ..., to ..... 193 ..., I last saw h ... alive on ..... 193 ...~~ death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Rocky Mountain Spotted Fever.

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Dr. W. W. French, D.C. ~~M.D.~~
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84750

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 164

(No. 2518 Heron Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Mrs. Ida J. Limbert.

(a) Residence. No. 2518 Heron Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jesse Limbert.

6. DATE OF BIRTH (month, day, and year) Dec. 22-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Samuel Smith.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Harriett Kent.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. Margaret Limbert. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date ..., 193

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 6-22, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from 5-22-33, 193, to 5/25/33, 193

I last saw h... alive on 5/25/33, 193: death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	11/31

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..., 193

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ernest E. Lambrecht, M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 84751

Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Cranse Martin.

(a) Residence. No. 439. Thatcher Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Maude Martin.

6. DATE OF BIRTH (month, day, and year) Aug. 22.1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Retired Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER

13. NAME Charles Martin.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Cloye Cranse.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Maude Martin. 439. Thatcher Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery June. 12.1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-12, 1933 W.W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to June 10, 1933

I last saw h.. alive on ....., 193.....: death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach.	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? X-ray & clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. S. Springer, M. D.

(Address) Boise

RECEIVED JUL 1 ...

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84752

PLACE OF DEATH
County of Ada
City of Boise,

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 147

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Emrys John Lloyd

(a) Residence. No. Eagle, Idaho Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Lloyd.

6. DATE OF BIRTH (month, day, and year) Sept. 30-1882

7. AGE: Years 50 | Months 6 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota.

FATHER
13. NAME John Lloyd
14. BIRTHPLACE (city or town) (State or country) Wisconsin.

MOTHER
15. MAIDEN NAME Jane Reese
16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Mrs. Ruth Lloyd. Eagle, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 6/3/33, 193

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 6-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to May 30, 1933
I last saw him alive on May 30, 193...: death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Callaway, M. D.
(Address) Boise, Idaho.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 84753

RECEIVED JUL 14 1933

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 161

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

99

2. FULL NAME John Zencker

(a) Residence. No. Star Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Susan Willis Zencker

6. DATE OF BIRTH (month, day and year) Oct 5 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	7	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER John Zencker

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant (Address) Mrs John Zencker Star Idaho

15. Filed 6-19 1933 W.W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 25-33 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22 1933 to May 25 1933 that I last saw h.im alive on May 25 1933 and that death occurred, on the date stated above, at 11 30 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Aneurism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancerous & Prostat

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 24/33

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Alfred Rhodes Jr M.D., M. D.

June 17, 1933 (Address) Boise Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Star Idaho	May 28-33 19
20. Undertaker	Address
Paul L. Case	Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84754

PLACE OF DEATH

County of Ada

City of Boise. Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 157

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Mary Ann Thorn.

(a) Residence. No. 1519. N. 16 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Thorn.

6. DATE OF BIRTH (month, day, and year) Oct. 4.1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana.

FATHER

13. NAME Edward Dooley.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Kelley.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) John Thorn. 1519. N. 16 th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date June. 16. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-16, 1933 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 14, 1933

I last saw her alive on June 14, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	
& Metastases to both Lungs	
& Liver	

Other contributory causes of importance:

Name of operation Rt. Mastectomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold W. Stone, M. D.

(Address) 317 Eastman Bldg. Boise, Idaho

RECEIVED JUL 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84755

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 158

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Margaret Clara Wallin 46

(a) Residence. No. 1022 State Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charles R. Wallin

6. DATE OF BIRTH (month, day, and year): Dec. 26-1876

7. AGE: Years 56 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Quincy, Ill.

FATHER
13. NAME: John A. Mueller
14. BIRTHPLACE (city or town) (State or country): Quincy, Ill.

MOTHER
15. MAIDEN NAME: Margaret Becker.
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Charles R. Wallin. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Quincy, Ill. Date: Shipped 6/18/33

19. UNDERTAKER (Address): Wm. McBratney

20. FILED 6-17, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 16, 1933
I last saw her alive on June 16, 1933: death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Ca. in abdomen about 4 years	
recurrent Ca. 1 yr ago	

Other contributory causes of importance:

Carcinoma of Uterus 5 yrs ago	

Name of operation: none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84756

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 162

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Caldwell

(a) Residence. No. 1212 North 15th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Symore Caldwell

6. DATE OF BIRTH (month, day, and year) December 21st. 1859

7. AGE Years 73 Months 5 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden Grove, Iowa

FATHER

13. NAME Horace Collins Waymire

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Helen Marr Rose

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) H. G. Caldwell Boise

18. BURIAL, CREMATION OR REMOVAL Boise
Place Morris Hill Date 6-19, 1933.

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 6-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 17, 1933

I last saw her alive on June 17, 1933: death is said to have occurred on the date stated above, at 4 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 1 33
Other contributory causes of importance:	
Arteriosclerosis	10 yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Bosch M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84757
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 169

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Hoobing

(a) Residence. No. 214 S. Walnut St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hoobing

6. DATE OF BIRTH (month, day, and year): Feb 8. 1862

7. AGE — Years: 71 Months: 4 Days: 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gardener

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Jacob Hoobing

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Elizabeth Ziegler

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Jacob Hoobing 1406 N 17 Boise

18. BURIAL, CREMATION OR REMOVAL Place: St. Johns Date: 6-30-1933

19. UNDERTAKER (Address): Schreiber & McCague Boise Ida

20. FILED 6-28 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1933 to June 23 1933

I last saw him alive on June 23 1933; death is said to have occurred on the date stated above, at 11:35 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia for some time. Followed by complete paralysis.	
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. W. Bower M. D.

(Address) Boise Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84758

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 146
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ebb Funk
(a) Residence. No. St Lukes Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 4-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10. NAME OF FATHER W. H. Funk
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Arkansas
12. MAIDEN NAME OF MOTHER Elizabeth Houpt
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Arkansas

14. Informant Howard Funk (Address) Emmett Idaho

15. Filed 6-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 31 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from May 14, 1933, to May 31, 1933 that I last saw h. I.M. alive on May 31, 1933 and that death occurred, on the date stated above, at 11 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic mastoid for many years acute attack Pneumococcus Meningitis
20 (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Measles
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of May 17
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. Jones, M. D.
6-2, 1933 (Address) Boise Ida.

19. Place of Burial, Cremation, or Removal: Emmett Ida — Date of Burial: 6/1 1933
20. Undertaker: C D Buckner — Address: Emmett Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84759

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 148

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dolores Pearl Taylor.

(a) Residence. No. 416. South 4 th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 26.1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeper, etc Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barber, Idaho.

FATHER

13. NAME Emmitt M. Taylor.

14. BIRTHPLACE (city or town) (State or country) Michigan.

MOTHER

15. MAIDEN NAME Pearl Remington.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT Emmitt M. Taylor.
(Address) 416. south 4th street.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill. Date 6-7, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 6-6, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to Jan 4, 1933.

I last saw her alive on Jan 4, 1933: death is said to have occurred on the date stated above, at 8.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Sinus Thrombosis	
a Secondary Brain abscess	May 20 1933

Other contributory causes of importance:

Acute sore throat &
Rt Otitis media

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold T. Nokes, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84760

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Edward Corker.

(a) Residence. No. 3 miles south East of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alma G Corker.

6. DATE OF BIRTH (month, day, and year) Feb. 19. 1853.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	28.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Island Ill.

FATHER
13. NAME John Roden Corker.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Elizabeth Osborn.
16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs. Alma. G. Corker. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery. Date June. 19. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 6-19, 1933 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7th, 1933, to June 17th, 1933
I last saw him alive on June 14th, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacunar Hemiphlegia in Senile Brain Progressive Arteria	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Taylor, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL - 5 1933

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84761

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nettie Ward 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. L. Ward

6. DATE OF BIRTH (month, day, and year) May 6, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country) Missouri

FATHER

13. NAME Elwood Thomas

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Jennie O'Brien

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMENT J. L. Ward
(Address) Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Joplin Cemetery 6/29 1933

19. UNDERTAKER B. W. Robinson
(Address) Meridian Ida

20. FILED 6-29-, 1933 W. H. Peers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 st, 1933, to June 27, 1933

I last saw her alive about June 10, 1933.: death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
(Mitral Regurgitation)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Calloway, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Fruitvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 84762

Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Ermine Ermine Burt.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles Fred Burt.

6. DATE OF BIRTH (month, day, and year) Sept 3 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
68	mk.	Unknown	.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Osborne Cagell
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Ermine Calvon
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Hulse daughter Fruitvale

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) Family

20. FILED July 10, 193 Glenn S. Thurston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 193 3

22. I HEREBY CERTIFY, That I attended deceased from June 28 193 3 to July 6 , 193 3.
I last saw her alive on July 1st , 193 3 : death is said to have occurred on the date stated above, at 3:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	1 wk.
Other contributory causes of importance:	
Chronic Interstitial Nephritis	

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0 , 193
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Glenn S. Thurston M.D.
(Address) Council, Idaho

RECEIVED JUL 11 1933

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84763

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeff William Weldon 74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lona Weldon

6. DATE OF BIRTH (month, day, and year) June 30, 1863

7. AGE: Years 69 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Clark Co. Ill.

FATHER

13. NAME James Weldon

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Julia Togalsong

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Mrs. Jeff Weldon

18. BURIAL, CREMATION, OR REMOVAL Place Cottonwood Cemetery Date June 23 1933

19. UNDERTAKER (Address) Family

20. FILED July 10, 1933 Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Not attended except by consultation

I last saw ~~h alive on~~ not seen, 193..... : death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
diagnosis formerly established by other attendants. Had an apoplectic stroke 1 yr. ago (Apoplexy)	Sudden

Other contributory causes of importance:

Apoplexy
Heart & Senility

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 193..

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify .....

(Signed) Alvin S Thurston MD, M.D.

(Address) Council, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84764

PLACE OF DEATH
County of Adams
City of New Meadows
Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 43

(No. 46)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Eva Sprague

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If maried, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Howard Sprague

6. DATE OF BIRTH (month, day, and year) 1860

7. AGE: Years 73 | Months Unknown | Days Unknown | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ____
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Sylvester Farrell

18. BURIAL, CREMATION, OR REMOVAL
Place Riggins Date June 15, 1933

19. UNDERTAKER: Hamilton
(Address)

20. FILED July 10, 1933 Alvin S. Thurston M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	April
	2 yrs.

Other contributory causes of importance: ____

Name of operation: 0 Date of: 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 193__
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84765

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 42
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Lewis Albert Sheets

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day and year) Nov 15 1853

7. AGE ~~79~~ Years 79 Months 6 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Quincy Illinois

PARENTS
10. NAME OF FATHER Nicholas Sheets
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Youngtown Penn.
12. MAIDEN NAME OF MOTHER Jerusha E. Workman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Durham. N. Carolina

14. Informant Lister - Mrs Nichols
(Address) New Meadows

15. Filed July 10, 1933 Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him dead alive on June 10, 1933
and that death occurred, on the date stated above, at 7:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hypertension
Apoplectic Stroke 6
Months ago.
..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? ✓
What test confirmed diagnosis? Clinical
(Signed) ....., M. D.
July 10, 1933 (Address) Council, Idaho

19. Place of Burial, Cremation, or Removal Council
Date of Burial June 11 1933

20. Undertaker County
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84766

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. ....
Local Registrar's No. 41
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

742

2. FULL NAME Lelia Amanda Brewer.

(a) Residence. No. .... St. ....
(Usual place of abode.)
Length of residence in city or town where death occured 13 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word.)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James M Brewer

6. DATE OF BIRTH (month, day and year) 11/6/45

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	87	6	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) City Unknown Indiana
(State or country)

PARENTS

10. NAME OF FATHER Frank Moore Unknown (Shoe)
11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Vernon M Brewer
(Address) Council Idaho.

15. Filed July 10, 1933 Alvin S Thurston M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 25th, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 24, 1933, that I last saw h.. alive on May 24, 1933, and that death occurred, on the date stated above, at 2:30 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hemiplegia secondary to
Apoplexy
(duration) .... yrs. .... mos. 18 ds.

CONTRIBUTORY (Secondary)
Senility (duration) 2-3 yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? 0
Did an operation precede death? 0 Date of 0
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Alvin S Thurston M. D.
May 25, 1933 (Address) Council Idaho.

19. Place of Burial, Cremation, or Removal: Cottonwood Cemetery — Date of Burial: May 26 1933
20. Undertaker: Robt Yancy — Address: Council

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE
84767
State File No.

Local Registrar's No. 101

(No. 1300 Block on South Second Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Henry Edward Johnston

(a) Residence. No. 1312 So. Second Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 28, 1926.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

FATHER

13. NAME Henry H. Johnston

14. BIRTHPLACE (city or town) (State or country) Evanston, Wyoming.

MOTHER

15. MAIDEN NAME Morvella Ellingfort

16. BIRTHPLACE (city or town) (State or country) Lyman, Wyoming.

17. INFORMENT (Address) Henry H. Johnston Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Evanston, Wyo. Date June 22, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 21, 1933. D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by car	
accident	
Fractured skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/18/33.
Where did injury occur? Pocatello, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public highway
Manner of injury struck by automobile
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Arthur W. Hall Coroner, M. D.
(Address) Pocatello, Idaho.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84768

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 103

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George B. Miller 1880

(a) Residence. No. Spencer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1906

7. AGE: Years 26 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yates Centre Kansas

FATHER

13. NAME Frank C. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Stockebrand

16. BIRTHPLACE (city or town) (State or country) Yates Centre Kansas

17. INFORMENT (Address) Mrs. Emma Cable Roberts, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Roberts, Idaho Date June 25, 1933

19. UNDERTAKER (Address) H. S. McHan Pocatello Idaho

20. FILED June 23, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to June 22, 1933

I last saw him alive on 6/22, 1933; death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septisaemia — Following Crushed Pelvis in auto accident somewhere North of Idaho Falls about May 20 1933	

Other contributory causes of importance: Car overturned while Riding on highway from Spencer to Idaho Falls.

Name of operation No — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury about May 20 1933

Where did injury occur? on Highway North of Idaho Falls Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Public highway

Manner of injury auto overturned —

Nature of injury Crushed Pelvis —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Young, M. D.

(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84769

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 109

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Tom Bayliff

(a) Residence. No. Logan, Utah. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Joanna Hawkins

6. DATE OF BIRTH (month, day, and year) July 27, 1871.

7. AGE: Years 61 | Months 10 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Optometrist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME Thomas Bayliff
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Hannah Dawson
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Albert Bayliff Thornton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Thornton, Idaho. Date June 27, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 26, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 24, 1933
I last saw him alive on June 24, 1933: death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Troc. Skull - Camp	
Com. frac. bath -	
Femur - Loss blood	
Shock	
(Collision)	

Other contributory causes of importance:
Auto accident
Loss blood - Shock
Troc. Skull

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 6, 193
Where did injury occur? near Inkom
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Auto accident
Manner of injury On road
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Irwin, M. D.
(Address) Pocatello, Idaho.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84770

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 108

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Joanna Bayliff

(a) Residence. No. Logan, Utah. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Tom Bayliff

6. DATE OF BIRTH (month, day, and year) Aug. 1, 1866.

7. AGE: Years 66 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Joseph Hawkins

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Jemime Tart

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Albert Bayliff Thornton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Thornton, Idaho. Date June 27, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 26, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 21, 1933

I last saw her alive on June 2, 1933: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident -	
Frac. Skull - Shock	
loss blood -	

Other contributory causes of importance:

Frac skull - Shock - Frac - left leg

Name of operation none Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Yes Date of injury 6/21, 1933

Where did injury occur? Near Intom (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On road

Manner of injury Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Irwin, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84771

RECEIVED JUL 10 1933

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 7-18
Primary Registration District No. 2161
Local Registrar's No. 105

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Gladys May Toomey

(a) Residence. No. 304 East Gould St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME A. C. Toomey

14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha Butterfield

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMENT A.C. Toomey
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date 6/6/33, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED 6-6, 193 3 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5 193 3

22. I HEREBY CERTIFY, That I attended deceased from May 29, 193 3 to June 5, 193 3
I last saw her alive on June 3, 193 3 death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 7 days	
Congenital	
Icterus	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D C Ray M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84772

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 117

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Chandler

(a) Residence. No. 815 North Lincoln Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
4	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Lorenzo Chandler

14. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

MOTHER

15. MAIDEN NAME Eletha Jockumsen

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Lorenzo Chandler Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date June 18, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED July 16, 1933. D C Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 16, 1933
I last saw her alive on June 16, 1933; death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute parenchymatous nephritis.	1933
Other contributory causes of importance: Chronic endocarditis	unknown.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. H. Hughart, M. D.
(Address) Pocatello, Idaho.

1 28

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84773

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 114

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Hellena Swift Parrish

(a) Residence. No. Aberdeen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Parrish

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upholland England

FATHER

13. NAME Alfred Swift

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Amamanah Borton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Henry H. Parrish Aberdeen, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place American Falls Date July 3, 1933

19. UNDERTAKER H. L. McHan (Address) Pocatello, Idaho.

20. FILED 6-30, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to June 29, 1933

I last saw h alive on June 29, 1933: death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	Chronic
Operation	14 yrs

Other contributory causes of importance:

Peritonitis	June 27

Name of operation Cholecystectomy Date of 6/26/33

What test confirmed diagnosis? Obs yrs, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William F. Howard M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84775

RECEIVED JUL 10 1933

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 100

122

2. FULL NAME Emma Scales (Irvin)

(a) Residence. No. 333 N. 3rd St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE Black
5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison

6. DATE OF BIRTH (month, day and year) June 6-1885

7. AGE Years 48 Months — Days 11 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Topeka Kansas

PARENTS

10. NAME OF FATHER James Scales
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Caroline Jefferson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) St Clair Co. Ill

14. Informant Albert Jefferson
(Address) 1319 Highland Kan. City, Mo

15. Filed 6-19, 1933 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 17 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-17, 1933, to 6-17, 1933
that I last saw her alive on 6-17, 1933
and that death occurred, on the date stated above, at 8 3 p. m.
The CAUSE OF DEATH* was as follows:
cirrhosis of liver
acute

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) operation

(duration) 5 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) [signature], M. D.
6-22-, 1933 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Kansas City, Mo. | Date of Burial 1933

20. Undertaker Downard's Funeral Home | Address Pocatello

RECEIVED JUN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84776

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 98
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beulah May Firkins

(a) Residence. No. 337 North 7th, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118 A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Irvin Firkins

6. DATE OF BIRTH (month, day, and year) April 22, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER
13. NAME George Drowns
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Pearl Hungate
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date June 15 1933

19. UNDERTAKER McHan Undertaking Co.
(Address) Pocatello, Idaho.

20. FILED 6-13, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June, 193 3, to June 12, 193 3
I last saw h alive on June 12, 193 3: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - Peritonitis	
Intestinal Obstruction	about
Intestinal Stasis	1 mo.

Other contributory causes of importance:
Genitourinary

Name of operation Bbl. Salpingectomy Date of 6/9/33
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jones, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84777

PLACE OF DEATH

County of Bannock
City of Pocatello,

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 104

(No.) 107
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Monty Dell Sorenson

(a) Residence. No. Blackfoot, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23. 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	I	I4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Ida.

FATHER

13. NAME Wm G. Sorenson

14. BIRTHPLACE (city or town) (State or country) Hyrum Utah

MOTHER

15. MAIDEN NAME Florence James

16. BIRTHPLACE (city or town) (State or country) Paradice, Utah.

17. INFORMENT (Address) William G. Sorenson Blackfoot Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Shown on Clean. Date June 9, 1933

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED 6-7, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 6-2-, 1933, to 6-7-, 1933
I last saw h alive on June 7, 1933: death is said to have occurred on the date stated above, at 7 9. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

T.B. in Right Lung	

Name of operation ..... Date of .....
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. A. Coleman, M. D.
(Address) Pocatello - Idaho

RECEIVED JU[illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 34776

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No.
Primary Registration District No. Local Registrar's No. 106

(No. St. Anthonys Hosp.) 1012
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Edythe Williams

(a) Residence. No. St. Columbus, Ohio
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Joe E.

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Padico
(State or country) Kansas

FATHER

13. NAME Ernest Poppie

14. BIRTHPLACE (city or town)
(State or country) austria

MOTHER

15. MAIDEN NAME Hannah Abter

16. BIRTHPLACE (city or town)
(State or country) Austria

17. INFORMENT Morris Poppie
(Address) Arbon, Blaine

18. BURIAL, CREMATION, OR REMOVAL
Place Patterson N. J. Date , 193

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 6-8, 1933 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 7, 1933
I last saw h[illegible] alive on June 7, 1933; death is said to have occurred on the date stated above, at 7[illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Plenro pneumonia	6-2-33

Other contributory causes of importance:

LaGrippe	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) D C Ray, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84779

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 102

(No. Lynn Bros Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Thomas Edward Davis

(a) Residence. No. 1423. N. Hanson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12 1863.

7. AGE Years 70 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Buildee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Employes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMENT (Address) Ray E. Davis 570 Hamilton Ave Pasadena Calif

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date June 26 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello Idaho

20. FILED June 23 1933 6-26-1933 D. Chay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 22 1933

I last saw him alive on June 22, 1933: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Other contributory causes of importance: Debilitated

Name of operation O Date of O

What test confirmed diagnosis? Exam Was there an autopsy? O

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury O, 193

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) H. Lynn, M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84780

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 115

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irvin Cherry

37b

(a) Residence. No. 436 North 8th, Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17, 1906.

7. AGE: Years 26 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME A. B. Cherry

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Charlott Hemming

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) A. B. Cherry Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg, Idaho. Date July 2, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED July 1, 1933. D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to June 30, 1933

I last saw him alive on June 29, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General T.B. (Lungs & tissues)	

Other contributory causes of importance:
Multiple (body) abscesses
General T.B.

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jones M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84782

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 112

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie L. Jennings

(a) Residence. No. 334 South Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Robert Jennings

6. DATE OF BIRTH (month, day, and year): Mar. 8, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Logan, Utah.

FATHER

13. NAME: W. A. Jones

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Louisa Affleck

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Mrs. Carl Gower Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho. Date: June 28, 1933.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED June 27, 1933. L C Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 25, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 25, 1933
I last saw her alive on June 25, 1933: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	June 20, 1933
Diabetes mellitus	many years ago

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) A. W. Hughart, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84783

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 110
(No. Pocatello General)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Jerry Warren
(a) Residence. No. Ft Hall Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Indian Shoshone
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: 5 Years, Months: 10, Days: 1, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft Hall Agency Idaho

FATHER
13. NAME Willie Warren
14. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

MOTHER
15. MAIDEN NAME May Wahno
16. BIRTHPLACE (city or town) (State or country) Nevada no record

17. INFORMENT (Address) Willie Warren Ft Hall Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Presb. Mission Cem. Date 6-21, 1933
19. UNDERTAKER (Address) Agency Carpenter Ft Hall Idaho
20. FILED 6-26, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18 1933
22. I HEREBY CERTIFY, That I attended deceased from June-17, 1933, to June 18, 1933
I last saw him alive on June 18, 1933; death is said to have occurred on the date stated above, at 3a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured bowel	6-17-33

Other contributory causes of importance:
Shock

Name of operation Laparotomy Date of 6-18-33
What test confirmed diagnosis? Clinical Was there an autopsy? NO
23. If death was due to exter'l cause (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 193
Where did injury occur? Ft Hall Idaho (Specify city or town, county, and State) Bingham County
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Kicked by Horse
Nature of injury Ruptured small bowel
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Brothers, M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84784

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 95

(No.) Saint Anthony's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Sarah Jane Larson

(a) Residence. No. 1517 North Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Dean Larson

6. DATE OF BIRTH (month, day, and year): March 7, 1894.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Price, Utah.

FATHER

13. NAME: Charles A. McKendrick

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Eliza Shields

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): Dean Larson, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: June 20, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED June 19, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1933, to June 16, 1933.
I last saw her alive on June 16, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Nephritis
Mitral Stenosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. P. Miller, M. D.
(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84786

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 97

(No. Residence 199)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eddie Birdo

(a) Residence. No. rear of 144 So. Second Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
App	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): A.W. Hall (Coroner) Pocatello

18. BURIAL, CREMATION, REMOVAL Place: Pocatello Ida Date: June 23, 1933

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho

20. FILED 6/18/33, 193... D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 8, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on 6/8, 1933.: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Hemorrhage of	
Brain	
(Head Not Seen	

Other contributory causes of importance:
fight — Struck on head with some implement 6/8/33

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 6/8, 1933

Where did injury occur? Pocatello
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Dunn, M. D.

(Address) Pocatello Idaho

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28

DO NOT WRITE IN THIS SPACE
State File No. 84787

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No. 2161
Local Registrar's No. 96
(No. St. Antony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205 d

2. FULL NAME Maria Sachrison

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Sachrison

6. DATE OF BIRTH (month, day, and year) 1/20/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs N.P. Nielsen 205 N 9th

18. BURIAL, CREMATION, REMOVAL Place Pocatello Date 6/10/33, 193

19. UNDERTAKER (Address) Hall Mortuary Pocatello Idaho

20. FILED 6-10, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4 —, 1933, to June 6, 1933
I last saw him alive on June 6, 1933; death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? St. Anthony Hospital Pocatello
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. A. Brown, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84790

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. St. Anthony's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 116

57

2. FULL NAME Mike Gates
(a) Residence. No. 448 N. 6th St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rebecca

6. DATE OF BIRTH (month, day and year) Apr. 29, 1867

7. AGE Years 66 Months 2 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) retired contractor
(c) Name of employer coal contracts for R.R.

9. BIRTHPLACE (city or town) (State or country) Genoa Italy

PARENTS
10. NAME OF FATHER Ralph Gates
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy
12. MAIDEN NAME OF MOTHER Carmel Parilla
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Italy

14. Informant Mrs. Rebecca Gates
(Address) Pocatello, Idaho

15. Filed 6-25, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June, 25 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 15 years, 1933, to June 25 1933
that I last saw him alive on June 25 1933
and that death occurred, on the date stated above, at 7:30 p m.
The CAUSE OF DEATH was as follows:
Diabetes Melitis
(duration) 15 yrs. mos. ds.
CONTRIBUTORY (Secondary) Diabetic Gangrene
(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis Clinical and Laboratory
(Signed) W. F. Howard M. D.
July 3, 1933 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Mountainview
Date of Burial 1933

20. Undertaker: Downard's Funeral Home
Address: Pocatello

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84791

PLACE OF DEATH
County of Bannock
City of Chesterfield
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 11
(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Butterfield

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 9 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
				2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Chesterfield
(State or country)

PARENTS

10. NAME OF FATHER Leo Butterfield
11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Ida May Call
13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Mrs. G. G. Fitz Town
(Address) Birth report

15. Filed June 30, 1933 Mrs. G. G. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 9 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1933, to June 9 1933
that I last saw her alive on June 8 1933
and that death occurred, on the date stated above, at about 4 P. m.

The CAUSE OF DEATH* was as follows:
Placenta Praevia
Hemmorrhage - Premature
birth at about 6 months.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. G. Fitz, M. D.
June 10, 1933 (Address) Bancroft

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Chesterfield	June 4 1933
20. Undertaker	Address
Had none	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84792

PLACE OF DEATH
County of Bannock
City of Chesterfield
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 12
(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Butterfield

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June - 3 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chesterfield

PARENTS

10. NAME OF FATHER Leo Butterfield
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Ida May Call
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho

14. Informant Mrs. G. G. Fitz. Copy from birth record
(Address)

15. Filed June 30, 1933. Mrs. G. G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June - 3 - 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1933 to June 3, 1933
that I last saw her alive on June 3, 1933
and that death occurred, on the date stated above, at about 7:30 P.m.

The CAUSE OF DEATH* was as follows:
Placenta Praevia Hemmorrhage
Premature birth at about
6 months
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) G. G. Fitz, M. D.
June 10, 1933 (Address) Bancroft

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Chesterfield	June 4 1933
20. Undertaker	Address
Had none	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84793

PLACE OF DEATH
County of Bannock
City of Grace
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith Fowler

(a) Residence. No. Grace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1889

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/19-1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grace. Idaho

FATHER
13. NAME Mr Thomas Fowler
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Margaret Reed
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) John Coplan Grace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grace Idaho Date 6/11, 1933

19. UNDERTAKER (Address) John Coplan Grace Idaho

20. FILED June 30, 1933 Mrs G. G. Fitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to May 9, 1933

I last saw him alive on May 9, 1933; death is said to have occurred on the date stated above, at 2:00 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	5-9-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5-9, 1933

Where did injury occur? Grace, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public

Manner of injury struck by falling concrete wall (abandoned basement)

Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. T. Fearing, M. D.

(Address) Grace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A-25-M. 1-19.

RECEIVED JUL 10 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock

City of Downey

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 83

Primary Registration District No. 2160

(No. ..... St.)

File No. 84795

Registered No. 11

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Christia Burton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: 4 (Month) 30 (Day) 1885 (Year)

7. AGE: 48 Yrs. 2 Mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Inkom, Idaho

10. NAME OF FATHER: Moses Simpson

11. BIRTHPLACE OF FATHER (State or Country): Durham, England

12. MAIDEN NAME OF MOTHER: Sarah C. Petterson

13. BIRTHPLACE OF MOTHER (State or Country): Logan, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pearl Burton

(Address) Downey, Idaho

15. Filed June 20 1933

Mary C. Coffin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

129

16. DATE OF DEATH: 6 (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21 1933, to May 25 1933, that I last saw her alive on May 25 1933, and that death occurred on the date stated above, at 6:45 A.M. 10:30 P.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) ? Yrs. ..... mos. ..... ds.

Contributory (Secondary) Diabetes

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) H. J. Hartwigsen, M. D.

6-2-1933. (Address) Downey Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey, Idaho

DATE OF BURIAL: June 5 1933

20. UNDERTAKER: Wm Pickmore

ADDRESS: Downey

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84796

PLACE OF DEATH
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arnold Eschler

(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Burgen

6. DATE OF BIRTH (month, day, and year): Sept 12 1856

7. AGE: Years 76 | Months 9 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rail Road Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1918
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Bern Switzerland

FATHER
13. NAME: Jacob Eschler
14. BIRTHPLACE (city or town) (State or country): Bern Switzerland

MOTHER
15. MAIDEN NAME: Katherine Knuth
16. BIRTHPLACE (city or town) (State or country): Bern Switzerland

17. INFORMENT: Mrs Arnold Eschler (Address) MONTPELIER, IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place: [illegible] Date: June 19, 1933

19. UNDERTAKER: [illegible] (Address) MONTPELIER, IDAHO

20. FILED 6/19/33 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to June 16, 1933
I last saw him alive on June 16, 1933; death is said to have occurred on the date stated above, at 10:35 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Pulmonary Edema	

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) David E. Harris, M. D.
(Address) MONTPELIER, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84797

PLACE OF DEATH
County of Bear Lake
City of MONTPELIER, IDAHO

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 46
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Effie C. Garrett

(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Donald W. Garrett

6. DATE OF BIRTH (month, day, and year) Jan 5 - 1877

7. AGE Years 56 Months 5 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monmouth Illinois

FATHER
13. NAME Nicholas A Saline
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Cecelia Akerson
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Mrs Emma V. Tarbell Phoenix Arizona

18. BURIAL, CREMATION, OR REMOVAL Place MONTPELIER, IDAHO Date June 13 1933

19. UNDERTAKER (Address) [illegible] Williams MONTPELIER, IDAHO

20. FILED 6/20/1933 H H Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to June 9th, 1933
I last saw her alive on June 9, 1933: death is said to have occurred on the date stated above, at 2:12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	Aug 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) H H Kerr, M. D.
(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84798

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bryce Skinner

(a) Residence. No. MONTPELIER, IDAHO St. 182
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 13 Months 3 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mounan Ida

FATHER
13. NAME Jesse R. Skinner
14. BIRTHPLACE (city or town) (State or country) Mounan, Ida

MOTHER
15. MAIDEN NAME Nellie Anderson
16. BIRTHPLACE (city or town) (State or country) ~~North Dakota~~ North Dakota

17. INFORMENT (Address) Jesse R. Skinner MONTPELIER, IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place Date 6/17, 1933

19. UNDERTAKER (Address) F. M. William MONTPELIER, IDAHO

20. FILED 6/15, 1933 H. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h alive on About, 193 : death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
Accidently Drowned while swimming in Bear River.
Accident occurred near Highway Bridge on Paris Montpelier Highway

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. H. Adrian Lowe M.D.
(Address) Montpelier, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84799

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 205

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don C. Bacon (Bacon)

(a) Residence. No. Georgetown, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12. 1866

7. AGE Years 66 Months 10 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove, ~~Utah~~ Utah

FATHER
13. NAME Chauncy Bacon.
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Celestia Sisson.
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Wilbur Bacon Georgetown, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Georgetown, Idaho Date Georgetown June 7, 1933

19. UNDERTAKER (Address) Fred Williams MONTPELIER, IDAHO

20. FILED 6/15/, 1933 N. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ..... About 193.....: death is said to have occurred on the date stated above, at 6:05 P.m.

The principal cause of death and related causes of importance were as follows: Unknown

Was found dead in field, when he had been watering, was talking to neighbor at 5:50 was found at 6:05 P.m. by nephew no marks of violence, Probable cause apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred Williams Co Coroner M. D.
(Address) MONTPELIER, IDAHO

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84800

PLACE OF DEATH
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME John F. O'Connor

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 26 1854

7. AGE: Years 78 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 40 Years

12. BIRTHPLACE (city or town) (State or country): New York.

FATHER
13. NAME: Charles O'Connor.
14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER
15. MAIDEN NAME: Ann Ferren
16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMENT (Address): Mrs J. F. O'Connor MONTPELIER, IDAHO
18. BURIAL, CREMATION Place: MONTPELIER IDAHO Date: June 6, 1933
19. UNDERTAKER (Address): J. M. Williams MONTPELIER, IDAHO
20. FILED: 6/8/, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): JUNE 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1932 to June 3, 1933
I last saw him alive on June 3, 1933 death is said to have occurred on the date stated above, at 2:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Dec. 3. 1932
Other contributory causes of importance: Chronic Parenchymatous Nephritis	Feb. 3. 1933

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) David E. Harris M.D.
(Address) Montpelier Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
84801
State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No. 2136
Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME Dr. Don C. Hardy

(a) Residence. No. ..... Paris Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lotte Hayna.

6. DATE OF BIRTH (month, day and year) Dec 14 1883

7. AGE Years.	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	2	16.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Hooper Utah

PARENTS

10. NAME OF FATHER Hyrum Hardy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ovid Canada

12. MAIDEN NAME OF MOTHER Jo A Rubson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) C. A. Bott Logan Utah
Arco Idaho

15. Filed June 22, 1933 Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2 or 3rd, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Was found dead in office at Paris Idaho
Died either late Mar 2 or Early Mar 3 1933
Coroner Jury Verdict Died from natural causes
Contributory Don C Hardy Died from natural Causes
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) F. G. Williams, M. D.
March 4, 1933 (Address) Montpelier Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Arco Idaho	March 7 1933

20. Undertaker F. G. Williams Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84802

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 78
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Ridd Wright

(a) Residence. No. Bennington Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 4 - 1913

7. AGE Years 20 Months 2 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bennington Idaho
(State or country)

FATHER
13. NAME Clarence L. Wright
14. BIRTHPLACE (city or town) Bennington Idaho
(State or country)

MOTHER
15. MAIDEN NAME Finch Ridd
16. BIRTHPLACE (city or town) Montpelier Idaho
(State or country)

17. INFORMENT Clarence L Wright
(Address) Bennington Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bennington Idaho Date June 3, 1933

19. UNDERTAKER F. M. Williams
(Address) Montpelier Idaho

20. FILED 6/1, 1933 N. N. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows: Found dead in yard near toilet, was subject to Epileptic Fits, which was probably the cause of his death, the position of body indicating such.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) F. M. Williams County Coroner, ~~M.D.~~

(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84803

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 88 b
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Jensen

(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3-1846

7. AGE Years 86 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Anders Jensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Annie Sophia Jensen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Sophia Jensen MONTPELIER, IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place St Charles Idaho Date May 27, 1933

19. UNDERTAKER (Address) [illegible] MONTPELIER, IDAHO

20. FILED 6/1, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1932, to May 26, 1933
I last saw her alive on May 26, 1933: death is said to have occurred on the date stated above, at 12:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dec. 26, 1932

Other contributory causes of importance:
Pulmonary Edema

Name of operation NONE Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury —, 193
Where did injury occur? Montpelier
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) David E. Harris, M. D.
(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84804

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle E. Sparks

(a) Residence. No. Dingle Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Geo Sparks

6. DATE OF BIRTH (month, day, and year) Sept 13 1889

7. AGE Years 43 Months 8 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dingle Idaho

FATHER
13. NAME George Henry Cook
14. BIRTHPLACE (city or town) (State or country) Cedar Forks Utah

MOTHER
15. MAIDEN NAME Elizabeth Nate
16. BIRTHPLACE (city or town) (State or country) Lehi Utah

17. INFORMENT (Address) Mrs Elizabeth Cook MONTPELIER, IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place Dingle Idaho Date May 20, 1933

19. UNDERTAKER (Address) Fm. Williams MONTPELIER, IDAHO

20. FILED 6/1, 1933 N N King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/16/1933

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1933, to 5-16, 1933
I last saw her alive on 5-16, 1933: death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance: Cerebral effusion

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) [illegible], M. D.
(Address) Montpelier

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84805

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Harold Dunn

(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Roma Williams

6. DATE OF BIRTH (month, day, and year) Nov 23-1904

7. AGE Years 28 Months 5 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Service Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

FATHER
13. NAME Jesse Dunn
14. BIRTHPLACE (city or town) (State or country) Bennington Idaho

MOTHER
15. MAIDEN NAME Elizabeth Williams
16. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

17. INFORMENT (Address) Jesse Dunn MONTPELIER, IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place MONTPELIER, IDAHO Date May 18, 1933

19. UNDERTAKER (Address) F. M. Williams MONTPELIER, IDAHO

20. FILED 6/1, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to May 15, 1933
I last saw him alive on May 15, 1933; death is said to have occurred on the date stated above, at 1:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pus. Appendicitis	

Other contributory causes of importance:
Septicemia

Name of operation Appendectomy Date of 4-17-33
What test confirmed diagnosis? Sandy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Montpelier

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84806

PLACE OF DEATH
County of Bear Lake
City of Georgetown Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. 57
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Leah Hayes Dunnick

(a) Residence. No. Georgetown Idaho St.
(Usual place of abode) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jos Hayes & Wm Dunnick

6. DATE OF BIRTH (month, day and year) Feb 28 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Farmington Utah

PARENTS

10. NAME OF FATHER Geo. L. Smith

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tennessee

12. MAIDEN NAME OF MOTHER Mary Jane Tenace

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Pennsylvania

14. Informant (Address) Frank Hayes Georgetown Idaho

15. Filed 6/19/33 W W King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to May 14 1933
that I last saw h.. alive on May 14 1933
and that death occurred, on the date stated above, at 11:50 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Diabetis Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Russell Tyeat by Fm Soda Springs
5-15-, 1933 (Address)

19. Place of Burial, Cremation, or Removal Georgetown Idaho — Date of Burial Aug 17 193.

20. Undertaker — Address MONTPELIER, IDAH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84807

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. 90
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Walter F. Tippetts

(a) Residence. No. Georgetown Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 12 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Perrey Utah

PARENTS

10. NAME OF FATHER Wm P Tippetts

11. BIRTHPLACE OF FATHER (city or town) (State or Country) United States

12. MAIDEN NAME OF MOTHER Sarah Simpson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant Harvey Tippetts
(Address) Georgetown Idaho

15. Filed 4/24, 1933 H N Young Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 23, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1933, to April 23, 1933, that I last saw him alive on April 22, 1933, and that death occurred, on the date stated above, at 12 57 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio-Vascular Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Clinical Symptoms

(Signed) H N Young, M. D.
4/27, 1933 (Address) Georgetown Ida

19. Place of Burial, Cremation, or Removal: Georgetown Idaho — Date of Burial: April 26 1933

20. Undertaker J M Williams — Address MONTPELIER, IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84808

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Sarah A. Lindsay
(a) Residence. No. Georgetown Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. M. Lindsay.
6. DATE OF BIRTH (month, day and year) March 23 1861
7. AGE Years 71 Months 11 Days — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Logan Utah

PARENTS
10. NAME OF FATHER Orson G Beach.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Sarah Palmer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Chas Lindsay MONTPELIER, IDAHO
15. Filed 6/1/, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 23 (Day), 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 1920, 19, to 4-23, 1933
that I last saw her alive on 4-23, 1933
and that death occurred, on the date stated above, at 3:40 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
(duration) 15 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) G. P. Gaertner, M. D.
4-24-, 1933 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Grounan Idaho
Date of Burial April 26 1933
20. Undertaker [signature]
Address MONTPELIER, IDAHO

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84809

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Margaretha Boss
(a) Residence. No. Montpelier St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 8-1847

7. AGE Years 85 Months 4 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bern Switzerland

PARENTS
10. NAME OF FATHER John Boss
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bern Switzerland
12. MAIDEN NAME OF MOTHER Margaretha Gertsch
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bern Switzerland

14. Informant (Address) Mrs Arnold Eschler Montpelier Idaho

15. Filed 6/1/ 1933 H. H. Eng Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Mar 29, 1933
that I last saw her alive on Mar 27, 1933
and that death occurred, on the date stated above, at 2:20 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical findings
(Signed) C O Moore, M. D
Mar 30, 1933 (Address) Paris Idaho

19. Place of Burial, Cremation, or Removal Montpelier Idaho
Date of Burial Mar 31 1933

20. Undertaker J. M. Williams
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84810

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Geo R. Maxwell
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Elizabeth Bedell

6. DATE OF BIRTH (month, day and year)

7. AGE 49 Years | Months 16 | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R. R. Switchman
(b) General nature of industry, business, or establishment in which employed (or employer) O. S. L. Ry.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Green Bay Wisconsin

PARENTS
10. NAME OF FATHER Robt Maxwell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Kathryn Madsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wisconsin

14. Informant (Address) Mrs Geo R. Maxwell Montpelier Idaho

15. Filed 6/1/33 N N King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to ✓, 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 9:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy (apoplexy) dead when I reached him
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Peritonitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [signature], M. D.
Jun 5, 1933 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Montpelier Idaho | Date of Burial Mar. 8 1933

20. Undertaker [signature] | Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84811

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Emma Irene Smart
(a) Residence. No. Georgetown, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~(or)~~ WIFE of Abel Smart

6. DATE OF BIRTH (month, day and year)

7. AGE Years 65 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Coalville
(State or country) Summit Co. Utah

PARENTS
10. NAME OF FATHER John Staley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) United States
12. MAIDEN NAME OF MOTHER Sarah Wilde
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Coalville Summit Utah

14. Informant (Address) Abel Smart Georgetown Ida.

15. Filed 6/1/ 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933, to March 15, 1933
that I last saw her alive on March 10, 1933
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma
Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Gis Vanne
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [signature], M. D.
4/15, 1933 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Georgetown Idaho
Date of Burial Mar 17 1933

20. Undertaker [signature] Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
84812
State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Dingle

Registration District No. 22
Primary Registration District No. 2136 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

99C

2. **FULL NAME** Constesta Hoopland

(a) Residence. No. Dingle, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 27 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	1	16.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Dingle Idaho

PARENTS

10. NAME OF FATHER Cyrus Hoopland

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dingle Idaho

12. MAIDEN NAME OF MOTHER Violet Allen

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Smoot Wyoming

14. Informant Cyrus Hoopland
(Address) ~~Dingle~~ Dingle Idaho

15. Filed 6/1/33, 19..... W W Kemp
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 12, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....
that I last saw h... alive on ....., 19.....
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Baby had a Bad Cold in Bronchial Tubes
was getting better, was seized with
a Violent Coughing Spell and Choked
to death before Dr could arrive
(duration) ..... yrs. ..... mos. ..... da

CONTRIBUTORY (Secondary) Not Inquest deemed Necessary
(duration) ..... yrs. ..... mos. ..... da

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) J M Hollingsworth M.D.
Feb 13, 1933. (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal: Dingle Idaho — Date of Burial: Feb. 16 193[illegible]

20. Undertaker: [illegible] — Address: MONTPELIER, IDA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84813

PLACE OF DEATH
County of Bear Lake
City of MONTPELIER, IDAHO

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. 2055
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Hester
(a) Residence. No. MONTPELIER, IDAHO St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R H Hester

6. DATE OF BIRTH (month, day and year) June 7-1891

7. AGE Years 41 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wendboro Idaho

PARENTS
10. NAME OF FATHER Bert Conley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fat
12. MAIDEN NAME OF MOTHER Joan Bergreen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant (Address) Mrs Joan Conley MONTPELIER, IDAHO

15. Filed 6/11, 1933 R H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 10 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-3, 1933, to 2-10, 1933
that I last saw her alive on 2-10, 1933
and that death occurred, on the date stated above, at 8:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Unknown
Insanation
Convulsions
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? Date of No
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [signature], M. D.
Feb 11, 1933 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation or Removal MONTPELIER, IDAHO
Date of Burial Feb 13 193

20. Undertaker [signature]
Address MONTPELIER, IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84814

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bear Lake
City of Georgetown

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 204
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John G. Hoff
(a) Residence. No. Georgetown Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 11 - 1861

7. AGE Years 72 Months 7 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

PARENTS
10. NAME OF FATHER John G Hoff Sr
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Philadelphia Pensylvania
12. MAIDEN NAME OF MOTHER Magdelene Beechtell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) France

14. Informant (Address) Seymour Hoff Georgetown Idaho

15. Filed 6/11, 1933 N H King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 9 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 9:30 A.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Was apparently well at Breakfast, sons went out to milk about 8:30 a.m. and on returning to House found him dead in rocking Chair apparently heart attack. No Inquest necessary.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wm. Williams, County Coroner, ~~M. D.~~
Feb 10, 1933 (Address) Mountpelier Idaho

19. Place of Burial, Cremation, or Removal Georgetown Idaho — Date of Burial Feb 12 1933

20. Undertaker J. M. Williams — Address Mountpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84815

PLACE OF DEATH
County of Bear Lake
City of Ovid

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME James Ebom
(a) Residence. No. Ovid Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 1846

7. AGE 86 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) A. P. Ebom Paris Idaho

15. Filed 6/1, 1933 H. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb 6, 1933
that I last saw him alive on Feb 5, 1933
and that death occurred, on the date stated above, at 5 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical findings
(Signed) C O Moore, M. D.
Feb 7, 1933 (Address) Paris Idaho

19. Place of Burial, Cremation, or Removal: Ovid Idaho
Date of Burial: Feb 8 1933

20. Undertaker: Fred Williams
Address: MONTPELIER, IDAH

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84816

PLACE OF DEATH
County of Bear Lake
City of Montpelier

CERTIFICATE OF DEATH
Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ella Martin 88 b
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dave Martin
6. DATE OF BIRTH (month, day and year) Dec 25 1886.
7. AGE Years 46 Months 1 Days 9 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER William Morse
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales
12. MAIDEN NAME OF MOTHER Jane Morgan
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wales

14. Informant (Address) Dave Martin Cokeville Wyoming
15. Filed 6/1, 1933 N. N. Kerg Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 3 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933, to Feb 3, 1933
that I last saw her alive on Feb 3, 1933
and that death occurred, on the date stated above, at 8 A. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Chronic Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) G. P. Gaertner, M. D.
Feb 4, 1933 (Address) MONTPELIER, IDAHO

19. Place of Burial, Cremation, or Removal MONTPELIER, IDAHO
Date of Burial Feb 6 1933
20. Undertaker [illegible] Address MONTPELIER, IDA

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84817

PLACE OF DEATH
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha W. Bartschi 44
(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Bartschi

6. DATE OF BIRTH (month, day and year) Sept 11-1870

7. AGE Years 62 Months 4 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS
10. NAME OF FATHER Carl A. Wyler
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Susan Fritz
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Switzerland

14. Informant (Address) Ruton W. Bartschi Montpelier Idaho

15. Filed 6/1, 1933 N N King Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 19 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Jan 19, 1933
that I last saw her alive on Jan 19, 1933
and that death occurred, on the date stated above, at 7 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) G. P. Galstier, M. D.
Jan 20, 1933 (Address) Montpelier

19. Place of Burial, Cremation, or Removal Mountain Idaho
Date of Burial Jan. 22 1933

20. Undertaker [illegible] Address Montpelier Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84818

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gottlieb Nussbaum

(a) Residence. No. Montpelier Idaho St. 74a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Marie Wenger

6. DATE OF BIRTH (month, day, and year): Aug 25-1855

7. AGE: Years 77, Months 9, Days 5, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bern Switzerland

FATHER
13. NAME: John Nussbaum
14. BIRTHPLACE (city or town) (State or country): Bern Switzerland

MOTHER
15. MAIDEN NAME: Anna Zimmerman
16. BIRTHPLACE (city or town) (State or country): Bern Switzerland

17. INFORMENT (Address): George Nussbaum Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Montpelier Idaho Date: June 6, 1933

19. UNDERTAKER (Address): F. M. Williams Montpelier

20. FILED 6/30/, 1933 N. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1933, to 5-30, 1933
I last saw him alive on 5-30, 1933. death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:
Old age

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) Geo F. Eckley, M. D.
(Address) Montpelier Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84819

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 10

205A

2. FULL NAME Gay Wilcox
(a) Residence. No. Conda Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Nov. 30 - 1927
7. AGE Years 5 Months 6 Days 21 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Conda Idaho

PARENTS
10. NAME OF FATHER Neal Elmer Wilcox
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Paris Idaho
12. MAIDEN NAME OF MOTHER Lareva Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Georgetown Idaho

14. Informant Neal Elmer Wilcox
(Address) Conda Idaho

15. Filed June 29, 1933 Mrs. Beulah Hess Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to June 21, 1933
that I last saw her alive on June 21, 1933
and that death occurred, on the date stated above, at 1230 P. m.
The CAUSE OF DEATH* was as follows:
Unknown. (Followed Tonsilectomy (Ether Anesthesia)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Meningococcic Cerebro Spinal Meningitis
(duration) 2 yrs. ago mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes (Tonsilectomy) Date of June 21, 1933
Was there an autopsy? No
What test confirmed diagnosis Nervousness Slight Hydrocephalus Unable to Cure Conscientiously
(Signed) Spencer Rich M. D.
June 22, 1933 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Paris Idaho
Date of Burial June 23 1933

20. Undertaker Dan Price
Address Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO RECEIVED JUL 5 1933
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84820

PLACE OF DEATH
County of Benewah
City of Lovell
Registration District No. 31
Primary Registration District No.
Local Registrar's No. 10
(No. Lovell, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Issac Sijohn 31

(a) Residence. No. Lovell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ######

6. DATE OF BIRTH (month, day, and year) June 19, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) Worley
(State or country) Idaho

FATHER

13. NAME Issac Sijohn

14. BIRTHPLACE (city or town) Lovell
(State or country) Idaho

MOTHER

15. MAIDEN NAME Sarah Skanen

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT (Address) I. H. Geary R. I Plummer, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date 6/7/33 193

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED June 7, 1933 John Pratt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/6/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to June 5, 1933
I last saw him alive on June 3, 1933: death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2014

DO NOT WRITE IN THIS SPACE

State File No. 84821

Local Registrar's No. 35

(No. 44)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George L. Hemenway

(a) Residence. No. 801 10th & Jefferson St. St Maries Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1st 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Putland Vermont

FATHER

13. NAME Charles B. Hemenway

14. BIRTHPLACE (city or town) (State or country) Ludlow Vermont

MOTHER

15. MAIDEN NAME Jane Chandler

16. BIRTHPLACE (city or town) (State or country) Rockston Vermont

17. INFORMANT (Address) Custer L Hemenway St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash. Date 7/8, 1933

19. UNDERTAKER Kirk Mitchell
(Address) St Maries Ida

20. FILED 7-7, 1933 J Walter Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1933, to 6/27, 1933.

I last saw he alive on 6/27, 1933; death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1930

Other contributory causes of importance:

Exploratory incision was made by Dr Rockford - Spokane, and Carcinoma found

Name of operation — Date of 2/17/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Owen D Platt, M. D.

(Address) St Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BENEWAH

City of Santa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 84822

Local Registrar's No.

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lela Maude Burch

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mr. Anthony Burch

6. DATE OF BIRTH (month, day, and year) Sept 7 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Corvalis Oregon

FATHER

13. NAME Ezra Taylor

14. BIRTHPLACE (city or town) (State or country) Decaluay Iowa

MOTHER

15. MAIDEN NAME Lavina Van Blarikan

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT (Address) Mrs. B. Burch Santa, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wn Date 6/22/33, 193

19. UNDERTAKER Grob Mitchell
(Address) St Maries

20. FILED 7-7, 193 3 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-18 193 3

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ on June 18, 193 3, ~~to~~ 193

~~Last saw h alive on~~ 193; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/8/33

Other contributory causes of importance: None to my knowledge

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? No accident
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Robins, M. D.

(Address) St Maries, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84823

PLACE OF DEATH

County of Benewah

City U. S. Indian Res.
Near Plummer Ida.

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 30

(No. U. S. Indian Reservation)
(If death occurred in a hospital or institution, give its name instead of street and number.)

66

2. FULL NAME Louis Michell

(a) Residence. No. U. S. Indian Res. De Smet. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Magdoline

6. DATE OF BIRTH (month, day, and year): July 2, 1871

7. AGE: 63 Years, Months: 11, Days: 1, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Fram Work
10. Date deceased last worked at this occupation (month and year): June 1 1933
11. Total time (years) spent in this occupation: 43 Yrs

12. BIRTHPLACE (city or town) (State or country): Coeur d' Alene Indian Res

FATHER
13. NAME: Augusta Michell
14. BIRTHPLACE (city or town) (State or country): Coeur d(Alene Indian Res.

MOTHER
15. MAIDEN NAME: Antonia Shilchoso
16. BIRTHPLACE (city or town) (State or country): Coeur d' Alene Indian Res.

17. INFORMENT (Address): Father John Post De Smet, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: De Smet Ida. Date: 6/5/33 193

19. UNDERTAKER (Address): KIMBALL FUNERAL HOME TEKOA, WASH.

20. FILED June 4, 1933 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 3, 1933
I last saw him alive on June 3, 1933: death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism.	
Trans drinking Radiator Alcohol	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84824

County of Benewah
City of U.S.Indian Res Near Plummer, Ida.
Registration District No. 93
Primary Registration District No. 2079
Local Registrar's No. 31
(No. 66)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gabe Augusta

(a) Residence. No. U.S.Indian Res. De Smet Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christinea E. Augusta

6. DATE OF BIRTH (month, day, and year) No Record

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Coeur d' Alene / Ida. Indian Res.

FATHER

13. NAME Unknown Gaberial Augusta

14. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Indian Res.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Couer d' Alene Indian Res.

17. INFORMENT (Address) Father John Post De Smet, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place De Smet Idaho Date 6/5 33, 193

19. UNDERTAKER KIMBALL FUNERAL HOME (Address) TEKOA, WASH.

20. FILED 6-4, 193 3 Walter Rohrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-3 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism	
Other contributory causes of importance: Too much bad booze	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grote Mitchell Coroner, M. D.

(Address) Benewah Co. Idaho

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84825

PLACE OF DEATH
County of Renewah
City of Fernwood
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 32

(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Smith

(a) Residence. No. Fernwood Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date June 17, 1933

19. UNDERTAKER Geo. E. Mitchell
(Address) St Maries Idaho

20. FILED J-7, 1933 Walter Bokerg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h... alive on June 15, 1933: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown Contusions	
Found dead in Cabin	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Geo. E. Mitchell Coroner, M.D.
(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1933

PLACE OF DEATH

County of Benewah

City of Near Plummer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84826

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Geo E Wiltse

(a) Residence. ~~No.~~ On Farm near Plummer St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
79	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Red Wing Minn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Howard L Wiltse Plummer, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Near Plummer Date June 15, 1933

19. UNDERTAKER (Address) Geo. E. Mitchell St. Maries, Ida

20. FILED 7-7, 1933 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on June 17, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	

Other contributory causes of importance:

Old Age and Excessive Heat

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Geo E Mitchell Coroner, ~~M.D.~~

(Address) St Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84827

PLACE OF DEATH
County of Bingham
City of Moreland
Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Ann Pearson

(a) Residence. No. Moreland, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1/21/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moreland (State or country) Idaho

FATHER

13. NAME Henry Pearson

14. BIRTHPLACE (city or town) Sweden (State or country)

MOTHER

15. MAIDEN NAME Hazel Belnap

16. BIRTHPLACE (city or town) Moreland (State or country) Idaho

17. INFORMENT (Address) Henry Pearson Blackfoot, Ida R. 3

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moreland Cem Date —, 193

19. UNDERTAKER Henry Pearson (Address) Blackfoot R 3

20. FILED June 20, 1933 Mrs. Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933, to June 20, 1933

I last saw her alive on June 20, 1933: death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	June 5 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84828

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 86.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME MRS. ELSIE HALE

(a) Residence. No. ..... St. WEISER, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Albert Hale

6. DATE OF BIRTH (month, day, and year): 1903

7. AGE: 30 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year): ---
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: ---
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: ---
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Record of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place: Weiser, Idaho Date: June 13, 1933

19. UNDERTAKER (Address): E. J. Peck Blackfoot Idaho

20. FILED: June 13, 1933. Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14th, 1932, to June 11th, 1933
I last saw her alive on June 11, 1933: death is said to have occurred on the date stated above, at 10:35 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer - Primarily of the left breast	Jan. 24 1933

Other contributory causes of importance:

Primarily of the left Breast

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Chas. R. Lowe, M. D.
(Address) State Hosp So. Blackfoot, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84829

PLACE OF DEATH
County of Ft. Hall Reservation.
City of No Hospital.

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 77

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Sol Snipe

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Shoshone Ind. 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Snipe

6. DATE OF BIRTH (month, day, and year) - - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	(Norecords)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Susie Snipe George. Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Putnam Cem. Date May 22 1933

19. UNDERTAKER E. T. Peck. (Address) Blackfoot, Idaho.

20. FILED July, 1, 1933 Mrs Dale E Latimer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 19 1933

I last saw him alive on May 18, 1933: death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis,	1923
Cerebral hemorrhage	May 1, 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) E. J. Pittman, M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84830

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 93, 76

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ISRAEL BAILEY

(a) Residence. No. ..... St. ~~Bannock~~ Bonneville County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred No yrs No mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Irene Bailey

6. DATE OF BIRTH (month, day, and year): Jan 21, 1888

7. AGE: 45 Years | Months: 5 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Sheep herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: George Bailey
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Alsie Anderson
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Idaho Falls Date June 26, 1933

19. UNDERTAKER (Address): Jack A. Moore Idaho Falls Idaho

20. FILED June 26, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1933, to June 26th, 1933
I last saw him alive on June 26th, 1933: death is said to have occurred on the date stated above, at 8:06 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	do not know

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Symp & Wassermann Blood tes Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193..
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas R. Lowe, M.D.
(Address) State Hospital South Blackfoot, Idaho.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84831

PLACE OF DEATH

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88k

2. FULL NAME Marie Magdelina Yost

(a) Residence. No. Blackfoot R.F.D.#2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henry H. Yost

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1863

7. AGE: Years 70 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norka, Russia

FATHER
13. NAME William Deanas
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME -- Yost
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) George H. Yost Groveland Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Sutton, Neb. Date June 12, 1933

19. UNDERTAKER (Address) E. F. Peck Blackfoot, Idaho

20. FILED June 11, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 10, 1933
I last saw her alive on June 10, 1933: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

Issued.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84832

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Bingham
City of Ft. Hall Reservation,

Registration District No. 121-R
Primary Registration District No. 2194-R
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 75

129

2. FULL NAME Fred Trahant.

(a) Residence. No. Tyhee, Idaho. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Shoshone Ind. 1/4

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Maywood.

6 DATE OF BIRTH (month, day and year): June 16, 1876

7 AGE: Years 56 | Months 9 24 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Any place
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Deer Lodge, Mont.

PARENTS

10 NAME OF FATHER: Hiliare Trahant

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Ellen Lavatta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ft. Hall Res. Idaho.

14 Informant: Mrs. Lucy Trahant.
(Address) Tyhee, Idaho.

15 Filed July 1, 1933 Mrs Nature E Patrick
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 10, 1933 (Month) (Day) 19 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1933, to Apr. 10, 1933 19 ..., that I last saw him alive on Apr. 10, 1933 19 ..., and that death occurred, on the date stated above, at 12:40 P.M m.

The CAUSE OF DEATH* was as follows:

Chrinic Nephritis, 1930

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. J. Mittleman, M. D.
..... 19 ..... (Address) Ft. Hall, Id
Agency Physician

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, ~~Cremation~~, or Removal: Pocatello, Idaho. Apr. 14, 33 19

Date of Burial

20. Undertaker: Arthur W. Hall, Pocatello, Ida.
Address

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 7 1933

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84833

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Clara Elmidia Steffenson

(a) Residence. No. South East Main St. No Number St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Peter L. Steffenson

6. DATE OF BIRTH (month, day, and year) May 20, 1873

7. AGE: Years 60 | Months | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deep Creek, Nevada

FATHER
13. NAME William Burrill
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Martha Pope
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) June Boothe 632½ Linden Ave. Long Beach Calif

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Idaho Falls, Idaho, 193

19. UNDERTAKER (Address) E. F. Peck Blackfoot, Idaho

20. FILED June 10, 1933 Wm Waters E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 - 20, 1933, to 6 - 9, 1933
I last saw her alive on 6 - 9, 1933: death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	23 yrs
arteriosclerosis	10 yrs.
Chronic Interstitial nephritis	4 yrs.
Chronic myocarditis	4 yrs.

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Judgment Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
No. If so, specify
(Signed) J. O. Hampton, M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84834

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 82.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Nancy Elizebith Dayley

(a) Residence. No. Riverside St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan Ist, 1865

7. AGE Years 68 Months 5 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grantsville, Utah
(State or country)

FATHER
13. NAME Chas W?Bailey
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Mary Barrus
16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMENT (Address) Myra Adams Blackfoot R 2

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ June 9. 1933
Place Thomas Riverside, 193

19. UNDERTAKER (Address) E F Peck Blackfoot Idaho

20. FILED June 9, 1933 Mrs Walter E Fatrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 - 17, 1933, to 6 - 7, 1933
I last saw her alive on 6 - 6, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	3 yrs
+ chronic nephritis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. O. Hampton M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84835

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 87.

(No. No Hospital . At his residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Smith Johnson. 90

(a) Residence. No. 497 East Alice Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Olive Senn

6. DATE OF BIRTH (month, day, and year) July 31, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hide buyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hyde business,

10. Date deceased last worked at this occupation (month and year) June 8, 1933

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Hooper, Utah

FATHER

13. NAME Smith Johnson,

14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

MOTHER

15. MAIDEN NAME Eliza Ann Higley,

16. BIRTHPLACE (city or town) (State or country) Morgan, Utah

17. INFORMENT (Address) Pocatello, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Shelley, Idaho Date June 13, 1933

19. UNDERTAKER E. J. Peck (Address) Blackfoot, Idaho.

20. FILED June 12 1933 Mrs. Nellie E. Steve Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933, to June 12, 1933

I last saw him alive on June 11-th, 1933: death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
valvular Disease of the heart; Mitral insufficiency	18 months
Other contributory causes of importance:	
Arthritis, chronic,	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptome Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Paine, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84836

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 94

90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyree Hebdon

(a) Residence. No. R 4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. \ yrs. \ mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 28 1933

7. AGE: Years — Months — Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida

FATHER

13. NAME Alvin W. Hebdon

14. BIRTHPLACE (city or town) (State or country) Whitney Ida

MOTHER

15. MAIDEN NAME Edna Hokanson

16. BIRTHPLACE (city or town) (State or country) Thayne Wyoming

17. INFORMENT (Address) A. W. Hebdon

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Geometry Date July 2nd, 1933

19. UNDERTAKER (Address) E. J. Pond Blackfoot, Idaho

20. FILED July 1st, 1933 Vern Hilliard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to June 30, 1933

I last saw he alive on June 30, 1933: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac weakness

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W W Beck, M. D.

(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19 RECEIVED JUL 7 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bingham

City of Basalt

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 121

Primary Registration District No. 2194

(No. ..... , ... St.)

File No. 84837

Registered No. 88

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Earl Franklin Butler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~(Write the word)~~ married

6. DATE OF BIRTH: 9 (Month) - 4 (Day) - 1907 (Year)

7. AGE: 25 Yrs. 8 Mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lyman, Idaho

10. NAME OF FATHER: Frank Butler

11. BIRTHPLACE OF FATHER (State or Country): Fairfield, Utah

12. MAIDEN NAME OF MOTHER: Lydia E. Martin

13. BIRTHPLACE OF MOTHER (State or Country): West Bountiful Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Butler

(Address) R. 2. Shelley Idaho

15. Filed June 9 1933 McNatus E Palmer
Local Registrar

MEDICAL CERTIFICATE OF DEATH 87

16. DATE OF DEATH: 5 (Month) - 30 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ I saw disease just after that I last saw ~~I had~~ alive on ~~to~~ ~~to~~ ~~to~~ had passed away, and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH was as follows: apparently - Pan - Carditis

(Duration) ..... Yrs. 9 mos. ..... ds.

Contributory (Secondary) Rheumatism

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) Edwin Cutler M. D.

6-1-1933 (Address) Box 86 Shelley Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? at home

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shelley Cemetary

DATE OF BURIAL: 6-3-1933

20. UNDERTAKER: Jack Wood

ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84838

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 92
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME John William Benzley

(a) Residence. No. Blackfoot, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired O.S.L.R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland.

FATHER
13. NAME Ehart Benzley
14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER
15. MAIDEN NAME Elizabeth Bamberger
16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMENT (Address) Mrs. Roscoe Benzley Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Pocatello, Idaho Date June 27, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED June 26, 1933. Mrs. Willa [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH (25)

21. DATE OF DEATH (month, day, and year) June 25, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 25, 1933
I last saw him alive on June 21, 1933: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights disease	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Hall, M. D.
(Address) Blackfoot, Idaho.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84839

PLACE OF DEATH
County of Ft. Hall
City of Reservation.

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 79

(No. Agency Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Helen Pogah

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Shos. & Ban. 4/4
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) June 2, 1933

7. AGE Years Months Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

FATHER
13. NAME Dietz Pongah
14. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Florine Marsh
16. BIRTHPLACE (city or town)
(State or country) Owyhee, Nevada

17. INFORMENT (Address) Dietz Pongah. Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Butte Cem. Date June 5, 1933

19. UNDERTAKER (Address) Agency Carpenter, Ft. Hall, Idaho.

20. FILED July, 1 1933 Mrs Nalus E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5 (5) 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 5, 1933
I last saw her alive on June 5, 1933: death is said to have occurred on the date stated above, at 2:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningeal Hemorrhage	6-2-33
(Forcepts Delivery)	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84840

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 9
(No.) 180
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ramona Lee Duane
(a) Residence. No. Blackfoot - Wapello St. Oakland Calif -
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. - yrs. - mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 3d - 1933

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	2	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Oakland Calif -

PARENTS
10. NAME OF FATHER Jack C. Duane
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Nev -
12. MAIDEN NAME OF MOTHER Alice Hunter
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mont

14. Informant (Address) Jack Duane Blackfoot Idaho

15. Filed June 12, 1933 Mrs Nalen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June - (Month) 21 - (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 1:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental Suffocation

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) None

(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Ray McClellan, ~~M. D.~~
6-21- 1933 (Address) County Coroner

19. Place of Burial, Cremation, or Removal Blackfoot
Date of Burial 19

20. Undertaker None
Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84842

PLACE OF DEATH
County of BINGHAM
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 84

(No. STATE HOSPITAL, SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Albert Talbot

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. no yrs. 6 mos no ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) 10/14/47

7. AGE Years 85 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cattleman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Africa

FATHER
13. NAME Henry Talbot
14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER
15. MAIDEN NAME Ruth Sweeten
16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMENT (Address) Record at State Hospital, Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Pocatello Idaho on assmb, 193

19. UNDERTAKER (Address) Arthur W Hall Pocatello

20. FILED June 10, 1933 Mrs Nalus E Fabrice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/10/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932, to June 10, 1933
I last saw him alive on June 9, 1933: death is said to have occurred on the date stated above, at 7:45 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1931

Other contributory causes of importance:
infection of foot, following pressure sores

Name of operation ------ Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas R. Lowe M. D.
(Address) Blackfoot Idaho
State Hosp South

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84843

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 81

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME GEORGE ROGERS

(a) Residence. No. ..... St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): Sept 12, 1856

7. AGE: 76 Years | Months: 8 | Days: 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Henry County Missouri

FATHER

13. NAME: do not know

14. BIRTHPLACE (city or town) (State or country): ---

MOTHER

15. MAIDEN NAME: do not know

16. BIRTHPLACE (city or town) (State or country): ---

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: State Hosp. Date: [illegible] 1933

19. UNDERTAKER (Address): A. L. Hallard State Hosp. So. Blackfoot

20. FILED [illegible], 193[illegible] Mrs Nature E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to June 6th, 1933. I last saw him alive on June 5th, 1933: death is said to have occurred on the date stated above, at 5:05 a.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	1930

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 193..

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Chas. R. Lowe, M. D.

(Address) Blackfoot, Idaho.

RECEIVED JUL 7 1933

PLACE OF DEATH

County of Ft. Hall

City of Reservation.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84844

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 78

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Christine Bagley

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, -- yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shos. Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): 1931 - Apr.

7. AGE: Years 2 | Months - - - | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho

FATHER

13. NAME: Louis Bagley

14. BIRTHPLACE (city or town) (State or country): Nevada, No record.

MOTHER

15. MAIDEN NAME: Susie Tinno

16. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

17. INFORMENT (Address): Louis Bagley, Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL - Place Butte Cem. Date June 4, 1933

19. UNDERTAKER (Address): Agency Carpenter Ft. Hall, Idaho

20. FILED July, 1, 1933 Mrs Natus E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from On June 1, 1933, to - - - - -, 193..

I last saw her alive dead 6/1/33, 193..: death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	Jun. 1-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? - - Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury, 193

Where did injury occur? Ft. Hall Res. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84847

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Elinor Mallory Fox 160

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) June 7-1933

7. AGE Years Months Days If LESS than ~~1 day~~, 11 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hailey - Ida.

FATHER
13. NAME Martyn Mallory
14. BIRTHPLACE (city or town) (State or country) Kelton Utah.

MOTHER
15. MAIDEN NAME Elva Obencham
16. BIRTHPLACE (city or town) (State or country) Boise Idaho.

17. INFORMENT (Address) Martyn E Mallory Hailey - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Family Plot City Date June 8, 1933

19. UNDERTAKER (Address) L. J. Harris Hailey Ida.

20. FILED 7-5, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-~~8~~ 7, 1933, to 6/8, 1933

I last saw her alive on 6-8, 1933: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84848

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) For 1612

2. FULL NAME Baby Dees

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ^
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): June 25 - 1933
7. AGE: Years | Months | Days | If LESS than 1 day, 4 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hailey Idaho.

FATHER
13. NAME: Silas Dees
14. BIRTHPLACE (city or town) (State or country): Buchanan Georgia

MOTHER
15. MAIDEN NAME: Mary Bregmahan
16. BIRTHPLACE (city or town) (State or country): Hailey Idaho

17. INFORMENT (Address): Silas Dees Hailey - Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: City Plot Date: June 25, 1933
19. UNDERTAKER (Address): L. P. Harris Hailey Idy.
20. FILED 7-5, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 25 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1933; to 6/25, 1933
I last saw h[illegible] alive on 6-25, 1933: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - 7 1/2 mo	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. [illegible], M. D.
(Address) Hailey, Idaho

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84849

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boise
City of Near Idaho City
Registration District No. 12
Primary Registration District No. .....
(No. .....)
Local Registrar's No. 167

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan Grenvalt.

(a) Residence. No. ..... St. Boise Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male.	White.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	69			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Running mare.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) U. S. A.

PARENTS

10. NAME OF FATHER Don't Know.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't Know

14. Informant J. A. Briggs
(Address) Atlanta Idaho

15. Filed July 7 1933 Edna E. Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11th 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1933, to June 1 1933
that I last saw him alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Death due to Carbon Monoxide poisoning (Suicidal)

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Jos. W. Dickinson M. D.
June 1, 1933 (Address) Idaho City, Idaho

19. Place of Burial, Cremation, or Removal: Morris Hill Cemetery — Date of Burial: 6-13 1933

20. Undertaker: Schreiber & Mc. Cann — Address: Boise

Ga

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUN 13 1933 RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84850

PLACE OF DEATH
County of Boise
City of Idaho City

Registration District No.
Primary Registration District No.
Local Registrar's No. 34

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Hayse Ingman 128

(a) Residence. No. Idaho City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~ Matilda Ingman

6. DATE OF BIRTH (month, day, and year) June 1-1868

7. AGE Years 64 Months 11 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stage driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green River
(State or country) Wyoming

FATHER
13. NAME Geo. Ingman
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Louise Halley
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Mrs. Matilda Ingman
(Address) Idaho City

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date May 31 1933

19. UNDERTAKER R. V. Peckham
(Address) Caldwell Ida

20. FILED June 27, 1933 Mrs E S Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Dec, 1931
I last saw h 1 alive on Nov - 16, 1931: death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Nephritis

Date of onset

Other contributory causes of importance:
Cirrhosis of Liver

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. Gorney, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

PLACE OF DEATH
County of Boise
City of Lowman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84851

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Charlie Andrew Burtch
(a) Residence. No. ..... St. Middleton Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Burtch
6. DATE OF BIRTH (month, day, and year) Feb. 5 1862
7. AGE Years 71 Months 4 Days 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Franklin Co. Iowa

FATHER
13. NAME James Burtch
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Emily Thorpe
16. BIRTHPLACE (city or town) (State or country) N.Y. State

17. INFORMANT (Address) Emily E. Criswell Boise Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Cemetery Date 6/26, 1933
19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho
20. FILED 7/2, 1933 Mrs. E. S. Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/24 1933
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Death, 193...
I last saw him alive on 5-23, 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:
1. Hypertrophy prostate & retention urine
2. Uremia.

About May 20, 1933

Name of operation None Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) L. F. West, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING West

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84852

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 7
(No. 45)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Keyser.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 44 yrs. mos. ds. How long in U. S. if of foreign birth? 48 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Keyser.

6. DATE OF BIRTH (month, day and year) Feb. 17, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10. NAME OF FATHER Joseph Fuchs.
11. BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Wolb.
13. BIRTHPLACE OF MOTHER (city or town) ..... (State or County) Germany.

14. Informant H. J. Keyser (Address) Priest River Idaho

15. Filed June 26, 1933 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 24, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from May 23, 1933, to June 24, 1933
that I last saw h.r alive on June 23, 1933
and that death occurred, on the date stated above, at 11:15 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Viscera
and right breast

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Findings & Symptoms
(Signed) Harold C. Sowers, M. D.
June 26, 1933 (Address) Priest River, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Priest River, Idaho.	June 26 1933

20. Undertaker L. E. Moon Address Sandpoint Ida.

RECEIVED JUL 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84853

PLACE OF DEATH

County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

82k

2. **FULL NAME** Fred H. Johnston

(a) Residence. No. St. Spokane, Wash.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hazel

6. DATE OF BIRTH (month, day and year) Sept 28 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work logger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Diamond Match Co.

9. BIRTHPLACE (city or town) (State or country) Mich.

PARENTS

10. NAME OF FATHER Harry Johnston

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mich.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) unknown

14. Informant Hazel Johnston
(Address) Spokane, Wash

15. Filed June 28 1933 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not attend, he died on , 19 , to June 27 , 1933
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 12:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Unknown - probably myocardial degeneration. Found dead immediatly following a foot race
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Leslie J. Stauffer, M. D.
June 28, 1933 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Spokane, Wn.	June 29 19 3
20. Undertaker: Hazen & Jaeger	Address: Spokane, Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84854

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 46

(No. Coeur d'Alene Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lourense Anna Holen

(a) Residence. No. Coeur d'Alene St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ingabert Holen

6. DATE OF BIRTH (month, day, and year) May 1 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Norway

FATHER

13. NAME Andrew Short

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMENT Mrs Ed Lien
(Address) Coeur d'Alene

18. BURIAL, CREMATION, OR REMOVAL
Place West Mound Date 6/27, 1933

19. UNDERTAKER Tomlinson Co.
(Address) Sandpoint

20. FILED June 26, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 6, 1933.
I last saw her alive on June 6, 1933: death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1932
Other contributory causes of importance: Age.	

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) O. F. Page, M. D.
(Address) Sandpoint Idaho.

RECEIVED JUL 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 84855

Local Registrar's No. 47

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dean Charles Ward

87

(a) Residence. No. 1008 Poplar St/ St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24, 1930

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
3	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cocolalla
(State or country) Idaho

FATHER

13. NAME Elmer Ward

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Elsie Peterson

16. BIRTHPLACE (city or town)
(State or country) N. Dakota

17. INFORMANT Elmer Ward
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Idaho Date June 27 1933

19. UNDERTAKER L. C. Moon
(Address) Sandpoint, Ida.

20. FILED June 27, 1933 Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to June 25, 1933.
I last saw him alive on June 25 1933.; death is said to have occurred on the date stated above, at 12.05 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gericarditis	June 21. 1933
Other **contributory causes** of importance:	
Gastro - enteritis	June 20. 1933
and convulsions	June 25. 1933

Name of operation no Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) Wm L. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO RECEIVED JUL 6 1933
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84856

PLACE OF DEATH
County of Bonner
City of Dover

Registration District No. 78
Primary Registration District No. 2155

Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Martin

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Martin

6. DATE OF BIRTH (month, day and year) May 2, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York

PARENTS

10. NAME OF FATHER Hayes
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Norman Sweet
(Address) Dover, Idaho.

15. Filed June 8, 1933 Viola Allen Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 5, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933, to June 5, 1933
that I last saw h she alive on June 4, 1933
and that death occurred, on the date stated above, at 11:30p. m.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Wm H. Tyler, M. D.
June 8, 1933 (Address) Sandpoint, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Pinecrest Cemetery Sandpoint, Idaho.	June 8 1933
20. Undertaker L. G. Moon	Address Sandpoint, Ida

Dr. Tyler

RECEIVED

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

1933

State File No. 84857

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 45

(No. 808 N. 5th Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delia E. Peacock

(a) Residence. No. 808 N. 5th Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph D. Peacock

6. DATE OF BIRTH (month, day, and year) April 16 1867

7. AGE Years 66 Months 2 Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Humbolt Co. Cal

FATHER

13. NAME R. J. Bugbee

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Kemp.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT (Address) J. M. Peacock Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem

Place Sandpoint, Idaho Date June 22 1933

19. UNDERTAKER (Address) L. G. Moon Sandpoint Ida

20. FILED June 21 1933. Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 19 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to June 19, 1933.

I last saw her alive on June 19, 1933: death is said to have occurred on the date stated above, at 7 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932

Other **contributory causes** of importance:

Chronic Nephritis	1932

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84858

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 1 0
Local Registrar's No. 114

(No.) 88A
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph A. Gresham
(a) Residence. No. 160 G. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Myrtle McCloskey
6. DATE OF BIRTH (month, day, and year): June 1 1857
7. AGE: Years 76 Months NO Days 13. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 1929.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Pike Co. Ill.

FATHER
13. NAME: John W. Gresham
14. BIRTHPLACE (city or town) (State or country): Pleasant Hill Illinois

MOTHER
15. MAIDEN NAME: Mary E. Cannon
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Joseph E. Gresham Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date 6/14, 1933
19. UNDERTAKER (Address): V. F. McHan. Idaho Falls. Idaho.
20. FILED 6/19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 14 1933.
22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1933, to June 14, 1933
I last saw him alive on June 14, 1933: death is said to have occurred on the date stated above, at 12 M.D.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Arteriosclerosis.

Name of operation: Clinical & Lab Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Ida Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84359

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No.

Primary Registration District No. Local Registrar's No. 127

(No. Spencer Hospital ; If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Starling. 37a

(a) Residence. No. Police Htg. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Negro
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Bernice Starling

6. DATE OF BIRTH (month, day, and year) Oct 5 1887

7. AGE: Years 45 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year) Fall 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marietta Cass Co. Texas

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) ?

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 6/28, 1933

19. UNDERTAKER F. M. Hall Idaho Falls Ida
(Address)

20. FILED 6/27, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933, to June 24, 1933.

last saw h alive on June 24, 1933; death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis.	2 mo.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Gibbons M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84860

PLACE OF DEATH
County of Bonneville
City of Ida Falls

Registration District No. 73
Primary Registration District No. 2-1-0
Local Registrar's No. 117

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary McIntyre
(a) Residence. No. Ida Falls L.D.S. Hosp. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. McIntyre
6. DATE OF BIRTH (month, day, and year) Nov. 6, 1880
7. AGE Years 52 Months 7 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) June 1-1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park City, Utah

FATHER
13. NAME Jos. Hyram Steele
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Julian Colt
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Chas McIntyre Ida Falls

18. BURIAL, CREMATION, OR REMOVAL Place Ida Falls Date 6/22, 1933

19. UNDERTAKER (Address) V. T. McHan Ida Falls, Ida

20. FILED 6/21, 1933 C. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to June 19, 1933
I last saw her alive on Jan 19, 1933: death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Glioma	Apr or May 1933

Other contributory causes of importance:

Hemorrhage Brain	June 18

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no Denied

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jabez Worst, M.D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84861

PLACE OF DEATH
County of Bonneville
City of Ucon

Registration District No. 73
Primary Registration District No. 2117
Local Registrar's No. 104

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Hendricksen

(a) Residence. No. Ucon, Idaho (Usual place of abode) St. .....

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Shral Hendricksen

6. DATE OF BIRTH (month, day, and year) October 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

FATHER

13. NAME Jens Hendricksen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Cecila Frandsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Richard Hendricksen Ucon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ucon Idaho Date June 10, 193 3

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 6/12, 193 3 C. Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 193 3

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 193 2, to June 6, 193 3

I last saw h..... alive on May 11, 193 3; death is said to have occurred on the date stated above, at 5-20p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Arterio Sclerosis	Indefinite

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Miller M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84862

PLACE OF DEATH

County of Bonneville Co

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21 V-0 Local Registrar's No. 106

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nila Renee W. Gillette 117

(a) Residence. No. Victor St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) child.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14 1927

7. AGE Years 5 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victor

FATHER
13. NAME Francis Gillette
14. BIRTHPLACE (city or town) (State or country) Teton City Idaho

MOTHER
15. MAIDEN NAME Ora Woolstenhulme
16. BIRTHPLACE (city or town) (State or country) Chapin, Ida

17. INFORMENT (Address) Mother Victor, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Victor Idaho Date June 12, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED 6/9, 1933 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 8, 1933

I last saw her alive on June 8, 1933: death is said to have occurred on the date stated above, at 6 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupt Appendicitis	6/2
+ Peritonitis	6/2
Other contributory causes of importance:	
Bronchial Pneumonia	6/6 2 days

Name of operation Appendectomy Date of 6/3

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84863

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2,470
Local Registrar's No. 113
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Edward William Kearsley
(a) Residence. No. ..... St. Victor, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Annie W. Kearsley
6. DATE OF BIRTH (month, day, and year) July 31, 1933
7. AGE Years 70 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Richard Kearsley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) E. B. Kearsley Victor, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Victor Date June, 1933
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.
20. FILED 6/19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1933
22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to June 18, 1933
I last saw him alive on June 9, 1933; death is said to have occurred on the date stated above, at 8:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
8 days following Operation for Peritonitis Ruptured Appendix	6, 2, 33

Other contributory causes of importance:

Name of operation Appendectomy & Drainage Date of 6, 11, 33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 4 1981

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84864

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 110
(No. E. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Chas Salt 107

(a) Residence. No. Arco Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Deceased.

6. DATE OF BIRTH (month, day, and year): Jan 5 1859

7. AGE: Years 79 Months 5 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. U. S. Land Com.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Justice of Peace Notary Public
10. Date deceased last worked at this occupation (month and year) June 7 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs E. M. Schause Yakima Wash.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Yakima Wash Date 6/16 1933

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida.

20. FILED 6/10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 14, 1933
I last saw him alive on June 14, 1933; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	June 14

Other contributory causes of importance:

Acute Appendicitis	June 6

Name of operation Appendectomy Date of June 8
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84865

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 21-70 Local Registrar's No. 124
(No. I. F. L. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME William J Williams

(a) Residence. No. Cliff Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 73. Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Plasterer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: House.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wales. England.

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Harry Morgan Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 4/7, 1933
19. UNDERTAKER (Address): I. F. McHaas Idaho Falls Ida
20. FILED 4/7, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/6 1933.
22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to April 6, 1933
I last saw him alive on April 5, 1933: death is said to have occurred on the date stated above, at 7.50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Tot.)	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Dutton M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84866

Registration District No. 73

Primary Registration District No. 2 6 N-6

Local Registrar's No. 109

(No. L. D. S. Hospital) 1002

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bonnie Merlene Hamilton

(a) Residence. No. ..... St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 2, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho

FATHER

13. NAME James C. Hamilton

14. BIRTHPLACE (city or town) (State or country) Salt Lake, Ut

MOTHER

15. MAIDEN NAME Meryle Jensen

16. BIRTHPLACE (city or town) (State or country) Donta Idaho

17. INFORMENT (Address) James C. Hamilton Shelley, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Shelley, Idaho Date June 13, 1933

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED 6/13, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10-, 1933, to 6-11, 1933

I last saw her alive on 6-10-, 1933: death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia (Double)	6-9-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No.

(Signed) Edwin Custer, M. D.

(Address) Box 86 Shelley

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N #6

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84867

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 5 0
Local Registrar's No. 103

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Nels O. E. Nelson
(a) Residence. No. 462 N. Eastern Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: deceased
6. DATE OF BIRTH (month, day, and year): Jan 30 1867
7. AGE: Years 66 Months 4 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Head of Parks Dept.
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Carl Nelson
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): Roy R. Nelson, Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Rose Hill Cem Date 6/6, 1933
19. UNDERTAKER (Address): V. F. McHan, Idaho Falls Ida.
20. FILED 6/5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 4 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933, to June 4, 1933
I last saw him live on June 4, 1933: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Arteriosclerosis

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84868

Registration District No. 73

Primary Registration District No. 2 1 V 0

Local Registrar's No. 107

(No. L.D.S.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Charles Preston Dryer

(a) Residence. No. 159- So. Placer Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Laura Tubbs Dryer

6. DATE OF BIRTH (month, day, and year): Dec.31,1905

7. AGE: Years 27 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clear Creek Utah

FATHER

13. NAME: Charles F.Dryer

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Caroline R.Neilson

16. BIRTHPLACE (city or town) (State or country): Ephriam Utah

17. INFORMENT (Address): Charles F.Dryer Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: June 11 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: 6/12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to June 5, 1933

I last saw h.....alive on June 5, 1933: death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	May 30

Other contributory causes of importance:

General Peritonitis	June 1

Name of operation: Pyloroplasty Date of May 30

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84869

Local Registrar's No. 119

PLACE OF DEATH

County of Bonneville
City of Idaho Falls, Idaho.
Registration District No. 13
Primary Registration District No. 2102
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Madsen.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118 K

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Peter LaVern Madsen.

6. DATE OF BIRTH (month, day and year) April 19, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bybee, Idaho.

PARENTS

10. NAME OF FATHER William Briggs.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lehi, Utah.
12. MAIDEN NAME OF MOTHER Sarah Jane Briggs.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England.

14. Informant LaVern Madsen
(Address) Rigby, Idaho. R. #1

15. Filed 6/22, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 17, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to June 17, 1933
that I last saw her alive on June 17, 1933
and that death occurred, on the date stated above, at 6:00 p.m.

The CAUSE OF DEATH* was as follows:
Peritonitis following
Operation for Obstruction
of small bowel
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Operation acute
Chr Appendicitis etc (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 6/14/33
Was there an autopsy? no
What test confirmed diagnosis? Operation

(Signed) H. Ray Fatch, M. D.
June 20, 1933 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	6/20/33

20. Undertaker [signature] Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84870

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 104

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118A

2. FULL NAME Oscar William Green

(a) Residence. No. Menan, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Jane Green

6. DATE OF BIRTH (month, day and year): April 10, 1862

7. AGE: Years 71 Months 1 Days 20 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): South Cottonwood Utah

PARENTS

10. NAME OF FATHER: Austin Greeley Green

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Cattaragus Co. New York

12. MAIDEN NAME OF MOTHER: Mary Ann Marchant

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14. Informant: Frank O. Green
(Address) 1928 So 4 E. Salt Lake City Utah

15. Filed 6/6, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 30 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to May 30, 1933 that I last saw him alive on May 30, 1933 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Rt inguinal hernia

(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death? Menan

Did an operation precede death? Yes Date of May 29

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [signature], M. D.

..., 19... (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Menan Idaho

Date of Burial: June 1 1933

20. Undertaker: A. B. Eckersell

Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84871

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 214-D
Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Jane Pelot.

(a) Residence. No. H. D. Payne Ranch.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Calvin Pelot.
6. DATE OF BIRTH (month, day, and year): Jan 14 1855
7. AGE: Years 78 | Months 5 | Days 3. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Burkfield Maine

FATHER
13. NAME: Orville Buck
14. BIRTHPLACE (city or town) (State or country): Burkfield Maine.

MOTHER
15. MAIDEN NAME: Helen Marie Buck
16. BIRTHPLACE (city or town) (State or country): Burkfield Maine.

17. INFORMENT (Address): Mrs B. S. Downer. Mrs H. D. Payne Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls. Date: June 20 1933
19. UNDERTAKER (Address): V. F. McHan. Idaho Falls Ida.
20. FILED 6/19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 17 1933.
22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to June 17, 1933. I last saw her alive on June 16, 1933: death is said to have occurred on the date stated above, at 1:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	unknown
Acute dilatation of the Heart	June 12, 1933

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84872

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Edward Mitchell

(a) Residence. No. 266 So Water St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Alice Mitchell

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 74 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisville Kentucky

FATHER
13. NAME Martin Coffin Mitchell
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Melvina Grey
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs Alice Mitchell Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 6/27, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED 6/27, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1930, 193.., to June 24, 1933
I last saw him alive on June 24, 1933: death is said to have occurred on the date stated above, at 240 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic valvular heart with cardiac decompensation

Other contributory causes of importance:

Arteriosclerosis

Date of onset

Name of operation Clinical Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify W. R. Abbott
(Signed) Idaho Falls Ida M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH 1933

County of Bonneville

City of Idaho Falls

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84873

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 114

(No. ..... 131 .....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Rev Granville Stacker

(a) Residence. No. 433 Conrad St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah V. Stacker

6. DATE OF BIRTH (month, day, and year) Jan 10, 186

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Minister.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Negro Baptist Church.

10. Date deceased last worked at this occupation (month and year) 4/25/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee.

FATHER

13. NAME Simeon Stacker

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Tennessee.

17. INFORMENT (Address) Mrs Leah Stacker Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 6/23, 1933

19. UNDERTAKER (Address) V. F. McFarland Idaho Falls Ida.

20. FILED 6/22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933, to June 21, 1933

I last saw him alive on June 21, 1933: death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1 mo

Other contributory causes of importance:

Carcinoma of prostate with obstructive nephritis

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. L. Gobalt, M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 1933

PLACE OF DEATH

County of Bonneville

City of Riverdale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84874

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 1610

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darrel Nelson

(a) Residence. No. Riverdale St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-30-1933

7. AGE Years Months Days If LESS than 1 day, ½ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverdale Idaho

FATHER

13. NAME Harold Nelson

14. BIRTHPLACE (city or town) (State or country) Firth Idaho

MOTHER

15. MAIDEN NAME Delila Huntsman

16. BIRTHPLACE (city or town) (State or country) Woodville Ida.

17. INFORMENT (Address) Harold Nelson, Idaho Falls R. 4

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Shelley Ida Date 5-1-1933

19. UNDERTAKER (Address) None

20. FILED June 6 1933 (Signed) Kimmand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-30-1933

22. I HEREBY CERTIFY, That I attended deceased from birth, 193..., to death, 193...

I last saw her alive on 4-30-1933: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows: Premature birth

Date of onset

Other contributory causes of importance: unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Cutler, M. D.

(Address) Box 86 Shelley Ida

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84875

Registration District No. 73

Primary Registration District No. 1-0

Local Registrar's No. 126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Don Edward Kirby

(a) Residence. No. 377 E. 14th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14, 1928

7. AGE Years 5 Months 2 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER

13. NAME Delbert Kirby

14. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER

15. MAIDEN NAME Julia Bair

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Delbert Kirby 377 E 14th St. Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date June 29 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED 6/29, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident - Drowned	6/26/33

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Drowned

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] Corner, M.D.

(Address) Idaho Falls Idaho

RECEIVED JUL 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84876

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 120

(No.) 182

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Beazer Staker

(a) Residence. No. 490 - U. Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 11, 1924

7. AGE Years 8 Months 8 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rural Idaho

FATHER

13. NAME James C. Staker

14. BIRTHPLACE (city or town) (State or country) Salt Lake, Utah

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMENT (Address) James C. Staker Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date June 23 193

19. UNDERTAKER (Address) [illegible] Idaho Falls Idaho

20. FILED 6/24, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental - Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Drowned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Fred Foster Carner, M. D.

(Address) .....

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84877

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 23

Primary Registration District No. 2 1450

Local Registrar's No. 116

(No.) 1880

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rawlston Yearsley Hogge

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Hogge

6. DATE OF BIRTH (month, day and year): May 23, 1905

7. AGE: Years 28 | Months | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Banker

(b) General nature of industry, business, or establishment in which employed (or employer): Rigby Nat'l Bank

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): West Weber, Utah. Utah

PARENTS

10. NAME OF FATHER: Joseph Hogge

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Jeannettie Yearsley

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ogden, Utah.

14. Informant: Ronald Hogge
(Address) Rigby, Idaho.

15. Filed June 21, 1933 W. Kinnaird Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 18, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:
Auto accident
Fractured Skull
Automobile accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Fred Dorton Cowen M.D.

June 19, 1933 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Winona, Minn. | Date of Burial: 6 — 23 1933

20. Undertaker: L. M. Malder | Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84878

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Ernest Merrill

(a) Residence. No. Broadway- Lyons Apts. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

204

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Merrill

6. DATE OF BIRTH (month, day, and year) Aug. 22/1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman -Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. and Implements

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond, Utah.

FATHER

13. NAME Mariner W. Merrill

14. BIRTHPLACE (city or town) (State or country) Nova Scotia, Canada.

MOTHER

15. MAIDEN NAME Almira B. Bambridge

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Mrs Mollie Merrill Idaho Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Richmond, Utah Date 6/12, 1933

19. UNDERTAKER V.F. McMan
(Address) Idaho Falls, Idaho.

20. FILED 6/12/33, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Death	
unknown	
No medical attention.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on street

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Peter Ziemer M.D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

PLACE OF DEATH

County of Bonneville

City of Irwin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84879

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 112

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) 205b

2. FULL NAME Lois Hellia Jones

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5 1885

7. AGE Years 48 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Haren Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Afton Wyo.

FATHER

13. NAME M. H. Yeaman

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sara E. Coffin

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Reuben Jones Irwin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date June 1933

19. UNDERTAKER (Address) Vern McCulloch Burley Ida

20. FILED 6/18 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P.....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause	
Unknown - no medical	
attendance	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury Cause of Death unknown
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) Fred Sartor Coroner, M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84880

PLACE OF DEATH
County of Bonneville
City of Iona

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205b

2. FULL NAME Emma Higgs

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Higgs

6. DATE OF BIRTH (month, day, and year): March, 20, 1844

7. AGE: Years 89 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Charles Scragg.
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Hannah Ansel
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs Jessie Anne Scoresby Iona, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Iona Date: June 27, 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.

20. FILED 6/28, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown. No medical attention.	

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JUL 11 1933

DO NOT WRITE IN THIS SPACE
State File No. 84882

PLACE OF DEATH
County of Butte
City of Arco

Registration District No. 59
Primary Registration District No. 2129
(No.) 188C
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 65

2. FULL NAME Neldon Park Peterson - died at Egbert Hospital
(a) Residence. No. Aberdeen Ida. St. Arco Ida.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) Nov. 11 - 1915
7. AGE Years 17 Months 6 Days 9 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —
9. BIRTHPLACE (city or town) (State or country) Aberdeen Idaho.

PARENTS
10. NAME OF FATHER Fritz H. Peterson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pleasant Grove Utah
12. MAIDEN NAME OF MOTHER Maggie Ora Bartlett
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Coolsville Tenn.

14. Informant Fritz H Peterson
(Address) Aberdeen Idaho
15. Filed June 30, 1933 Ruth E Nichols Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 20 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to May 20, 1933
that I last saw him alive on May 20 1933
and that death occurred, on the date stated above, at 6 15 P. m.
The CAUSE OF DEATH* was as follows: Pressure of chest wall against heart - as result of automobile truck accidently running over body.
(duration) 2 hours 15 min yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical exam
(Signed) I. P. Egbert M. D.
May 20, 1933 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Aberdeen Idaho Date of Burial May 23 1933
20. Undertaker H. L. McHan Address Pocatello

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84883

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Edward Green

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 19, 1865

7. AGE: Years 67, Months 8, Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME John H Green
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Hannah Atkinson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) J. E. Green, Clear Lake Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Renton, Wash. Date July 5, 1933

19. UNDERTAKER (Address) M. C. Thornhill, Kellogg, Ida.

20. FILED July 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h.....alive on June 1, 1933; death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

Crushed Chest by automobile

Date of onset

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to extern causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 1, 1933
Where did injury occur? (Specify city or town, county, and State) City Street
Specify whether injury occurred in industry, in home, or in public place. City Street Kellogg Ida
Manner of injury Truck by auto
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Mowery Cosone M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 24 1933

PLACE OF DEATH

County of Camas

City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
84884
State File No.

Registration District No.
Primary Registration District No. 58
Local Registrar's No. 58

(No. 114)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Frank Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Alfred Johnson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jessie Gruenn Herrider

16. BIRTHPLACE (city or town) (State or country) Nampa Idaho

17. INFORMENT (Address) Frank Perkins Fairfield Idaho

18. BURIAL, CREMATION, ~~REMOVAL~~ Place Fairfield Date June 24, 1933

19. UNDERTAKER Earnest McChasney
(Address)

20. FILED June 22, 1933 W W Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to May 22, 1933
I last saw him alive on May 22, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	April 28-1933
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Mucous stool and urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W W Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84885

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 66

888

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary J Hurst

(a) Residence. No. 1512 north 2 St. Nampa Idaho (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Jeff Keith

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME L Keith

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Jeff Hurst

18. BURIAL, CREMATION, OR REMOVAL. Place Murphy Cem Date July 11, 1933

19. UNDERTAKER (Address) Meridian Ida

20. FILED June 24, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 8, 1933

I last saw h alive on June 7, 1933; death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis,	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Horton, M. D.

(Address) Nampa Ida

June 6 RECEIVED JUL 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84886

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

749

2. FULL NAME Anna S. Hustead

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced. (write the word): widow.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William A Hustead

6. DATE OF BIRTH (month, day, and year) Aug 25-1858

7. AGE Years 74 Months 9 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsbrough Ohio

FATHER
13. NAME Asil. Shumaker
14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER
15. MAIDEN NAME Mary Lavina Lippston
16. BIRTHPLACE (city or town) (State or country) ZEH

17. INFORMENT (Address) [illegible] Caldwell Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date June 19, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 6-21, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 17, 1933
I last saw her alive on June 16, 1933: death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	June 6 33

Other contributory causes of importance:
Endocarditis several years
Nephritis several yrs

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) [illegible] M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84887

County of Canyon
City of Wilder
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 62

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Malenda Mayhugh

(a) Residence. No. Wilder St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase Co. Kansas

FATHER

13. NAME Christian C. Schanaday

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Mary Ellen Coffman

16. BIRTHPLACE (city or town) (State or country) Chase Co. Kansas

17. INFORMENT (Address) T. E. Mayhugh Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date June 24, 1933

19. UNDERTAKER (Address) C. V. Beckham Caldwell Idaho

20. FILED 6-30, 1933 John A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 21, 1933
I last saw her alive on June 19, 1933; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial degeneration — Several years.	
Pneumonia per se	3 yrs.
Other contributory causes of importance: Chronic interstitial nephritis with hypertension	3 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical and Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. E. R. Whittenberger M. D.
(Address) Caldwell, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84888

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thos Emmett Addis Mower 118a

(a) Residence. No. Middleton Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hattie Mower

6. DATE OF BIRTH (month, day, and year) Aug 14 1853

7. AGE Years 79 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bloomingdale
(State or country) Michigan

FATHER
13. NAME Henry Moore
14. BIRTHPLACE (city or town) Comstock
(State or country) Vermont

MOTHER
15. MAIDEN NAME Abbigal Bridgman
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Hattie Mower
(Address) Caldwell Ida #1

18. BURIAL, CREMATION, OR REMOVAL
Place Middleton Date 7-5, 1933

19. UNDERTAKER S. V. Peckham
(Address) Caldwell Ida

20. FILED 7-7-, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 2, 1933
I last saw him alive on July 2, 1933: death is said to have occurred on the date stated above, at 1215 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated hernia	

Other contributory causes of importance:

Name of operation Release of hernia Date of July 1st 33
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. M. Carr M.D.
(Address) Caldwell Ida

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84889

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth Irene Rinard. 117

(a) Residence. No. Greenleaf Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct-14 1920

7. AGE Years 12 Months 10 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenleaf Ida

FATHER
13. NAME C. H. Rinard.
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Emma Carter
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) C. H. Rinard Caldwell #3

18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Date 7-9, 1933

19. UNDERTAKER (Address) J. V. Peckham Caldwell Ida

20. FILED 7-10, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to July 6, 1933
I last saw her alive on July 6, 1933; death is said to have occurred on the date stated above, at 12-15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	

Other contributory causes of importance:
Abscess of lung

Name of operation Drainage Date of 5/22 33
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. M. Coe M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84830

County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 60

(No.) 183
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Brigham Lafferty

(a) Residence. No. 1716 Cleveland St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Elizabeth B Lafferty

6. DATE OF BIRTH (month, day, and year): Oct 14 1863

7. AGE: Years 69 | Months 8 | Days - | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tyler Texas

FATHER
13. NAME: Finley Lafferty
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Sarah
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Elizabeth B Lafferty Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Canyon Hill Cem Date: 6-18-1933

19. UNDERTAKER (Address): V Peckham Caldwell Ida

20. FILED 6-21-1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I ~~last~~ saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in fore head accidentally caused by pulling gun across foot of bed.	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm D Tally, M. D
Coroner
(Address)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1933

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84891

County of Canyon
City of Middleton
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 59
(No. 209)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Laura F Baird

(a) Residence. No. Middleton Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E C Baird

6. DATE OF BIRTH (month, day and year) June 20 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Rushville
(State or country) Ills

PARENTS

10. NAME OF FATHER Ephriam Marsh
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Malinda Hollingsworth
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Wm Tyson
(Address) Middleton Idaho

15. Filed 6-13, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 8-33, 19...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 8, 1933
that I last saw h-er alive on Did not see her alive
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Unexpected Sudden death
Some kind of heart attack
Contributory* (Secondary) Probably Angina Pectoris (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. L. Case M.D.
6/12, 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Middleton Ida	6-11-33 19

20. Undertaker	Address
Paul L.Case	Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

FORM V. S. NO. 3-AE25M. 1-33

RECEIVED JUL 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84392

Local Registrar's No. 75

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2006

(No. ..... St.)

2. FULL NAME Martha Adkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F M.	White	Single

6. DATE OF BIRTH June (Month) 12 (Day) 1905 (Year)

7. AGE 28 Yrs. ..... Mos. 1 ds. .....

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF Father J J Adkins

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Emma Sugerman

13. BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tom Rogers

(Address) Nampa Idaho

15. Filed June 30 1933 Lydia Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

78

16. DATE OF DEATH June (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12 – 18 – 1925, to 6 – 13 – 1933, that I last saw h[illegible] alive on 6 – 13 – 1933, and that death occurred on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) since Birth yrs. ..... mos. ..... ds. .....

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds. .....

(Signed) Tom Rogers M. D.

19 ..... (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death above 28 yrs. ..... mos. ..... days. In the State since Birth yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Post Falls Idaho

Former or usual residence Post Falls Idaho

19. PLACE OF BURIAL OR REMOVAL Nampa Ida. | **DATE OF BURIAL** 6-16 1933

20. UNDERTAKER F. K. Robinson | **ADDRESS** Nampa

MAENT RECORD

A ..... should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84893

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Martin Upshaw. 113

(a) Residence. No. ..... Parma Ida Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 21 - 32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Parma
(State or country) Idaho

FATHER
13. NAME L. D. Upshaw.
14. BIRTHPLACE (city or town) .....
(State or country) Mo.

MOTHER
15. MAIDEN NAME Hazel Young.
16. BIRTHPLACE (city or town) .....
(State or country) Okla.

17. INFORMENT L. D. Upshaw
(Address) Parma Ida Rt #1

18. BURIAL, CREMATION, OR REMOVAL
Place Roswell Ida Date 6-15-1933

19. UNDERTAKER C. J. Beckham
(Address) Caldwell Idaho.

20. FILED June 29, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 13, 1933
I last saw h.. alive on June 13, 1933: death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Illeo-Colitis	

Other contributory causes of importance:

None	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84894

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 67

(No. Samariton Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Mary Louise Tidwell

(a) Residence. No. Nampa, Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-22-1897

7. AGE: 36 Years | Months: 2 | Days: ~~29~~ 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Southwebster Ohio

FATHER

13. NAME William Kinker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) W. L. Tidwell Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 5-21, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa, Ida.

20. FILED June 29, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1933, to 5-21, 1933

I last saw her alive on 5-21, 1933; death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance:

Probably a ruptured appendix

Name of operation Drainage Date of 3-20-33

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Horton, M. D.

(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84895

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick La Velle

(a) Residence. No. So. Side Bld V. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

159b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar. 22-1933

7. AGE Years | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME James M. La Velle
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Alice V. Taylor
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMENT James M. La Velle
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Rohlerlawn
Place Nampa Date 6-17, 1933

19. UNDERTAKER Mrs Nina M. Talley
(Address) Nampa, Ida

20. FILED June 21, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to June 18, 1933
I last saw him alive on June 15, 1933; death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure from patent foramen Ovale.	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. R. Ross, M. D.
(Address) Nampa Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84896

PLACE OF DEATH

County of Canyon
City of Houston, Ida. Route #2.
Registration District No. 7
Primary Registration District No. 2216
Local Registrar's No. 73

(No. 161a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME "Unnamed" Doramus

(a) Residence. No. Houston, Idaho, Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Caucasian	Unmarried

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Houston, Idaho
(State or country)

FATHER

13. NAME Mon Monroe Doramus

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Edna Margaret Mc Kague

16. BIRTHPLACE (city or town) Creighton, Kans.
(State or country)

17. INFORMENT Edna Mc Kague Doramus
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date June 4, 1933

19. UNDERTAKER Mon M. Doramus
(Address) Houston, Ida, Route #2

20. FILED June 9, 1933 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 3, 1933.
I last saw him alive on June 3, 1933: death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity,	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J Horton, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84837

County of Bannock
City of Houston, Ida. Route #2
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 72

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME "Unnamed" Doramus

(a) Residence. No. Route #2, Houston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Amer.	Unmarried

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Houston, Idaho
(State or country)

FATHER

13. NAME Mon Morrow Doramus

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Edna Margaret Mc Kague

16. BIRTHPLACE (city or town) Creighton, Kan.
(State or country)

17. INFORMENT Edna Mc Kague Doramus
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida Date June 4, 1933

19. ~~UNDERTAKER~~ Mon M. Doramus
(Address) Houston, Ida. Route #2.

20. FILED June 29, 1933 Lydia Hodgens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 3, 1933
I last saw h. alive on June 3, 1933: death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. C. Horton, M. D.
(Address) Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84898

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 61

(No. Bannock Hotel Blackman)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Clifford M. Blackman

(a) Residence. No. Bannock Hotel St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Evelena Blackman

6. DATE OF BIRTH (month, day and year) Sept. 30th., 1896

7. AGE	Years	Months	Days	If LESS than 1 day,
	36	8	11	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unemployed

9. BIRTHPLACE (city or town) (State or country) Walla Walla Washington

PARENTS

10. NAME OF FATHER Chas. A. Blackman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Ida Anderson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Missouri

14. Informant Mrs. Evelena Blackman

(Address) Nampa, Idaho

15. Filed June 27, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11th., 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at 12:45 A. m.

The CAUSE OF DEATH* was as follows:

Coroner's jury Verdict: Gunshot wound through heart, inflicted by Officer Brown, in the performance of his duty. (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? ...

(Signed) Wm. D Talley Coroner

June 12th 33 (Address) Nampa, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Portland, Oregon	19

20. Undertaker	Address
Wm. D. Talley	Nampa, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84899

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 65

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delph Ward Caward 185

(a) Residence. No. Midway St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1931

7. AGE: Years 2 Months 4 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Midway Idaho

FATHER
13. NAME Delph Caward
14. BIRTHPLACE (city or town) (State or country) Lakin, Kansas

MOTHER
15. MAIDEN NAME Velma Modrell
16. BIRTHPLACE (city or town) (State or country) Fairfield Washington

17. INFORMENT (Address) Mrs Velma Caward Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 6-18, 1933 Kohlerlawn

19. UNDERTAKER (Address) Wm D. Falley Nampa, Idaho

20. FILED June 27, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 15, 1933.
I last saw him alive on June 15, 1933: death is said to have occurred on the date stated above, at 4:14 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of head. Passing through brain	6-10-33

Other contributory causes of importance:

Name of operation Gun shot wound of skull & brain Date of 6-11-33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-10, 1933
Where did injury occur? Nampa Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot
Nature of injury Penetrating skull & brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. P. Belknap, M. D.
(Address) Nampa Ida

RECEIVED JUL 10 1933

PLACE OF DEATH

County of Canyon.

City of Nampa Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84902

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 78

(No. Died 3 Miles west of Nampa. Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy Evangeline Reynolds.

(a) Residence. No. 1312. Michigan Street. Boise. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14. 1872.

7. AGE Years 61. Months 4 Days 17. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Ill.

FATHER
13. NAME S.J. Carnahan.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Sarah. Jane David.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Rollin Jolley. 1312. Michigan Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Boise. Idaho. July. 3. 1933. Date, 193

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED July 7, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 1, 1933

I last saw her alive on June, 1933; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation Heart.

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace P. Belknap M. D.

(Address) Nampa Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84903

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 19
(No. 1 mile from Apple Valley School)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Lula G. Adama

(a) Residence. No. 1 mile from Apple Valley School St.
(Usual place of abode)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. S. Adama

6. DATE OF BIRTH (month, day and year) Feb. 24th., 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	3	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Coffeeville
(State or country) Kansas

PARENTS

10. NAME OF FATHER James Hickman
11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Tennessee
12. MAIDEN NAME OF MOTHER Sarah Hickman
13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Tennessee

14. Informant Mrs. O. J. McFadden
(Address) Parma, Idaho.

15. Filed 7-5, 1933 Ethel Jurries
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 31st (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
that I last saw h.... alive on ....., 19....
and that death occurred, on the date stated above, at 10:45 A.m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage. History of case: 3 strokes, May 4th., May 23rd., May 31st 33. Physician's diagnosis same as above. (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Wm D Talley Coroner D.
June 1st, 1933 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Tucker Parma, Idaho.	6/2 1933
20. Undertaker	Address
C.V. Peckham	Caldwell, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84904

PLACE OF DEATH 1933

County of Canyon
City of Nampa Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 74
(No. 2 miles east)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E. Null Monce.

(a) Residence. No. 2 miles east St.
(Usual place of abode)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. G. Monce.

6. DATE OF BIRTH (month, day, and year) Feb. 24-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson Co. Kansas

FATHER

13. NAME Andrew Crawford

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary J. Thompson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Mr. H. G. Monce Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Cedarlawn Date 6-3 D. 1933

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa, Idaho

20. FILED June 30, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1933, to June 28, 1933.
I last saw her alive on June 27, 1933: death is said to have occurred on the date stated above, at 1.20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease - de-compensation	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Geo. R. Proctor M. D.
(Address) Nampa Idaho

RECEIVED JUN 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84905

PLACE OF DEATH
County of Canyon Nampa Registration District No. 7
City of Rural Primary Registration District No. 2006
Local Registrar's No. 53

(No.) 89
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fanny Walton Perry 93-

(a) Residence. No. Nampa Idaho R-R #3 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 2/17/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER Thos. Wheatley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant George Walton
(Address) Nampa Idaho

15. Filed June 6, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 1 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 1, 1933
that I last saw her alive on April 25, 1933
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Horace P Bellwell M. D.
5 2 1933 (Address) Nampa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Nampa Idaho	5-4 1933

20. Undertaker	Address
F.K. Robinson	Nampa Idaho

B

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84906

PLACE OF DEATH
County of Canyon
City of Nampa Rural

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 69

(No. ✓)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Cyrus Eugene Johnson

(a) Residence. No. Melba, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1-1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ILL.

FATHER
13. NAME James Johnson
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. O. Johnson Melba, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date 6-24 1933

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED June 29, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris	6/28
	One hour,

Other contributory causes of importance: No

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Bellamy M. D.
(Address) Nampa Idaho

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84907

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 60
(No. 4½ mi. so. Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

880

2. FULL NAME Mrs. Amelia Lang

(a) Residence. No. 4½ mi so. Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Lang.

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ripley Co. Indiana

PARENTS

10. NAME OF FATHER Ludwig Schwamb
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Rosalie Uhlendorf
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mrs. Clara Nehring
(Address) Nampa R.F.D. # 4.

15. Filed June 27, 1933 Lyda Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-20, 1933, to 6-9, 1933
that I last saw her alive on 6-9, 1933
and that death occurred, on the date stated above, at 9:25 a.m.
The CAUSE OF DEATH* was as follows: -

Myocarditis.
(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. C. Horton, M. D.
6-13, 1933 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kohlerlawn-Nampa	6-12 1933
20. Undertaker	Address
Mrs. Nina M. Talley	Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84908

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1000
(No. 1312-12th Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 76

88t

2. FULL NAME Margaret Ann Sherman
(a) Residence. No. 1312-12th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar E. Sherman
6. DATE OF BIRTH (month, day and year): Jan. 8th 1857
7. AGE: Years 76, Months 4, Days 28. If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Iowa

PARENTS
10. NAME OF FATHER: Levi Wilson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): unknown
12. MAIDEN NAME OF MOTHER: Sarah Jackson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

14. Informant: Geo. S. Sherman
(Address): Nampa, Idaho

15. Filed July 6, 1933. Lyda Rodgers, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to June 6, 1933
that I last saw her alive on June 5, 1933
and that death occurred, on the date stated above, at 2:10 P. m.
The CAUSE OF DEATH* was as follows:
Myocarditis and organic heart - Dilatation heart
(duration) ___ yrs. ___ mos. ___ ds.
CONTRIBUTORY (Secondary): Organic heart
Trouble. Mitral (duration) 2 yrs. ___ mos. ___ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Horace P. Belknap M. D.
6-7, 1933 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kohlerlawn-Nampa. Date of Burial: 6-7 1933
20. Undertaker: Mrs. Nina M. Talley. Address: Nampa.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84909

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 68

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Ellen Groves

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-8-1854

7. AGE: 79 Years, 9 Months, 11 Days. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Harduock
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Lewis Yoder Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 6-21, 1933

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED June 29, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to 6-19, 1933
I last saw her alive on 6-19, 1933; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation heart	

Other contributory causes of importance:
Myocarditis and Arteriosclerosis

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace P. Bethnal M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

B

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84910

PLACE OF DEATH

County of Canyon
City of Rural
Registration District No. 7
Primary Registration District No. 2056
Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christina Cogdill

(a) Residence. No. Melba, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1002

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-8-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER

13. NAME Daniel Eckley

14. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Finch

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMENT J. M. Cogdill
(Address) Melba, Ida.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Namsetter, Wyo. Date 7-1-33 193

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida.

20. FILED July 10, 1933 Lydia Cordyn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 193 3

22. I HEREBY CERTIFY, That I attended deceased from June 5 193 3, to June 29, 193 3

I last saw her alive on June 25, 193 3; death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Cosgrove, M. D.

(Address) Nampa Ida

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84911

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
(No. 213 - 11th ave. no.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 63

87

2. FULL NAME Roy Beward
(a) Residence. No. 1101½ Front St. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jennie Beward

6. DATE OF BIRTH (month, day and year) June 29th 1878

7. AGE: Years 54 | Months 11 | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Restuarant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Davenport Iowa

PARENTS

10. NAME OF FATHER: Wm T. Beward
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Hattie unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Iowa

14. Informant: Mrs. Jennie Beward
(Address) Nampa, Idaho

15. Filed [illegible], 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 16th 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___
that I last saw h___ alive on ___, 19___
and that death occurred, on the date stated above, at 11:30 A. m.
The CAUSE OF DEATH* was as follows:
History of case - Chronic Pericarditis.
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Over exertion in hot sun. (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wm D. Talley M.D. coroner
6-17, 1931 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Idaho Falls, Ida. | Date of Burial: 6-20 1933

20. Undertaker: Wm D. Talley | Address: Nampa Ida.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84912

PLACE OF DEATH

County of Bannock
City of ~~Montpelier~~ Soda Springs

CERTIFICATE OF DEATH

Registration District No. ~~52~~ 82
Primary Registration District No. ~~2136~~ 2159
(No. ..... Local Registrar's No. 14

RECEIVED JUL 5 1933

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Margaret Annie Horsley 46

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm Horsley

6. DATE OF BIRTH (month, day and year) May 11 - 1874

7. AGE Years 58 Months 10 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Randolph Utah

PARENTS

10. NAME OF FATHER John Corless
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Dorothy Knox
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Wm Horsley Montpelier, Idaho

15. Filed 6/11 1933 6/25/33 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1933 to Mar 29, 1933
that I last saw her alive on Mar 29, 1933
and that death occurred, on the date stated above, at 4:20 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Ellis Horsley M. D.
Apr 1 - 1933 (Address) Soda Springs Idaho

19. Place of Burial, Cremation, or Removal Randolph Utah
Date of Burial Apr 31 1933

20. Undertaker Mr William
Address Montpelier Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 5 1933

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84913

Local Registrar's No. 10

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County of Canyon

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 87-F

Primary Registration District No. 2159

(No. Caribou Hospital St.)

2. FULL NAME Sarah A. Nickerson

Irwin, Idaho.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widowed

6. DATE OF BIRTH April (Month) 9 (Day) 1856 (Year)

7. AGE 77 Yrs. Mos. 1 ds. 9

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Grantsville Utah

10. NAME OF Father Emery Barnes

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Sarah A. Barnes

13. BIRTHPLACE OF MOTHER (State or Country) Grantsville Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lorus Nickerson

(Address) Irwin Idaho.

15.

Filed 5-18- 1933 Dr. Russell Rigby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) -18- (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May-13- 1933, to May-18- 1933, that I last saw her alive on May 18- 1933, and that death occurred on the date stated above, at 6:15 A. M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Mitral)

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Ellis Buckley M. D.

5/18/33 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. 5 days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Irwin, Ida

Former or usual residence Irwin Idaho

19. PLACE OF BURIAL OR REMOVAL Grantsville Utah

DATE OF BURIAL 5-22- 1933

20. UNDERTAKER C. B. Pittman

ADDRESS Soda Springs Ida

FORM V. S. No. 5-A-1M. 1-19

RECEIVED JUL 5 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84914

Local Registrar's No. 12

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Bonneville

City of Soda Springs

Registration District No. 87

Primary Registration District No. 2159

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph P. Blackburn

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: April (Month) 10 (Day) 1862 (Year)

7. AGE: 71 Yrs. 1 Mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Salt Lake City, Neb.

10. NAME OF Father: Geo. W. Blackburn

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Elizabeth Jane Robinson

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. M. Blackburn

(Address) Soda Springs Ida

15. Filed May 23 1933 Dr. Russell Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1933 to May 22 1933, that I last saw him alive on May 20 1933, and that death occurred on the date stated above, at 1:15 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Acute Heart Lobe (Coronary)

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

(Signed) Russell Tigert M. D.

May 23 1933 (Address) Soda Springs, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Soda Springs Ida — DATE OF BURIAL: May 24 1933

20. UNDERTAKER: O. D. Whitman — ADDRESS: Soda Springs Ida

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUL 5 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou

City of Soda Springs Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. ..... St.)

State File No. 84915

Local Registrar's No. 15

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William T. Parkison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Jany. (Month) - 17 (Day) - 1875 (Year)

7. AGE: 58 Yrs. 5 Mos. 4 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Chemist

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Helena, Mont.

10. NAME OF Father: William H. Parkison

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Jeannette Argyle

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Max Snell

(Address) Soda Springs Ida

15.

Filed June 23 - 1933 Dr. Russell Tigert Local Registrar

MEDICAL CERTIFICATE OF DEATH 107

16. DATE OF DEATH: June 6 (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from march 1933, to June 21 1933, that I last saw him alive on June 6 & 21 - 1933, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Inflammation of lungs with fibrosis of lungs and ulceration

(Duration) 1 yrs. 1 mos. 10 ds.

Contributory (Secondary) mitral Insufficiency

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Russell Tigert M. D.

June 6 21 1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 1 days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Conda, Ida

Former or usual residence Conda, Idaho

19. PLACE OF BURIAL OR REMOVAL: Soda Springs Ida

DATE OF BURIAL: June 23 1933

20. UNDERTAKER: C. L. Whitman

ADDRESS: Soda Springs Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. ..... St.)

RECEIVED JUL 5 1933

State File No. 84916

Local Registrar's No. 13

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George Cook Jr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: widower (Write the word)

6. DATE OF BIRTH: Dec. (Month) 22 (Day) 1874 (Year)

7. AGE: 58 Yrs. 5 Mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: City Clerk

(b) General nature of industry, business or establishment in which employed (or employer): Village Office

9. BIRTHPLACE (State or Country): Utah

10. NAME OF Father: George Cook

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Maria Robins

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar Cook

(Address) Albion Idaho

15.

Filed June-16- 1933 D. Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH 131

16. DATE OF DEATH: June (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to June-16- 1933, that I last saw him alive on June-16- 1933, and that death occurred on the date stated above, at 4-10 AM.

The CAUSE OF DEATH* was as follows:

Operation

Pyelitis, right

(Duration) 33 yrs. 6 mos. 15 ds.

Contributory (Secondary) Renal Calculus

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Ellis Kasley (R.T.) M. D.

6-16 1933 (Address) Soda Springs, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. Kidney trouble

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 2 days. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted if not at place of death? Army

Former or usual residence Albion Idaho

19. PLACE OF BURIAL OR REMOVAL: Albion Idaho

DATE OF BURIAL: June 19 1933

20. UNDERTAKER: C. D. Whitman

ADDRESS: Soda Springs Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUL 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonbyn

City of Soda Springs

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. ..... St.)

State File No. 84917

Local Registrar's No. 15

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Hannah Esther Smart

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Baby (Write the word)

6. DATE OF BIRTH: June -20- 1933 (Month) (Day) (Year)

7. AGE: ..... Yrs. ..... Mos. 4 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby.
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Soda Springs Ida

10. NAME OF Father: Frederick F. Smart

11. BIRTHPLACE OF FATHER (State or Country): Georgetown Ida

12. MAIDEN NAME OF MOTHER: Hannah E. Stockings

13. BIRTHPLACE OF MOTHER (State or Country): Malad Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Floyd Smart
(Address) Soda Springs Ida

15. Filed June 23 - 1933 Dr. Russell Tigert
Local Registrar

MEDICAL CERTIFICATE OF DEATH 159b

16. DATE OF DEATH: June -23- 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June -20- 1933, to June 23 1933, that I last saw her alive on June -23- 1933, and that death occurred on the date stated above, at 9:32 A.M.

The CAUSE OF DEATH* was as follows:

Congenital Defective Heart - Foramen Ovale unclosed

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell Tigert M. D.

6-23 1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Soda Springs Ida

DATE OF BURIAL: June 24 1933

20. UNDERTAKER: C. L. Whitman

ADDRESS: Soda Springs Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

...ery item of information should be carefully supplied. AGE should be stated EXACT... ...e CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... ...ery important. See instruction on back of certificate.

RECEIVED JUL 1933

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84918

PLACE OF DEATH
County of [illegible]
City of [illegible]

Registration District No. [illegible]
Primary Registration District No. [illegible]
[illegible]

Local Registrar No. 9

2. FULL NAME Emma S. Callaway.

(a) Residence. No. Colpet, Wyo St. Colpet, Wyo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm S. Callaway.

6. DATE OF BIRTH (month, day and year) Dec. 6th 1896

7. AGE Years 36 Months 4 Days 0 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minco Ind Territory

PARENTS
10. NAME OF FATHER Arthur E. Moon
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York St
12. MAIDEN NAME OF MOTHER Clara B. Toveax
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nebraska

14. Informant W. S. Callaway

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April (Month) 6th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to April 6th, 1933
that I last saw her alive on April 6th, 1933
and that death occurred, on the date stated above, at 3 a.m.
The CAUSE OF DEATH* was as follows:
Pulmonary Infarction
(duration) ... yrs. ... mos. 3 ds.
CONTRIBUTORY (Secondary) Chronic Appendicitis + Pulmonary Infarction
(duration) 2 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? yes Date of 4/3/33
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination
(Signed) Ellis Kaikly, M. D.
3/6/33, 19... (Address) Sodo Spring Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal | Date of Burial
[illegible]

RECEIVED JUL 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84919

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

161b

2. FULL NAME Shirley Ann Carson

(a) Residence. No. View District St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 1933

7. AGE Years Months Days If LESS than 1 day 27 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ——

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ——

10. Date deceased last worked at this occupation (mo. and yr.) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) Burley
(State or country) Ida.

FATHER

13. NAME Stanley Carson

14. BIRTHPLACE (city or town) Oakley
(State or country) Ida.

MOTHER

15. MAIDEN NAME Martha Carlson

16. BIRTHPLACE (city or town) Butte
(State or country) Montana

17. INFORMANT Stanley Carson
(Address) Burley, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Marion Date 6/11, 1933

19. UNDERTAKER Vern McCulloch
(Address) Burley Idaho

20. FILED 6/10, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to June 10, 1933.

I last saw her alive on June 10 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Respiratory paralysis	

Other **contributory causes** of importance:

Long delivery period

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. M. Kelly, M. D.

(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 13 1933

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84921

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

161b

2. FULL NAME Baby Mabey

(a) Residence. No. Oakley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 3/4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25 1933

7. AGE Years Months Days 1 If LESS than 1 day 18 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley, Idaho
(State or country) Cassia

FATHER

13. NAME Horton Edwin Mabey

14. BIRTHPLACE (city or town) Oakley, Idaho
(State or country) Cassia

MOTHER

15. MAIDEN NAME Eva Amelia Smith

16. BIRTHPLACE (city or town) Oakley, Idaho
(State or country) Cassia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date June 28 1933

19. UNDERTAKER W. C. Johnson
(Address) Burley Idaho

20. FILED June 27 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to June 27, 1933

I last saw him alive on June 27 1933; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Probably caused by birth injury	36 hrs

Other **contributory causes** of importance:

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles D. Leymer M. D.

(Address) Burley - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84822

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wallace 90

(a) Residence. No. Jerome Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wallace

6. DATE OF BIRTH (month, day, and year) Feb. 9 - 1856

7. AGE Years 77 Months 3 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME John Wallace

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) James Wallace Heyburn Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 6/7, 1933

19. UNDERTAKER (Address) D. E. Johnson Burley Idaho

20. FILED June 4, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 4, 1933.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8:P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute dilatation of heart	June 4

Other **contributory causes** of importance:
acute gastritis

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) J. J. Esper, M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84923

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME Eliza Jane Walker

(a) Residence. No. Oakley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Walker

6. DATE OF BIRTH (month, day, and year) Mar 10 - 1843

7. AGE Years 89 Months 7 Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) Missouri

FATHER

13. NAME John Fanning

14. BIRTHPLACE (city or town) —
(State or country) —

MOTHER

15. MAIDEN NAME Sarah Schenk

16. BIRTHPLACE (city or town) —
(State or country) —

17. INFORMANT J. W. Walker
(Address) Oakley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 6/ ....., 1933

19. UNDERTAKER Vern McCullach
(Address) Johnson Mortuary

20. FILED 6/14/, 1933. Laura Gregg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/13 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to June 13, 1933.

I last saw her alive on June 7 1933: death is said to have occurred on the date stated above, at 12 30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown

Other **contributory causes** of importance:

Arterio Sclerosis	
Chr. Interstitial	unknown
Nephritis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? — .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles B. Seymer M. D.

(Address) Burley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 13 1933

PLACE OF DEATH

County of Cassia

City of Delco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84924

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Joan McLaws Huntsman

(a) Residence. No. Delco St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyrum Huntsman

6. DATE OF BIRTH (month, day, and year) Jan. 6 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aragon Creek Utah

FATHER

13. NAME Daniel McLaws

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Julia Lee McLaws

16. BIRTHPLACE (city or town) (State or country) Doyle Utah

17. INFORMANT Mrs. C. Tanner
(Address) Delco, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Delco cem. Date 6/16 1933

19. UNDERTAKER Vern McCulloch
(Address) Burley

20. FILED 6/13 1933 Laura Green
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to June 13, 1933.

I last saw her alive on June 12, 1933.; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	
Secondary To Adeno carcinoma Rt. Breast	Jan 1932

Other **contributory causes** of importance:

None

Name of operation Amputation Breast Date of Oct. 1932

What test confirmed diagnosis? Clinical & Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury .., 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Tanner M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84925

PLACE OF DEATH
County of Cassia
City of Albion

CERTIFICATE OF DEATH
Registration District No. 119
Primary Registration District No. 2198 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Adele Chambliss Royall
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 23 yrs. 4 mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Price Royall
6. DATE OF BIRTH (month, day and year) Dec. 6 - 1849
7. AGE Years 83 Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Marion Alabama
PARENTS
10. NAME OF FATHER John Alexander Chambliss
11. BIRTHPLACE OF FATHER (city or town) (State or Country) So. North Carolina
12. MAIDEN NAME OF MOTHER Rebecca Ann Ellerbe
13. BIRTHPLACE OF MOTHER (city or town) (State or County) South Carolina
14. Informant (Address) Belle H. Hannahus Albion Idaho
15. Filed May 18, 1933 C. J. Soler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 15 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to May 15, 1933
that I last saw her alive on May 12, 1933
and that death occurred, on the date stated above, at 10 20 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arterio-sclerosis
Chronic myocarditis
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Possibly Gastric Carcinoma
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? ✓ Date of
Was there an autopsy? ✓
What test confirmed diagnosis?
(Signed) E. H. Elmore M. D.
5-18, 1933 (Address) Rupert Ida.
19. Place of Burial, Cremation, or Removal Boise Idaho Date of Burial 5/14 1933
20. Undertaker H. E. Johnson Address Burley Ida.

RECEIVED JUN 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84926

PLACE OF DEATH
County of Cassia
City of Albion

CERTIFICATE OF DEATH
Registration District No. 119
Primary Registration District No. 2198 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

21

2. FULL NAME Farine E. McBride
(a) Residence. No. Albion Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melnot McBride

6. DATE OF BIRTH (month, day and year) Feb. 1-1911

7. AGE Years 22 Months 2 Days 26 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeping
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Albion Idaho

PARENTS
10. NAME OF FATHER Joseph Parke
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Elizabeth Harris
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) X Douglas Parks Albion Idaho

15. Filed May 29, 1933 L. J. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended ~~deceased~~ from April 20, 1932, to May 26, 1933
that I last saw her alive on May 16, 1933
and that death occurred, on the date stated above, at 10 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Erysipelas (Face)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of Death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles B. Reymer M. D.
May 29, 1933 (Address) Burley - Idaho

19. Place of Burial, Cremation, or Removal Albion Idaho Date of Burial 5/28 1933
20. Undertaker D. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAR 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84927

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Cassia
City of Malta

Registration District No. 114
Primary Registration District No. 2117 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Ottley

(a) Residence. No. ..... Malta ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 2 mos. 24 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thirza Timber Ottley

6. DATE OF BIRTH (month, day and year) May 7-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Burer-Suffolk Co. England

PARENTS

10. NAME OF FATHER Edward Ottley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Halstead England
12. MAIDEN NAME OF MOTHER Hannah Mills
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Burer England

14. Informant Henry J. Ottley
(Address) Murray Utah

15. Filed Mar. 1, 1933. C E Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Feb 24 1933
that I last saw him alive on Feb 20 1933
and that death occurred, on the date stated above, at 10:55 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis
.....(duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary) None
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Clinical

(Signed) C E Slater, M. D.
Feb 25, 1933 (Address) Malta, Ida.

19. Place of Burial, Cremation, or Removal Murray Utah — Date of Burial 2/29-1933

20. Undertaker H. C. Johnson — Address Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84928

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 20
Primary Registration District No. 215
Local Registrar's No. 34

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Lucy May Smith Larkins

(a) Residence. No. (Usual place of abode) St. Fernwood, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles Larkins

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records, State Hospital North Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Cemetery Date June 29 1933

19. UNDERTAKER F. A. Billberg, Hosp. Attdt. (Address) Orofino, Idaho

20. FILED 6-29, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 26, 1933

I last saw her alive on June 26, 1933: death is said to have occurred on the date stated above, at 11.15 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	
Manic depressive psychosis	

Name of operation None Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Louis McKelway, M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

PLACE OF DEATH

County of Clearwater

City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 84929

Local Registrar's No. 94

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) 94

2. FULL NAME Negron Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) Bob Hamilton Weippe Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Weippe Date 6-18, 193

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 6-17, 193 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16, 193

22. I HEREBY CERTIFY, That I attended deceased from June 13, 193 3, to June 16, 193 3

I last saw him alive on June 13, 193 3; death is said to have occurred on the date stated above, at 2:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) C. B. Pappenhagen, M. D.

(Address) Orofino Idaho

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84930

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 30

(No. State Hospital North) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cynthia Staley

(a) Residence. No. 620 Third Avenue St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) April 6, 1904

7. AGE Years 29 Months 2 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rubens, Idaho

FATHER
13. NAME Abraham L. Staley
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Clara Belle Yearian
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho -

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 6-14, 193

19. UNDERTAKER (Address) Vassar Lewiston

20. FILED 6-12, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1931, to June 10, 1933
I last saw her alive on June 10, 1933: death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease - mitral regurgitation	

Other contributory causes of importance:
Dementia praecox - hebephrenic type

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce Irvine McKelvey, M. D.
(Address) Orofino, Idaho -

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84931

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 29
(No. Orofino Hosp 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurence Dell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	?

5a. If maried, widdwed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 42			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country)

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) ? (State or country)

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMENT Orofino Hosp (Address) Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Date 6/8, 1933

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 6-9, 1933 W. A. Shaw Registrar.

6-6-

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933, to June 6, 1933
I last saw h[illegible] alive on June 6, 1933: death is said to have occurred on the date stated above, at 11:40 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	?
Other contributory causes of importance:	
Edema of lungs	6/4/33

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) P. J. Hopkins, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84032

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 27

(No. 75)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Etta Clayton

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Tom Clayton

6. DATE OF BIRTH (month, day, and year) June 20-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Tom Howard

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs Sam Nelson Orofino Ida

18. BURIAL, CREMATION, OR REMOVAL Place Greenville, Ida Date 6-6, 1933

19. UNDERTAKER Orofino Mortuary (Address) " Idaho

20. FILED 6/5, 1933 W. A. Shaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis with old age	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wayne S. Harris Coroner, ~~M. D.~~

(Address) Orofino Ida

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84933

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2184 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John J. Garstad

(a) Residence. No. 428 Brown ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Patrina Garstad

6. DATE OF BIRTH (month, day, and year) March 3-1846

7. AGE: Years 87 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER
13. NAME John Johnson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Bertha Peterson
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Emma Olson Orofino Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Ida Date 6-28, 1933

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 6-28, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-20-, 1933, to 6-25-, 1933
I last saw him alive on 6-20, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy-	

Other contributory causes of importance:
Senility
Saw McGarstad only once-

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature] M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1937

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 84334

Local Registrar's No. 32

(No. 129) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John O. Hogan

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 6 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri Bacon County

FATHER

13. NAME John Hogan

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sarah A Carter

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) V. O Hogan Moscow

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Cem. Date June 27, 193

19. UNDERTAKER (Address) V. A. Shaw Orofino

20. FILED June 27, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 193

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to June 25th, 1937

I last saw him alive on 6-25-, 1937: death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unknown

Other contributory causes of importance:
Senility. Cystitis. Prostatitis
Inguinal Hernia (left)

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193.

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Robertson, M. D.

(Address) Orofino, Idaho

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84935

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 90
Primary Registration District No. [illegible]
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Richard O. Hutchins

(a) Residence. No. Weippe Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7-1914

7. AGE Years 14 Months 2 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greer Idaho

FATHER
13. NAME Orvill Hutchins
14. BIRTHPLACE (city or town) (State or country) Dayton Oregon

MOTHER
15. MAIDEN NAME Maude Carpenter
16. BIRTHPLACE (city or town) (State or country) Stites Idaho

17. INFORMENT (Address) Orvill Hutchins Weippe Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Ida Date 6-29, 1933

19. UNDERTAKER (Address) Orofino Mortuary

20. FILED 6-29, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from None, 193 Dead on, 193
I last saw h..... alive on arrival, 193 ; death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound through left lower chest - lived one hour.	6/28/33

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/28 1933
Where did injury occur? Weippe, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Shot 22 rifle
Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. T. Hopkins, M. D.
(Address) Orofino, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84936

PLACE OF DEATH
County of Custer
City of Goldberg

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herschel J. Howard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ettaile Howard

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 68 Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Boulder Colorado

FATHER
13. NAME Norman R Howard
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Mary Dawson
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs H J Howard Goldberg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place May Idaho Date May 4 1933

19. UNDERTAKER (Address) J Wm. Schoebler Salmon

20. FILED July 8, 1933 Elio E Billamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to May 1, 1933
I last saw him alive on May 1, 1933: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	About 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas F Hammer, M. D.
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84337

PLACE OF DEATH
County of CUSTER
City of MACKAY

Registration District No. 76
Primary Registration District No. 2-15
Local Registrar's No. 172

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JAMES CUTHBERT POST

(a) Residence. No. MACKAY IDAHO St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	WH	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 20, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Co Canada

FATHER

13. NAME PETER WILLIAM POST

14. BIRTHPLACE (city or town) (State or country) CANANA

MOTHER

15. MAIDEN NAME SARAH ANN TILLITSON

16. BIRTHPLACE (city or town) (State or country) CANADA

17. INFORMENT (Address) MRS I E HONEY (SISTER) MACKAY IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place MACKAY Date 6/12/33

19. UNDERTAKER (Address) g Garnier Arco Ida

20. FILED July 5, 1933 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/10/33

22. I HEREBY CERTIFY, That I attended deceased from 3/11/33, 193..., to 6/10/33, 193...
I last saw him alive on 6/10/33, 193...: death is said to have occurred on the date stated above, at 4 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	2 yrs
Other contributory causes of importance:	
Inanition	6 mo

Name of operation Date of
What test confirmed diagnosis? SYMPTOMS Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO
(Signed) F. P. Richards, M. D.
(Address) MACKAY IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CUSTER

City of MACKAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE
State File No. 84938

Local Registrar's No. 174

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME SILAS ABRAHAM EDRINGTON

74a

(a) Residence. No. Mackay Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of LAVINA EDRINGTON

6. DATE OF BIRTH (month, day, and year) 11/10/1857

7. AGE — Years: 77 — Months: — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: W M Edrington

14. BIRTHPLACE (city or town) (State or country): US

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Lillie Ewing Mackay Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Mackay Cem. Date June 29, 1933

19. UNDERTAKER
(Address) Farmer Arco - Ida.

20. FILED July 5, 1933 Rose Navratil
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28/33 193

22. I HEREBY CERTIFY, That I attended deceased from 6/23/33, 193, to 6/28/33, 193

I last saw him alive on 6/28/33, 193: death is said to have occurred on the date stated above, at 2p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	6/24/33

Other contributory causes of importance:

SENILITY

Name of operation Date of

What test confirmed diagnosis Symptoms Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) F. P. Richards, M. D.

(Address) Mackay Idaho

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84939

PLACE OF DEATH

County of Custer

City of Mackay

Registration District No. 76

Primary Registration District No. 2153

Local Registrar's No. 170

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME AUGUST BETZ

(a) Residence. No. ..... St. CLAYTON IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/16/-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc QUARTZ MINER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) WISCONSIN

FATHER

13. NAME AUGUST BETZ

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME CAROLINE STARK

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMENT (Address) Mrs Oscar Wornek Mackay Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clayton Id Date May 1 1933

19. UNDERTAKER (Address) Gladys Garnier Arco Ida

20. FILED July 5, 1933 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/29/33 193

22. I HEREBY CERTIFY, That I attended deceased from 4/27/33, 193.., to 4/29/33, 193..
I last saw him alive on 4/28/33, 193..: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
MYOCARDITIS	1928-?
ARTERIO-SCLEROSIS	1923-?
CARDIAC DECOMPENSATION	2 weeks
Other contributory causes of importance:	
SENILITY	

Name of operation ..... Date of .....
What test confirmed diagnosis? clin Sym Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify ..... No
(Signed) ..... F. P. Richards, M. D.
(Address) Mackay Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CUSTER

City of MACKAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84940

Registration District No. 76

Primary Registration District No. 2153 Local Registrar's No. 173

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ANDREW FERGUSON KING

90

(a) Residence. No. MOORE IDAHO St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1/6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Leona King

6. DATE OF BIRTH (month, day, and year): 8/27/1880

7. AGE: Years 52 | Months 8 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher (sheep)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): 6/20/33

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Logan, Utah

FATHER

13. NAME: James King

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Marian Beverland

16. BIRTHPLACE (city or town) (State or country): Nebr

17. INFORMENT (Address): Leona King, Moore Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Pioneer Cemetary
Place near Moore Ida Date 6/23/33, 193

19. UNDERTAKER (Address): Garnier, Arco Idaho

20. FILED July 5 1933 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/20/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sudden death, 193..., to not treated, 193...

I last saw h.....alive on....., 193...: death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE CARDIAC DILATATION	6/20/33

Other contributory causes of importance:

Chronic Myocarditis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? symptoms Was there an autopsy no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ~~If so, specify~~ no

(Signed) F. P. Richards, M. D.

(Address) Mackay Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1933

DO NOT WRITE IN THIS SPACE
State File No. 84941

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer
City of Mackay
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 171
(No. 57)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jasper N. Baxter

(a) Residence. No. Mackay, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lily Kluge Baxter

6. DATE OF BIRTH (month, day and year) June 4, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85		30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Chas. F. Baker, Mackay, Ida

15. Filed July 5, 1933 R. E. Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 7 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 6, 1933
that I last saw him alive on June 6, 1933
and that death occurred, on the date stated above, at 4.30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Urine

(Signed) Carroll A. Fraser M. D.
June 7, 1933 (Address) Mackay, Ida.

19. Place of Burial, Cremation, or Removal: Sacramento Cal — Date of Burial: Jun 10, 1933

20. Undertaker: E. T. Peck — Address: Blackfoot Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1933

PLACE OF DEATH

County of Elmore

City of Glenns Ferry.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 84942

Local Registrar's No. 199

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Head

(a) Residence. No. King Hill Idaho (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11-12-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crawford Gentry Co

FATHER

13. NAME Joe Head

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Stella Ferguson

16. BIRTHPLACE (city or town) (State or country) Crowley Colorado

17. INFORMENT (Address) Mrs. Georgia Head King Hill Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date , 193

19. UNDERTAKER (Address) G. E. Barker Mortuary

20. FILED May 30, 1933 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-28 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 12:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning	
Homicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/27, 1933.

Where did injury occur? Near Glenns Ferry
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philo F. Green

(Address) Coroner Elmore County

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84943

PLACE OF DEATH
County of Elmore
City of Mountain Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

48

2. FULL NAME Rollin M. Wheeler

(a) Residence. No. Mountain Home St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia Etta Wheeler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 77 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation always

12. BIRTHPLACE (city or town) (State or country) Milledgeville Ill

FATHER
13. NAME Rollin Wheeler
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Lois Brigham
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) T. E. Hunter 1913 N 16th Boise Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Mtn Home Date 3-28, 1933

19. UNDERTAKER (Address) J. C. Gasker

20. FILED July 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1932, to 3-25, 1933

I last saw him alive on 3-25, 1933: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lage	
Beginning as Epithelioma	
under right Eye	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Many Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Evans M.D.

(Address) Mtn Home Ida

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Elmore

City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84944

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 11

(No.) 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Cyrus Frederick Wheeler

(a) Residence. No. Mt. Home Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Georgia Wheeler

6. DATE OF BIRTH (month, day, and year) 7/2/1866

7. AGE Years 66 Months 11 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter etc

10. Date deceased last worked at this occupation (month and year) 4/33

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Me.

FATHER

13. NAME Aaron Wheeler.

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Lucy Fish

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Georgia Wheeler.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mtn. Home Date 6-25, 1933

19. UNDERTAKER (Address) G. C. Zoeller.

20. FILED July 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-22 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to June 22, 1933. I last saw him alive on 6-22-, 1933; death is said to have occurred on the date stated above, at 7:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Evans, M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84945

PLACE OF DEATH

County of Elmore
City of Mtn Home

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME John Henry Brady
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 9-9-1846

7. AGE Years 86 Months 9 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Man
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10. NAME OF FATHER Thomas Brady
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Bessie H. McGuire
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) Kathie Smith

15. Filed July 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to 7-2-1933
that I last saw him alive on 7-2-1933
and that death occurred, on the date stated above, at 1.40 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Enlarged Prostrate

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis
(duration) 7 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) F E Evans, M. D.
7-12-1933 (Address) Mtn. Home Ida

19. Place of Burial, ~~Cremation, or Removal~~ Mtn Home. Date of Burial 7-4-1933

20. Undertaker G. S. Zusler. Address Mtn Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84946

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Elmore
City of Mtn Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 10
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

156

2. FULL NAME Charles Crabb
(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Iona Crabb.

6. DATE OF BIRTH (month, day and year) 1-25-1857

7. AGE Years 76 Months 4 Days 16 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stockman
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cal

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Iona Crabb

15. Filed July 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 31 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-19, 1933, to 5-31, 1933
that I last saw him alive on 5-31, 1933
and that death occurred, on the date stated above, at 11:30 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Arthritis

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? ...
(Signed) [signature] M. D.
..., 19... (Address) Mtn Home Ida

19. Place of Burial, Cremation, or Removal Mtn Home — Date of Burial 6-3 1933

20. Undertaker G. C. Zacher — Address Mtn Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84949

PLACE OF DEATH

County of Elmore
City of Mtn Home

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 9
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edgar Latimore 31

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 5-19-1878

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stockman & Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Madisonville Tenn

PARENTS

10. NAME OF FATHER Sam Latimore
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn
12. MAIDEN NAME OF MOTHER Cunningham
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Tenn

14. Informant (Address) Dan W. Latimore

15. Filed July 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-17-1933, to 5-23-1933
that I last saw him alive on 5-22-1933
and that death occurred, on the date stated above, at 8 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary and Laryngeal Tuberculosis
Perhaps (duration) 30 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? In childhood
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Microscopic [signature]
(Signed) [signature], M. D.
6-1-, 1933 (Address) Mtn Home

19. Place of Burial, ~~Cremation, or Removal~~ Mtn Home — Date of Burial 5-31 1933

20. Undertaker G. S. Zacher — Address Mtn Home

RECEIVED JUL 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84950

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2704
Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Mable Chatterton Golightly

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Joseph Golightly

6. DATE OF BIRTH (month, day, and year) Dec 19 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Wilford Chatterton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME M. Ellen Cord

16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMENT (Address) Joseph Golightly Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date June 7 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED July 8, 1933 G. W. Tolen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) June 4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to June 4, 1933.
I last saw h alive on June 4, 1933; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Hemorrhage	May 20th
Carcinoma of Uteri	7 mos

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. R. Cutler, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 84951

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Minkcreek

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 37
(No. 167)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Opal Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (Write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 8 1933

7. AGE — Years | Months . 4 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Minkcreek Idaho

PARENTS

10. NAME OF FATHER Harry Jensen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Minkcreek Idaho
12. MAIDEN NAME OF MOTHER Rosetta Nelsen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Minkcreek Idaho

14. Informant Harry Jensen (Address) Minkcreek Idaho

15. Filed July 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 12 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 12, 1933
that I last saw her alive on June 12, 1933
and that death occurred, on the date stated above, at 5 PM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Hemorrhage Disease of New Born
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination

(Signed) O. K. Butler, M. D.
June 12, 1933 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal: Minkcreek Idaho — Date of Burial: June 12 33 19
20. Undertaker — Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

RECEIVED JUL 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84953

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2709
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Sarah Sophia Benson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. T Benson

6. DATE OF BIRTH (month, day, and year) June 29 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	II	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME Joseph Dunkley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Wright

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Geo T. Benson Whitney

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Date June 4, 1933

19. UNDERTAKER M.W.Hendricks
(Address) Preston

20. FILED July 8, 1933 G. W. Stake
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov ....., 1931, to May 31st, 1933.
I last saw h alive on May 24, 1933: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931

Other contributory causes of importance:

Name of operation Partial Gastrectomy Date of Jan 1932
What test confirmed diagnosis Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. R. Curtis, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84954

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dudley Walter Chase

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17th, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisville, Utah

FATHER

13. NAME Dudley Chase

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Samantha Crismon

16. BIRTHPLACE (city or town) (State or country) America

17. INFORMENT (Address) Mrs. W. W. Spiers Lava Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ogden, Utah Date July 11th, 1933

19. UNDERTAKER (Address) N. M. Hansen St. Anthony, Idaho.

20. FILED July 7, 1931 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1933, to July 5, 1933

I last saw him alive on July 5, 1933: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Insufflation Pneumonia following pharyngeal paralysis from old cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. A. Ellison, M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84955

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 89

(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ardith Bush

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10-1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby Idaho.
(State or country)

FATHER

13. NAME Lawrence Bush

14. BIRTHPLACE (city or town) Sugar House Salt Lake City Utah.
(State or country)

MOTHER

15. MAIDEN NAME Alice Davis

16. BIRTHPLACE (city or town) Wilford Idaho.
(State or country)

17. INFORMENT Mrs Lawrence Bush
(Address) St. Anthony Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date 6/29/33 193

19. UNDERTAKER .....
(Address) St. Anthony, Idaho.

20. FILED June 28, 1933 Sarah Meenk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 193 3

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to June 26, 1933

I last saw her alive on June 26 1933; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
and Endocarditis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Ellison, M. D.

(Address) St. Anthony Idaho

Form V. S. No. 2 Rev. 1-16-12

RECEIVED JUL 15 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of St. Anthony
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 99
Primary Registration District No. 2197
(No. ..... St.)

File No. 84956
Registered No. 84

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Don Ray Carter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Infant

6. DATE OF BIRTH
June 2nd, 1933 1
(Month) (Day) (Year)

7. AGE
XXXXX yrs. XXXX mos. 23 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) St. Anthony, Idaho.

10. NAME OF FATHER Ray Carter

11. BIRTHPLACE OF FATHER (State or Country) Farnum, Idaho.

12. MAIDEN NAME OF MOTHER Mary Hathaway

13. BIRTHPLACE OF MOTHER (State or Country) Chester, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ray Carter
(Address) St. Anthony, Idaho.

15.
Filed June 26 1933 Sarah Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH. 1598

16. DATE OF DEATH
June 25 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1933, to June 25 1933
that I last saw him alive on June 22 1933
and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Sudden death -
Patent foramen Ovale

(Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. Allison M. D.
6/25 1933 (Address) St. Anthony Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pineview, Ashton — DATE OF BURIAL: June 26 1933

20. UNDERTAKER — ADDRESS: St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 15 1933

PLACE OF DEATH

County of Fremont

City of Salem Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84957

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Vera Birch Mortensen

(a) Residence. No. Salem Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Estel Mortensen

6. DATE OF BIRTH (month, day, and year) July, 16-1899

7. AGE Years 33 Months 11 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilford Ida

FATHER

13. NAME Edward James Birch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rosie Stauffer

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Estel Mortensen Rexburg #2

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date June 28 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida

20. FILED June 27, 1933 Sarah Munk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to June 24, 1933. I last saw her alive on June 24 1933: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 18 33

Other contributory causes of importance:

Chronic endocarditis	?

Name of operation none Date of .....

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. Rutherland, M. D.

(Address) Rexburg, Idaho

RECEIVED JUL 15 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

(No. ....., ... St.)

File No. 84958

Registered No. 85

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Silvester Perrey Crawford

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word:)

6. DATE OF BIRTH: Nov. 16 (Month) (Day) 1919 (Year)

7. AGE: 13 yrs. 7 mos. ..... ds. 5

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Magna Utah.

10. NAME OF FATHER Silvester F. Crawford

11. BIRTHPLACE OF FATHER (State or Country) Ogden, Utah.

12. MAIDEN NAME OF MOTHER Merrevi May Perrey

13. BIRTHPLACE OF MOTHER (State or Country) Coalville Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Silvester F. Crawford

(Address) St. Anthony Idaho.

15.

Filed June - 26 1933 Sarah Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH 201 (C-C)

16. DATE OF DEATH: June (Month) 21st (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1933, to June 21 1933, that I last saw him alive on June 21 1933, and that death occurred on the date stated above, at 9:00 P.M.

The CAUSE OF DEATH* was as follows:
(1) Traumatic Shock (2) Fracture 5th lumbar vertebrae (3) Fracture right femur (4) Tosc. Perineum.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Doty, M. D. M. D.

6-21 1933 (Address) Ashton, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Riverview

DATE OF BURIAL: June 24 1933

20. UNDERTAKER: W. M. Hansen

ADDRESS: St. Anthony, Idaho.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUL 6 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84959

Local Registrar's No.

Registration District No.

Primary Registration District No. 6

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Ada
City of Emmett

2. FULL NAME John Frank Mills

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: July (Month) 4 (Day) 1865 (Year)

7. AGE: 67 Yrs. 11 Mos. 20 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF Father: Frank Mills

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Mersa Banks

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Mary Mills
(Address): Emmett Idaho

15. Filed 6/25 1933 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH 10 a

16. DATE OF DEATH: June (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17 1933, to June 25 1933, that I last saw h-- alive on June 24 10 P M 1933, and that death occurred on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

Contributory (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Reynolds M. D.
6/26 1933 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Idaho
DATE OF BURIAL: 6/26 1933

20. UNDERTAKER: C. Buckmun
ADDRESS: Emmett Idaho

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde C Johns 12
(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minnie Johns

6. DATE OF BIRTH (month, day and year) July 1 - 1872

7. AGE Years 60 Months 11 Days 8 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Monroe Wis

PARENTS
10. NAME OF FATHER Samuel Johns
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Mary Whitsett
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ill

14. Informant (Address) Mrs. C. C. Johns Emmett Idaho

15. Filed 6/10, 1933 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 9 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1933, to June 9, 1933
that I last saw him alive on May 31, 1933
and that death occurred, on the date stated above, at 6 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic nephritis with hypertension
..... (duration) several yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Atheromatous arteries
..... (duration) several yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) R N Cummings, M. D.
6/10, 1933 (Address) .....

19. Place of Burial, Cremation, or Removal Emmett Ida
Date of Burial 6/11 1933

20. Undertaker C D Bucknum
Address Emmett Idaho

RECEIVED JUL 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84962

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. Wendell Hospital) 43
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Ellis

(a) Residence. No. ____ Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ____
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Aug 6, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
85	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Butcher (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Chas Webster Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date June 26, 1933

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 6/26, 1933 C. P. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1933, to June 24, 1933
I last saw him alive on June 24, 1933: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Jaw	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. P. Zeller, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84963

PLACE OF DEATH
County of Gooding
City of "

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 233

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Golda Mary Brownlee

(a) Residence. No. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
19	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho

FATHER

13. NAME David J. Brownlee

14. BIRTHPLACE (city or town) (State or country) Clinton Ontario Canada

MOTHER

15. MAIDEN NAME Martha Bingley

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) David J Brownlee

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 6-27, 1933

19. UNDERTAKER Anderson & Thompson
(Address) Gooding

20. FILED 6-30, 1933 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1933, to 6-25, 1933
I last saw her alive on 6-25, 1933: death is said to have occurred on the date stated above, at 1 0100 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Sarcoma	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Hairston & Smyder, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
Registration District No. 21
Primary Registration District No. 21
County of Gooding
City of Hagerman (No. ....., ... St.)
File No. 84964
Registered No. 21
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm. L Colthorp

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: mak
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): ~~Single~~

6. DATE OF BIRTH: Oct (Month) 31 (Day) 1849 (Year)

7. AGE: 83 Yrs. 4 Mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Had Mg. Opera house
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ripley. Mississipi

10. NAME OF FATHER: John Camel Colthorp

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Martha Miller

13. BIRTHPLACE OF MOTHER (State or Country): Ripley. Mississipi

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Hagerman Idaho

15. Filed June 29 1933 R H Greene Local Registrar

MEDICAL CERTIFICATE OF DEATH

112

16. DATE OF DEATH: March (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4 1933, to Mar 4 1933, that I last saw h.... alive on March 4 1933, and that death occurred on the date stated above, at 5 P M.
The CAUSE OF DEATH* was as follows:
Acute indegestion

(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Aged
(Duration) 1 day yrs. ..... mos. ..... ds.
(Signed) R H Greene M D M. D.
June 29 1933 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hagerman
DATE OF BURIAL: Mar 9 1933

20. UNDERTAKER: Ivan V Johnson
ADDRESS: Buhl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 5 1933
RECEIVED JUL 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 84965

Registered No.

Registration District No. 21

Primary Registration District No. 21

1. PLACE OF DEATH

County of Gooding

City of Hagerman

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alvin Clark Owsley

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
male	White	Married

6. DATE OF BIRTH: April (Month) 15 (Day) 1882 (Year)

7. AGE: 51 Yrs. 1 Mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hauling milk with truck
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Lee Owsley

11. BIRTHPLACE OF FATHER (State or Country): Missouri MO

12. MAIDEN NAME OF MOTHER: Mary Durfee

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs A. C. Owsley
(Address) Hagerman

15. Filed June 16 1933 — P H Greene, Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Occasionally 19..... to ..... 19.....
that I last saw h.. alive on about June 5 1933,
and that death occurred on the date stated above, at 6:30 a M.
The CAUSE OF DEATH* was/as follows:
Heart trouble

(Duration) 12 Yrs. ..... mos. ..... ds.
Contributory (Secondary) Influenza about
(Duration) 2 yrs. ..... mos. ..... ds.
(Signed) P H Greene M. D.
June 16 1933 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~	DATE OF BURIAL
Hagerman	June 18 1933
20. UNDERTAKER	ADDRESS
Evans & Johnson Bus E Schmidt.	Buhl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED JUN 8 1933

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 84966

Local Registrar's No. 229

(No. 602)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lowell Roberts (Roberts)

(a) Residence. No. (Usual place of abode) St. Fairfield Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 9-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31 -	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thayne Wyoming

FATHER

13. NAME Dow Roberts

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Mary McFarlin Davis

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Morris Roberts

18. BURIAL, CREMATION, OR REMOVAL Place Hagerman Idaho Date May 11, 1933

19. UNDERTAKER (Address) A.E. Thompson

20. FILED 5-31-, 1933 J.H. Crowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1933, to May 9th, 1933
I last saw him alive on May 9th, 1933: death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from Peritonitis	
Other contributory causes of importance: Toxic Goitre	

Name of operation Portion of gland removed Date of 5-9-33
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) Howard E. Snyder, M.D.
(Address) Gooding, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of " "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84967

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 231

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.) 13

2. FULL NAME Carrie Willerton Ayres

(a) Residence. No. Bliss Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: E. S. Ayres

6. DATE OF BIRTH (month, day, and year): 10-20-64

7. AGE: Years 68 | Months 8 | Days 10 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Jacksonville Ill.

FATHER

13. NAME: Wm Willerton

14. BIRTHPLACE (city or town) (State or country): Yorkshire Eng.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): E. S. Ayres Bliss Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Hagerman Date: 7-2, 1933

19. UNDERTAKER (Address): Evans & Johnson Buhl Ida

20. FILED 6-30, 1933. J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-29- 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933 to 6-29-, 1933

I last saw her alive on 6-29-, 1933; death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	?
Uremia - Coma	6-20

Other contributory causes of importance:

Name of operation: none Date of: ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J H Cromwell, M. D.

(Address) Gooding Ida.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84968

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 232
(No. Gooding County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

118b

2. FULL NAME Thorben Johnston
(a) Residence. No. Gooding St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 7-12-1918
7. AGE Years 14 - Months 11 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hill City Ida

FATHER
13. NAME A. E. Johnston
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Versie Mink -
16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMENT (Address) A. E. Johnston Gooding Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Date 6-14, 1933
19. UNDERTAKER (Address) A. E. Thompson
20. FILED 6-30-, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-12- 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1933, to 6-12-, 1933
I last saw him alive on 6-12-, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows: Acute intestinal obstruction - with gangrene of bowel caused by Meckles diverticulitis

Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of 6-12
What test confirmed diagnosis? Op - Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J H Cromwell, M. D.
(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Gooding
City of Hagerman
(No. ..... St.)
Registration District No. 21
Primary Registration District No. 21
File No. 84969
Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Eliza Dunfee

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: March (Month) 4 (Day) 1865 (Year)

7. AGE: 67 Yrs. 11 Mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Geo B Graham

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Phoeba Allen

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo L Dunfee
(Address) Hagerman

15. Filed Feb 20 1933 R H Greene Local Registrar

MEDICAL CERTIFICATE OF DEATH

57

16. DATE OF DEATH: Feb (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1931 19..., to Feb 12 1933, that I last saw her alive on about Jan 12 1933, and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 4 Yrs. ... mos. ... ds.

Contributory (Secondary) Nephritis

1½ (Duration) ... yrs. ... mos. ... ds.

(Signed) R H Greene M. D.

Feb 20 1933 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman
DATE OF BURIAL: Feb 15 1933

20. UNDERTAKER: Evans & Johnson
ADDRESS: Buhl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 3-25 M. 1-19

RECEIVED JUL 5 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Hagerman R. F. D.

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21

Primary Registration District No. 21

(No. ..... St.)

File No. 84970

Registered No. 21

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Myron James Durfee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: April (Month) 10 (Day) 1860 (Year)

7. AGE: 72 Yrs. 10 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Fruit Grower

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Madison Durfee

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Malinda Butts

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myron Ray Durfee

(Address) Millville N J

15. Filed Mar 8 1933 R H Greene Local Registrar

MEDICAL CERTIFICATE OF DEATH 11 F

16. DATE OF DEATH: Mar (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933, to Mar 5 1933, that I last saw him alive on Mar 4 1933, and that death occurred on the date stated above, at 30 M. Mar 4

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... Yrs. ..... mos. 2 weeks ds.

Contributory (Secondary): Heart trouble

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) R H Greene M. D.

19..... (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman

DATE OF BURIAL: Mar 8 1933

20. UNDERTAKER: Evans & Johnson

ADDRESS: Buhl Id

By L L Johnson

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 15 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84971

PLACE OF DEATH
County of Idaho
City of State Creek

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Jennie Margret Rice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Russel H Rice

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 71 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): California

FATHER
13. NAME: John Hogan
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Edward S Vincent

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address)

20. FILED July 1, 1933 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/17/1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1931, to 6/-17, 1933

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1-20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Schlerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) B Chapman, M. D.
(Address) Grangeville

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUL 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84972

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 29

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Powell

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Aboit 69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) May 1

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Glenn Ailor.

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Date June 26 1933

19. UNDERTAKER Glenn Ailor (Address) Grangeville, Idaho

20. FILED July 6, 1933 B Chipman. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1933, to 6-21, 1933
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B Chipman, M. D.
(Address) Grangeville

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84973

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 30

(No. South Fork River)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME William Harold Todd

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mourna Flora Todd

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. " "

10. Date deceased last worked at this occupation (month and year) June 3, 1933

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME William Todd

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) John Mobley Grassvalley Oregon

18. BURIAL, CREMATION, OR REMOVAL
Place Grassvalley Date Not Known 193

19. UNDERTAKER Glenn Ailer
(Address) Grangeville, Idaho

20. FILED July 6, 1933 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193....: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-4 1933

Where did injury occur? So. Fork Clearwater River
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Drowning

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B Chipman, M. D.

(Address) Grangeville, Ida.

RECEIVED JUL 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84974

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

168

2. FULL NAME William Oscar Fray

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rose Fray

6. DATE OF BIRTH (month, day, and year) 3/21/1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Henry Fray

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME X Green

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Mrs Franklin Bonstrom Cheney Wn.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED July 1, 1933 R. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 18, 1933

I last saw him alive on June 8, 1933: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation, self inflicted by Hanging.	
Other contributory causes of importance: Senile Dementia	

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury June 18 1933
Where did injury occur? Grangeville Idaho Co. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Hanging
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Shannick, M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho

City of Cottonwood

RECEIVED JUL 11 1933

Registration District No. 105

Primary Registration District No. 2183

No. ..... St.)

File No. 84975

Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Ferdinand Nuxall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed (Write the word.)

6. DATE OF BIRTH. November 22-1866 ~~June 25 1933~~ (Month) (Day) (Year)

7. AGE 67 Yrs. 7 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

9. BIRTHPLACE (State or Country) Green Creek Ill.

10. NAME OF FATHER Herman H. Nuxall

11. BIRTHPLACE OF FATHER (State or Country) Germany.

12. MAIDEN NAME OF MOTHER Bernadine Aumann

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Nuxall

(Address) Green Creek Ida.

15.

Filed June 25 1933 W. F. Orr Local Registrar per J. B.

MEDICAL CERTIFICATE OF DEATH 11a

16. DATE OF DEATH June 25 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to June 25 1933, that I last saw him alive on June 25 1933, and that death occured on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Flu Pneumonia

(Duration) ..... Yrs. ..... mos. 3 ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Orr M. D.

6/25 1933 (Address) Cottonwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Greenwood Idaho

DATE OF BURIAL: 6-27 1933

20. UNDERTAKER: Ailor Mortuary

ADDRESS: Grangeville Idaho

SYMS - YORK CO., PTRS. & SDES. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 1312764

County Idaho

CERTIFICATE OF DEATH

City of Cottonwood Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 22

Our Lady of Consolation At Cottonwood Hospital
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

64

2. FULL NAME George Henry Pettibone

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): March 17, 1907

7. AGE — Years: 26 — Months: 2 — Days: 9 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farm labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: " "

10. Date deceased last worked at this occupation (month and year): Dec. 15, 1933

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Stites, Idaho

FATHER

13. NAME: Nathanel P. Pettibone

14. BIRTHPLACE (city or town) (State or country): Ills

MOTHER

15. MAIDEN NAME: Mary [illegible] Chandler

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Frank Pettibone, Grangeville, Idaho

18. BURIAL, CREMATION, REMOVAL Place: Grangeville Date: May 28, 1933

19. UNDERTAKER (Address): Glenn Ailor, Grangeville, Idaho

20. FILED: May 27, 1933 H. F. Orr Jr. S.B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 26, 1933

I last saw him alive on May 26, 1933: death is said to have occurred on the date stated above, at 10A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Cyst	Jan. 33.

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify: no

(Signed) Henry F. Orr, M. D.

(Address) Cottonwood

MARGIN RESERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD. Every

supplied. AGE should be stated EXACTLY. PHYSICIANS sho

terms, so that it may be properly classified. Exact statement o

See instruction on back of certificate.

N. B.—WRITE PLAINLY, W

information should be ca

CAUSE OF DEATH in p

PATION is very imp

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED JUL 11 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

(No. ..... St.)

File No. 84977

Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rebecca Jane Butler

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. widowed (Write the word.)

6. DATE OF BIRTH. Jan (Month) 18 (Day) 1871 (Year)

7. AGE 62 Yrs. 4 Mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER James M. Hale

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Elizabeth A. Gill

13. BIRTHPLACE OF MOTHER (State or Country) Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isa Butler

(Address) Cottonwood

15. Filed June 8 1933

W. F. Orr per J.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

45

16. DATE OF DEATH June (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 1932, to June 6 1933, that I last saw her alive on June 6 1933, and that death occured on the date stated above, at 8:40 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of cecum and ascending colon.

..... (Duration) ..... Yrs. 9 mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Nealy F. Orr M. D.

June 7 1933 (Address) Cottonwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~ Cottonwood, Ida. DATE OF BURIAL June 8 1933

20. UNDERTAKER Glenn Ailor ADDRESS Grangeville, Ida.

SYMS - YORK CO., PTRS. & SURS. 24853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUN 19 1933

FORM V. S. No. 5-A-25M. 1-10.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 84978
Local Registrar's No. 350

1. PLACE OF DEATH
County of Idaho
City of Kooskia
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Claude Allon McComas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: Sep. (Month) 17 (Day) 1885 (Year)

7. AGE: 47 Yrs. 7 Mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF Father: George B. McComas

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Verlinda C. McMurray

13. BIRTHPLACE OF MOTHER (State or Country): Missouria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. H. McComas
(Address) Grangeville Ida.

15. Filed June 1 1933 J. M. Verbeekmans Local Registrar

MEDICAL CERTIFICATE OF DEATH 18V

16. DATE OF DEATH: April (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...,
that I last saw h..... alive on ..... 19...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowning in South Fork of Clearwater River two miles above Harpster Idaho

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Geo. W. Frenary Coroner, Idaho County

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Kooskia Idaho M. D.

19..... (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harpster Idaho
DATE OF BURIAL: May 25 1933

20. UNDERTAKER: Geo. W. Frenary Kooskia
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84379

PLACE OF DEATH
County of Idaho
City of Elk City
Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 23

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Edward Wittham Condit

(a) Residence. No. ElkCity, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Condit

6. DATE OF BIRTH (month, day, and year): Oct 19, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: General Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Miner
10. Date deceased last worked at this occupation (month and year): March 22
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Melburn, New Jersey

FATHER
13. NAME: Francis R. Condit
14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER
15. MAIDEN NAME: Harriet P. Lincoln
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Agnes Condit, ElkCity, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: ElkCity, Idaho Date: April 1, 1933
19. UNDERTAKER (Address): Glenn W. Ailor, Grangeville, Idaho
20. FILED 6-5, 1933 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 22nd, 1933, to March 27th, 1933
I last saw him alive on March 27th, 1933; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (slow leakage) two days prior to attendance.	

Other contributory causes of importance:

Senile trouble and Flue	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B Chapman, M. D.
(Address) Grangeville Ida.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84980

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Amos Clements.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Elizabeth Clements.

6. DATE OF BIRTH (month, day and year) June 19, 1881.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: City Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): City Of Rigby

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Spencerbrook, Minn.

PARENTS

10. NAME OF FATHER: Eugene Prentiss Clements.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): England. Minn.

12. MAIDEN NAME OF MOTHER: Bertha Nichols.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Maine.

14. Informant: Lawrence Clements
(Address) Rigby, Idaho.

15. Filed June 20, 1933 A. B. Echorsell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 19, (Day) 1933. 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec., 1932, to June 19, 1933
that I last saw him alive on June 17, 1933
and that death occurred, on the date stated above, at 9:30 A m.
The CAUSE OF DEATH* was as follows:

Chr. Myocarditis & Hypertrophy.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) W. A. West, M. D.

....., 19..... (Address) Rigby, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rexburg, Idaho.

Date of Burial: 6/22/33 19

20. Undertaker: L. M. Malder

Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84981

PLACE OF DEATH
County of Jefferson
City of Lorenzo
Registration District No. 98
Primary Registration District No. 9176
Local Registrar's No. 25
(No. 112)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ruegsegger Stucker

(a) Residence. No. Lorenzo R.D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. 11 mos. ds. How long in U. S., if of foreign birth? 32 yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Stucker
6. DATE OF BIRTH (month, day, and year): May 10 1852
7. AGE: Years 81 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Eggiwyl Kt. Bern Switzerland

FATHER
13. NAME: Ulrich Ruegsegger
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Katherine Moser (R.)
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMENT (Address): Mrs. Dora Gravel, Lorenzo Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Pine Butte Cemetery Date: June 20 1933
19. UNDERTAKER (Address): Geo. D. Shelton, Rexburg, Ida.
20. FILED June 18, 1933 J. E. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 16th 1933
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to June 16, 1933
I last saw her alive on June 14, 1933: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Obstruction	6-10-33

Other contributory causes of importance: Chronic dilatation of Stomach

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: , 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
7/17/33 (Signed) Lorenzo D. Shelton, M. D.
(Address) Rexburg Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JUL 17 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jefferson

City of Roberts

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 98

Primary Registration District No. 2176

(No. ..... St.)

File No. 84382

Registered No. 28

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Polson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: June (Month) 30 (Day) 1933 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 5 hrs. or 25 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Roberts Ida

10. NAME OF FATHER: Charles Arthur Polson

11. BIRTHPLACE OF FATHER (State or Country): Manan ~~Roberts~~ Ida

12. MAIDEN NAME OF MOTHER: Alyce Clowson

13. BIRTHPLACE OF MOTHER (State or Country): Manan, Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs [illegible]

(Address) [illegible]

15. Filed June 30 1933 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH 159A

16. DATE OF DEATH: June (Month) 30 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/30 1933, to 6/30 1933 that I last saw her alive on 6/30 1933, and that death occurred on the date stated above, at 10:15 A.M.

The CAUSE OF DEATH* was as follows:

Prematurity
Non Closure heart valve
"Blue Baby"

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) ✓

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Earl Jones M. D.

6/30 1933 (Address) Roberts Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Annis Ida.

DATE OF BURIAL: 7-1 1933

20. UNDERTAKER: None.

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUL 11 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84983

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 26
(No.) 194
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laverne Cuthbert

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Edward Cuthbert.

6. DATE OF BIRTH (month, day and year) Aug. 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER Jessie West.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Catherine Alice Johnson.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake City, Utah.

14. Informant Edward Cuthbert.
(Address) Rigby, Idaho. R. #1

15. Filed June 17, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 17 (Day) 1933 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to , 19 , that I last saw her alive on June 16, 1933 and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:
Duncroke
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted, if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? None
What test confirmed diagnosis? Clinical
(Signed) D. J. Anderson M. D.
, 19 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	6/20/33 19

20. Undertaker A B Eckersell Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED JUL 11 1933

DO NOT WRITE IN THIS SPACE
State File No. 84984

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176

Local Registrar's No. 23

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maurine Brown.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 10 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 28, 1923

7. AGE	Years	Months	Days	If LESS than 1 day,
	10	1	23	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER James Lorenzo Brown.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Harrisville, Utah.
12. MAIDEN NAME OF MOTHER Charlotte Lowry.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Manti, Utah.

14. Informant J. L. Brown
(Address) Rigby, Idaho.

15. Filed May 21, 1933 C. B. Beckwith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 21 (Day) 1933. (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1933, to May 21, 1933
that I last saw her alive on May 21, 1933
and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH was as follows:
Mitral Stenosis
Cardiac Decompensation
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. R. Abbott, M. D.
June 9, 1933 (Address) Ida Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	5/24/33 19
20. Undertaker C. B. Beckwith	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED ... 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84986

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ... Local Registrar's No. ...

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Junior LeRoy Dennings

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Lyman Dennings

14. BIRTHPLACE (city or town) (State or country) Lilly Idaho

MOTHER

15. MAIDEN NAME Grace Titus

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Mrs Lyman Dennings Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cem. Date June, 1933

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 6/24, 1933 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 23, 1933.
I last saw him alive on June 23, 1933.; death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	6-21-33
Other contributory causes of importance:	
Gastro-enteritis	5-22-33

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84987

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(If death occurred in a hospital or institution, give its name instead of street and number.) 8 9a

2. FULL NAME Ethel Hepworth

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Riley Hepworth

6. DATE OF BIRTH (month, day, and year) May 19-1912

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
21	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER
13. NAME Hans Eriksen
14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER
15. MAIDEN NAME Ada M. Sees
16. BIRTHPLACE (city or town) (State or country) Weston Ida.

17. INFORMENT (Address) Hans Eriksen Jerome Idaho Rt. #2.

18. BURIAL, CREMATION, OR REMOVAL Place Glenn's F. Date June 30, 1933

19. UNDERTAKER (Address) S. A. Peterson Jerome Ida.

20. FILED 6/29, 1933 C. P. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to June 28, 1933
I last saw h alive on June 27, 1933: death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Infective Endocarditis	

Other contributory causes of importance: acute Glomerulo Nephritis

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) C. P. Zeller, M. D.
(Address) Jerome Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 84988

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David W Salladay

(a) Residence. No. Jerome, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Salladay

6. DATE OF BIRTH (month, day, and year): May 9. 1854

7. AGE: Years 77 | Months 00 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hillsborough Ohio

FATHER

13. NAME: George Salladay

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): George C Salladay Jerome, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Jerome, Cem Date: June 1, 193 3

19. UNDERTAKER (Address): J R Wiley. Jerome. Idaho

20. FILED: May 31, 193 3 C. F. Zellers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May. 30 193 3

22. I HEREBY CERTIFY, That I attended deceased from May 30, 193 3, to May 30, 193 3

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Senility	
Cerebral Haemorrage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. F. Zellers, M. D.

(Address) Jerome, Ida.

RECEIVED JUL 1 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 84989

Local Registrar's No.

(No. 50)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Melvina Turpin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb

7. AGE: Years 9 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Chas Turpin

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Minnie Melvina Madson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Norman Turpin Jerome

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Jerome Date May 2, 1933

19. UNDERTAKER (Address) D. R. Christiansen Jerome

20. FILED Jul 30, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933, to April 29, 1933
Last saw her alive on April 27, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. F. Zeller, M. D.
(Address) Jerome Idaho

1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84990

PLACE OF DEATH

County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No.
(No. Spirit Lake Hospital) Local Registrar's No. 7
(If death occurred in a hospital or institution, give its name instead of street and number.)

167

2. **FULL NAME** Marylyn Jean Adams

(a) Residence. No. Spirit Lake Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 22 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Spirit Lake
(State or country) Idaho

PARENTS

10. NAME OF FATHER Kenneth Adams

11. BIRTHPLACE OF FATHER (city or town) Rathdrum
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Althea Gaiser

13. BIRTHPLACE OF MOTHER (city or town) Kemd
(State or County) Washington

14. Informant Kenneth Adams
(Address) Spirit Lake, Idaho

15. Filed 6-24, 1933. A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 23 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to June 23, 1933
that I last saw her alive on June 23, 1933
and that death occurred on the date stated above, at 1:00 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1) Asphyxia Pallida c
Cerebral hemorrhage in
new-born
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John W. Halpin M. D.
6/24, 1933 (Address) Spirit Lake Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Pine Grove Cemetery - Rathdrum	6-24 1933
20. Undertaker	Address
Cassidy Funeral Home	Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84991

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Gerald Alward
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —
6. DATE OF BIRTH (month, day and year) October 29-1930
7. AGE Years 2 Months 6 Days 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Spirit Lake Idaho

PARENTS
10. NAME OF FATHER Howard Alward
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New Brunswick
12. MAIDEN NAME OF MOTHER Marian Foley
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New Brunswick

14. Informant (Address) Mr Howard Alward Spirit Lake Idaho
15. Filed May 27, 1933 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH 182

16. DATE OF DEATH May (Month) 25 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to May 25, 1933
that I last saw him alive on About 1 yr. ago
and that death occurred, on the date stated above, at 5 P.M.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Asphyxia - from drowning (accidental)
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) John W. Schori, M. D.
May 27, 1933 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal Greenwood Cemetery - Spirit Lake
Date of Burial 5-27 1933
20. Undertaker Cassedy Funeral Home
Address Rathdrum Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Husted.

DO NOT WRITE IN THIS SPACE
State File No. 84992

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Charlotte P. Crandall

(a) Residence. No. 959 6th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of D. Crandall

6. DATE OF BIRTH (month, day, and year) 6/26/1868

7. AGE: Years 65; Months 11; Days 18; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.
10. Date deceased last worked at this occupation (month and year) ------
11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER
13. NAME Samuel Wright
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Ann McFarland.
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) D. Crandall C.D.A.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 6/15, 1933
19. UNDERTAKER Mooney Mortuary (Address) C.D.A.
20. FILED 6-14-, 1933. E. P. Lyndon, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 14, 1933
I last saw her alive on June 13, 1933: death is said to have occurred on the date stated above, at 12 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Chronic Arthritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. M. Husted, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84993

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin B. Coon

(a) Residence. No. 613 - Indiana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of Clara M. Coon

6. DATE OF BIRTH (month, day, and year) 1852-3-7

7. AGE Years 81 Months 3 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Rev. Coon
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Catherine Morgan
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Ralph Wilson

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date 6-10, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho.

20. FILED June 8, 1933. E. L. Spohn. M. D.
E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1933, to June 7, 1933
I last saw him alive on Apr. 6, 1933: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial degeneration	Feb. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John D. Wood, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED JUL 1 4 193

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene-Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84994

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Margaret Olson

(a) Residence. No. Hayden Lake, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1914-11-28

7. AGE Years 18 Months 6 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER
13. NAME Carl Olson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Annie Wold
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Gus Nelson Coeur d'Alene, Ida

18. BURIAL, CREMATION, OR REMOVAL Forest-Place Coeur d'Alene Ida Date 6.11, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 6-10, 1933. E. L. Spohn. M.D. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to June 9, 1933

I last saw her alive on June 8, 1933: death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	May 1st. 33

Other contributory causes of importance:

Pulmonary Infarct	June 8

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) O. W. Hustad M. D.

(Address) Coeur d'Alene Id

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Kootenai

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84995

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 55

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Elmira Faust

(a) Residence. No. Post Falls R F 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) aug 12 1857

7. AGE Years 75 Months 10 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER
13. NAME J Martin
14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER
15. MAIDEN NAME Elouise Chenault
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) J. L. Townsley Post Falls Ida.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Osawatomie Date Kas 7/3, 1933

19. UNDERTAKER (Address) Moore Mortuary Pocus & Olive Ida

20. FILED July-10-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 30, 1933

I last saw her alive on June 30, 1933: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows: Apoplexy

Date of onset

Other contributory causes of importance: Senility

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) G J Ten Brook, M. D.

(Address) Post Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84996

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Olof Benson

(a) Residence. No. 745 - 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida A. Benson

6. DATE OF BIRTH (month, day, and year) 1863-12-27

7. AGE Years 69 Months 6 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Fall 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Pier Benson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Olaf Benson

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida Date 7-3, 1933

19. UNDERTAKER (Address) Cassed Funeral Home Coeur d'Alene Ida

20. FILED July-10-, 1933. E. L. Spohn M.D. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to July 1, 1933
I last saw him alive on July 1, 1933 death is said to have occurred on the date stated above, at 9 00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	October 1931

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Ham
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84997

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John Dike

(a) Residence. No. 618 Lincoln Way ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Dike

6. DATE OF BIRTH (month, day, and year) 1861- — — —

7. AGE Years 71 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hercegfalva
(State or country) Austria-Hungary

FATHER

13. NAME Matthew Dike

14. BIRTHPLACE (city or town)
(State or country) Hungary

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town)
(State or country) Austria-Hungary

17. INFORMENT (Address) Rose Dyke

18. BURIAL, ~~CREMATION, OR REMOVAL~~ St Thomas Cemetery
Place C.D'A. Idaho Date 6-22, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home. Coeur d'Alene, Idaho.

20. FILED 6-28-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to June 19, 1933

I last saw him alive on June 18, 1933: death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	June 18, 1933

Other contributory causes of importance:

Arteriosclerosis	1920

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Ben T. Henson, M. D.

(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Koot.

City of C.D.A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 84999

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 57

(No. Lakeside Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

12

2. FULL NAME Cecelia Ellen Cramp.

(a) Residence. No. Ranch. Hayden Lake. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of J.P. Cramp.

6. DATE OF BIRTH (month, day, and year) L851 2/28.

7. AGE Years 52 Months 4 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Steven Koth.
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME ——— Steen
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMENT (Address) J.P. Cramp. Hayden Lake.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery Date 7/2, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED July 10, 1933 E. L. Spohn. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to June 28, 1933
I last saw her alive on June 28, 1933: death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Sturgis, M. D.
(Address) CDA Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85000

PLACE OF DEATH
County of Kootenai
City of Post Falls

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah J. Blossom.

(a) Residence. No. Post Falls St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If maried, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of De Forest A. Blossom

6. DATE OF BIRTH (month, day, and year) May 12-21

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932-5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lycoming Co. Penn.

FATHER

13. NAME Noah M. Wood

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hannah Evans

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) De Forest A Blossom

18. BURIAL, CREMATION, OR REMOVAL Pleasant View Cemetery
Place Coeur d'Alene Ida. Date 6-14, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 6-13, 1933 E. L. Spoha M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June-12-1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933, to one visit, 193—
I last saw h alive on June 11, 1933 death is said to have occurred on the date stated above, at 1 a m. June 12, 1933
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? by Symptoms Were other than autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. L. McCauley M. D.
(Address) Post Falls Ida

RECEIVED JUL 14 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85002

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME William Devan

(a) Residence. No. 823 - Birch St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Malinda Devan

6. DATE OF BIRTH (month, day, and year) 1853 - 2 - 13

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Me.

FATHER
13. NAME Richard Devan
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Cynthia Isreal
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Kimmit Sons

18. BURIAL, CREMATION, OR REMOVAL Place Forest - Cd'Alene Ida. Date 6-15, 1933

19. UNDERTAKER Cossedy Funeral Home
(Address) Cd'Alene Ida.

20. FILED 6-15, 1933 E. L. Spoon, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933, to June 11, 1933.
I last saw him alive on June 1, 1933: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 Years at least.

Other contributory causes of importance:

Old Age

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) E. L. Spoon, M. D.
(Address) Coeur d'Alene

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85003

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Barbara Rutten

(a) Residence. No. 219 - N. 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Michael Rutten

6. DATE OF BIRTH (month, day, and year) 1863-12-3

7. AGE Years 63 Months 6 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7-1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER
13. NAME John Fyten
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Leo Rutten

18. BURIAL, CREMATION, OR REMOVAL St Thomas Place Coeur d'Alene Ida Date 7-10, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 7-10-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 7, 1933.
I last saw her alive on July 7, 1933: death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1924
Diabetes gangrene of foot	1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory test Blood sugar Physical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Ken Henson, M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 85604

Local Registrar's No. 32

46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maudy L. Searls

(a) Residence. No. 11th & Harrison St.
(Usual place of abode)

Length of residence in city or town where death occurred: 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Earl Searls

6. DATE OF BIRTH (month, day, and year) 1890 - 1 - 24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11 - 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rushville Neb.

FATHER

13. NAME Frank Bower

14. BIRTHPLACE (city or town) (State or country) Neb.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Earl Searls

18. BURIAL, CREMATION, OR REMOVAL Forest - Place Coeur d'Alene Id. Date 6 - 6 - 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 6 - 8 -, 1933 E. L. Spahn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933 to June 3 1933

I last saw h[illegible] alive on June 3 1933; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Uterus	8 mos.

Other contributory causes of importance:

Generalized Ca. Liver Lungs?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Spahn, M. D.

(Address) Coeur d'Alene

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85005

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Lure Gustafson

(a) Residence. No. Rutledge Mill Boarding House St. —
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male ~~W~~
4. COLOR OR RACE ~~Swede~~ Swede White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mable

6. DATE OF BIRTH (month, day, and year) 1863 - 10 - 15

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Grader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rutledge Timber Co
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME — Carlson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Gustafson C.D.A.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Ely Minn Date 7-6, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 7-5-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 4, 1933.
I last saw him alive on July 3, 1933: death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Malignancy	1920

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) Beat Henson, M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85006

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Even Ellison

(a) Residence. No. ..... St. Spokane Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 5 yrs. 3 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1905 11-13

7. AGE Years 27 Months 7 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodsman
10. Date deceased last worked at this occupation (month and year) 7-7-1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Elias Fjellestad
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Ane Berge
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Louis Ellison

18. BURIAL, CREMATION, OR REMOVAL Forest Place Cd Alene Ida. Date 7-11, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED July-10-, 1933. E. L. Spohn. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	
intracranial hemorrhage	July 7, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 7, 1933
Where did injury occur? Garwood, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In lumber camp.
Manner of injury Struck by falling tree
Nature of injury Fracture base of skull

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify While falling tree accident occurred.
(Signed) Rex Henson, M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85007

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 42

(No. U.S. Forestry Camp #3 - Honey Suckle Ranger Station
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Robert Alex. Dell

(a) Residence. No. Spirit Lake Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1912 - 4 - 1

7. AGE Years 21 Months 2 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forestry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Forest Service
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho

FATHER
13. NAME Walter V Dell
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Mary Michel
16. BIRTHPLACE (city or town) (State or country) Wire

17. INFORMENT (Address) Walter V. Dell Spirit Lake

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Wash Date 6 - 19, 1933

19. UNDERTAKER (Address) Murray Montgomery Chief

20. FILED 6-19-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to June 17, 1933
I last saw him ~~alive~~ dead on June 17, 1933: death is said to have occurred on the date stated above, at 10:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death caused by falling tree	June 17th

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 17, 1933
Where did injury occur? Camp 3 Forestry Service Kootenai County Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Forestry industry
Manner of injury Hit by falling tree
Nature of injury Skull Crushed

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85008

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 45
(No. Home Hospital) 143a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Maude Bell
(a) Residence. No. Harrison, Idaho St. St. Maries, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ~~yrs.~~ 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: William C. Bell
6. DATE OF BIRTH (month, day, and year)
7. AGE: 32 Years; Months; Days: 3 days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Winchester, Idaho

FATHER
13. NAME: George A. McMillan
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): [illegible] Bell
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Maries Date 6-19-, 1933
19. UNDERTAKER (Address): [illegible] Montreal St. Maries Ida.
20. FILED 6-19-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933
22. I HEREBY CERTIFY, That I attended deceased from May 6th, 1933, to June 17th, 1933.
I last saw her alive on June 16th, 1933: death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	May 1933
Endocarditis	June 1933
Respiratory infection	June 1933

Other contributory causes of importance:

Complications of Abortion	May 1933

Name of operation Remove Placenta tissue from uterus Date of May 22, 1933
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Rex T. Henson, M.D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85009

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Infant McCaw Fay

(a) Residence. No. North 15th St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-11-33

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene

FATHER

13. NAME Clyde E. McCaw

14. BIRTHPLACE (city or town) (State or country) Kansas Iowa

MOTHER

15. MAIDEN NAME Ann Williamson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mr. C. E. McCaw Coeur d'Alene

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Date 6-12, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED June 13, 1933 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/12th 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1933, to 6/12, 1933.

I last saw her alive on 6/11, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Congenital Asthenia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene, Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85010

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 36

161a

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant McCaw. Fern

(a) Residence. No. N 15th St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE U

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-12-33

7. AGE Years — Months — Days — If LESS than 1 day, 7 hrs. or 7 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida.

FATHER

13. NAME Clyde E. McCaw

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Annie Williamson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) C.C. McCaw CPA

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Date 6-12, 1933

19. UNDERTAKER (Address) Mooney Mortuary CPA

20. FILED June 13, 1933 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~6/12~~ 6-12- 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1933, to 6/12, 1933

I last saw her alive on 6/11, 1933: death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Congenital Asthenia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C M Husted, M.D.

(Address) Coeur d'Alene, Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85012

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 43
(No. County Poor Farm)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME William E. Moore
(a) Residence. No. Kootenai County Hospital St. Coeur d'Alene Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Oct. 27 1866
7. AGE Years 66 Months 6 Days 10 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER
13. NAME " " "
14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) Mrs. Helen Brown Matron Rathdrum Ida
18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery - Coeur d'Alene Date 6/20, 1933
19. UNDERTAKER (Address) Cassely Funeral Home Rathdrum Ida
20. FILED 6-19-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to June 17th, 1933
I last saw him alive on June 4, 1933: death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1931.
Chronic myocarditis	1931.

Other contributory causes of importance:

Hypertension	years
Catheter life	1932

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85013

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 44

(No.) County Poor Farm

(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME James H. Woodward.

(a) Residence. No. Kootenai County Hospital St. Rathdrum Ida Co.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER

13. NAME " " "

14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) Mrs. Helen Brown - Matron Rathdrum Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cemetery Date 6-14, 1933 Rathdrum

19. UNDERTAKER Cossedy Funeral Home (Address) Rathdrum Ida.

20. FILED 6-19, 1933 E. L. Lyon, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to June 12, 1933

I last saw h.i.m alive on June 4, 1933: death is said to have occurred on the date stated above, at 7 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Prostatitis	

Other contributory causes of importance:

Catheter life	1933

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. Lyon, M. D.

(Address) Coeur d'Alene

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85014

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME W Lager
(a) ~~Residence. No.~~ Gibbs. Idaho ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of [redacted]

6. DATE OF BIRTH (month, day, and year) About 1877

7. AGE about 56 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plainer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Andus W Lager
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anna Helena Gabrielson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs S. Jacobs.

18. BURIAL, CREMATION, OR REMOVAL
Forest Place C D Alene. Ida Date 7-8, 1933

19. UNDERTAKER (Address) Cassidy Funeral Home Coeur d'Alene Ida.

20. FILED July-10-, 1933. E. L. Spohn. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to July 4, 1933.
I last saw him alive on July 4th, [redacted] is said to have occurred on the date stated above, at [redacted]
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	1917
53	
Other contributory causes of importance:	
Malignancy of urinary bladder	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Rex T. Henson, M. D.
(Address) Coeur d'Alene, Idaho

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85015

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 35
(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James T. Crocker
(a) Residence. No. Coeur d'Alene, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) 1859 — —
7. AGE Years 74 Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U.S.

FATHER
13. NAME unobtainable
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) C.D.A. Hospital C.D.A.
18. BURIAL, CREMATION OR REMOVAL Place Forest Cemetery Date 6-7, 1933
19. UNDERTAKER (Address) Money Mortuary C.D.A.
20. FILED 6-12-, 1933 E. L. Spohn M.D. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 3, 1933
I last saw him alive on June 2, 1933: death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	June 2.33
Other contributory causes of importance: Nephrolithiasis	June 1.33

Name of operation ... Date of ...
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John L. Wood M. D.
(Address) Coeur d'Alene, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85016

PLACE OF DEATH
County of Kootenai
City of Hauser

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harold Fritz. 90 (Over)

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1913-1-17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 7-6-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hauser
(State or country) Ida.

FATHER

13. NAME Chas. J. Fritz.

14. BIRTHPLACE (city or town)
(State or country) Minn.

MOTHER

15. MAIDEN NAME Barbara Liabl

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT
(Address) E J Fritz

18. BURIAL, CREMATION, OR REMOVAL
Place Trent, Wash. Date 7- , 193
Trent

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 7-8-, 1933 E. L. Sparks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH 7-7-33

21. DATE OF DEATH (month, day, and year) 7-7-33 193

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
and not since
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Heart disease	
Other contributory causes of importance:	

57

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85017

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Gozzer

(a) Residence. No. St. Echo Bay, District (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Theresia Gozzer

6. DATE OF BIRTH (month, day, and year) 1878 - 6 - 29

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933 - 6 - 17

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Lawrence Gozzer

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Barbara Graff

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT Peter Gozzer (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date 6-30, 1933

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Idaho

20. FILED June 29, 1933 E. L. Ipsen, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to June 28, 1933
I last saw him alive on June 28, 1933 death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	over 5 years ago

Other contributory causes of importance:

Fibrosis Upper Lobe R. Lung - Probably Chronic Tuberculosis	over 15 years

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) O M Husted, M. D.
(Address)

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85018

PLACE OF DEATH
County of Kootenai
City of Couer d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 47

(No. Old Peoples Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jens I. Mathisen

(a) Residence. No. Old Peoples Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anne

6. DATE OF BIRTH (month, day, and year): March 18 1851

7. AGE: 82 Years, Months: 2, Days: 27, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Water Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: City of Spokane
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: 14 yr

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Mathias Christenson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Johanne Sorensen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Miss Ella Bang, City Hall- Spokane, Wn.

18. BURIAL, CREMATION, OR REMOVAL Place: Greenwood Date: 6-20, 1933

19. UNDERTAKER (Address): Smith & Co., 1124 W Riverside, Spokane Wash.

20. FILED 6-28, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 16, 1933
I last saw him alive on June 12, 1933: death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O M Husted, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 85019

Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andre P. McMurray

(a) Residence. No. 1608 Govermentway St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Sarah McMurray

6. DATE OF BIRTH (month, day, and year) March 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Albert McMurray

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ruth Plymire

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Ernest McMurray Coeur D' Alene, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest
Place Coeur d'Alene Date June 28 193 3

19. UNDERTAKER Mooney & Mortuary
(Address) Coeur d'Alene Ida

20. FILED 6-29, 193 3 E. L. Sparks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 193 3

22. I HEREBY CERTIFY, That I attended deceased from June 12, 193 3, to June 26, 193 3

I last saw h.i.m alive on June 19, 193 3; death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Cerebral Hemorrhage	1931.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Alexander Barclay Jr., M. D.

(Address) Coeur d'Alene

RECEIVED JUN 7 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85020

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Tillie Swanke

(a) Residence. No. 319 - N. 18th St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Swanke

6. DATE OF BIRTH (month, day, and year) 1893 - 6 - 26

7. AGE Years 39 Months 10 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norman Co. Minn

FATHER

13. NAME Pete La Gross.

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME Annie Copple

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) John Swanke

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida Date 5 - 12, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home C'd Alene Ida

20. FILED 5-5-, 1933 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5 - 9 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933 to May 9, 1933

I last saw her alive on May 8, 1933: death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	17 days
Acute pericarditis with effusion	4 days

Other contributory causes of importance:

Chronic nephritis	3 years
Chronic myocarditis	5 years

Name of operation none Date of .....

What test confirmed diagnosis Laboratory & Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. L. Spohn, M.D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85021

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Hazel H~~ Veley Hazelwood

(a) Residence. No. 823 Birch Ave ~~St.~~
(Usual place of abode) Chicago Ill.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	divorced

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Hazelwood

6. DATE OF BIRTH (month, day, and year) 1903 - 12 - 11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centralia Ill.

FATHER

13. NAME Wm Dixon

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Winnie Devan

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Winnie Jones

18. BURIAL, CREMATION, OR REMOVAL Place Forest cemetery Coeur d'Alene, Ida. Date 5-4, 1933

19. UNDERTAKER Cassady Funeral Home, (Address) Coeur d'Alene Idaho.

20. FILED 5-5, 1933 E. L. Sparks, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, to May 1, 1933
I last saw her alive on May 1, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs (Pulmonary T.B.)	5 yrs
Other contributory causes of importance: none known	

Name of operation none Date of
What test confirmed diagnosis X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) E. L. Sparks, M.D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUN 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85022

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Reese

(a) Residence. No. 717 Smylee St. 31
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Anna Reese

6. DATE OF BIRTH (month, day, and year) 1864 - 8 - 25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw mill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 12 - 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Peter Reese
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Coraline Jorgenson
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) R. E. Reese
18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Ida Date 5 - 2, 1933
Forest
19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.
20. FILED May - 2 -, 1933 E. L. Loofbourrow M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1933.
22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933, to April 30, 1933
I last saw him alive on April 24, 1933: death is said to have occurred on the date stated above, at 12 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset.
Tuberculosis of Lungs -	Probably Childhood.
Other contributory causes of importance:	
Terminal Pneumonia	April 26-33

Name of operation Date of
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. M. Heusted, M. D.
(Address) Coeur d'Alene Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85024

PLACE OF DEATH
County of Latah
City of Moscow (Rural)

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Artie Ann Hunt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Hunt

6. DATE OF BIRTH (month, day, and year): Oct. 13, 1848

7. AGE: Years 84 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Warren, Pa.

FATHER
13. NAME: Luthern Harmon
14. BIRTHPLACE (city or town) (State or country): Vt.

MOTHER
15. MAIDEN NAME: Debra Ann Culver
16. BIRTHPLACE (city or town) (State or country): New York State

17. INFORMENT (Address): Clement Hunt, Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: June 20, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED July 6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/16/33, 193..., to 6/16/33, 193...
I last saw her alive on 6/16/33, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Bronchial Pneumonia	
(2) Cardiac asthma	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Doyle M. Loehr, M. D.
(Address) Moscow Idaho

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85025

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Van V. Robertson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nettie Robertson

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1859

7. AGE: Years 74 | Months 4 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Mcminnville Oregon

FATHER

13. NAME Thomas Robertson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Veder

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Nettie Robertson Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date 6/4, 1933

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED July 6, 1933 Harry Einhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/7/, 1933, to 6/1, 1933

I last saw him alive on 5/31/, 1933: death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	For years.
Hypertension	" "
Arteriosclerosis	" "
Coronary Occlusion	6/1/33

Other contributory causes of importance:

Senility

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify no

(Signed) Joseph G. Wilson M. D.

(Address) Moscow, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 85026

Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ettie Estes

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Homer Estes

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Piley Center, (State or country) Kansas.

FATHER

13. NAME James R. Strong

14. BIRTHPLACE (city or town) Chic (State or country)

MOTHER

15. MAIDEN NAME Maria Putman

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Homer Estes Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date June 27, 1933

19. UNDERTAKER F.R. Short (Address) Moscow, Ida.

20. FILED July 6, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to June 23, 1933

I last saw her alive on June 17th, 1933; death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heartfailure	June 23
Other contributory causes of importance:	
Chronic Gastritis	two years
Colitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M.D.

(Address) Moscow Idaho

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85028

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mary Jane Zeitler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Zeitler

6. DATE OF BIRTH (month, day, and year): May 26, 1852

7. AGE: Years 81 | Months | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa/

FATHER
13. NAME: Jacob Hoke
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Martha Sweeney
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Mrs. Emma Clyde, Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Moscow Date: 6/13/33 193

19. UNDERTAKER (Address): F. R. Short, Moscow

20. FILED July 6, 1933 Harry Einhouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from quite often, 1921, to ....., 1933
I last saw her alive on June 10, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 26th
Other contributory causes of importance:	
Arteriosclerosis & HBP	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. Magee, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85029

PLACE OF DEATH

County of Latah

City of Moscow(rural)

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Mulalley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5, 1933

7. AGE Years | Months | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow(Rural) Ida.

FATHER

13. NAME Walter Mulalley

14. BIRTHPLACE (city or town) (State or country) Moscow, Ida.

MOTHER

15. MAIDEN NAME Georgia Strobel

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMENT (Address) Walter Mulalley Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date June 8, 1933

19. UNDERTAKER (Address) H. A. Short Moscow

20. FILED July 6, 1933 Harry Enhorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to June 7, 1933

I last saw her alive on June 5, 1933: death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance were as follows:

Inanition

Date of onset

Other contributory causes of importance:

7 months baby

Premature baby.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature], M. D.

(Address) Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85030

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

7 4a

2. FULL NAME Emelia Augusta Dettman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Albert Dettman

6. DATE OF BIRTH (month, day, and year): Feb. 8, 1851

7. AGE: Years 82 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Kaska

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): ,,

17. INFORMENT (Address): Mrs. W. R. Lowell, Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: June 26, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED July 6, 1933 Harry Einhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from on June 22, 1933, only, 193...

I last saw her alive on June 22, 1933: death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Arteriosclerosis

Date of onset: Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Einhorn, M. D.

(Address) Moscow, Ida.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85031

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Lawerance Martin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Champlin Martin

6. DATE OF BIRTH (month, day, and year): Mar. 20, 1886

7. AGE: Years 47, Months 2, Days 12, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Delivery truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Bakery
10. Date deceased last worked at this occupation (month and year): 6/33
11. Total time (years) spent in this occupation: 4 yrs.

12. BIRTHPLACE (city or town) (State or country): North Powder Oregon

FATHER
13. NAME: WM. D. Martin
14. BIRTHPLACE (city or town) (State or country): Wash.

MOTHER
15. MAIDEN NAME: Leora Ann Wyatt
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMENT (Address): Mrs. Carrie Martin Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Onecha Cemetery Date: 6/4, 193

19. UNDERTAKER (Address): H. R. Short Moscow

20. FILED: July 6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to June 2, 1933
I last saw him alive on June 2, 1933: death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis.	
(Sudden death.)	

Other contributory causes of importance:

Name of operation: None. Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85032

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anton Karl Olson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lina Olson

6. DATE OF BIRTH (month, day, and year): Jan. 18, 1867

7. AGE: Years 66 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Olus Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Caroline Anderson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Bessie Christenson, Moscow, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: June 9, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED: July 6, 1933 Harry Einhouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1932, to June 7, 1933
I last saw him alive on May 24, 1933: death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Sudden heart failure	

Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation: None Date of .....
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature] M.D., M.D.
(Address) Moscow, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85033

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 6 5

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Briggs

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jessie Briggs

6. DATE OF BIRTH (month, day, and year) May 20. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) West Liberty Iowa

FATHER

13. NAME Charles Briggs

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mamie Stafford

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Jessie Briggs Potlatch Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Farmington Wash. Date July 7, 1933

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED July 10th, 1933. J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7th, 1933, to July 6th, 1933
I last saw him alive on July 6th, 1933: death is said to have occurred on the date stated above, at 115a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	June 1
Other contributory causes of importance:	
Septic Infection - Leg	June 4th

Name of operation ✓ Date of
What test confirmed diagnosis? Blood Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) J.Jr. Thompson, M. D.
(Address) Potlatch

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85034

PLACE OF DEATH

County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Ingvald Karl Oien

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5. 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

FATHER

13. NAME Peter Oien

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Jenneta Johnsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Peter Oien Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash. Date June 14, 1933

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED June 15, 1933. J. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31st, 1933, to June 12th, 1933

I last saw him alive on June 12th, 1933; death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix.	May 31st

Other contributory causes of importance:

Pulmonary Embolus.

Name of operation Appendectomy Date of May 31st

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85035

PLACE OF DEATH
County of Latah
City of Troy
Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Magnola B. McGahan

47

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William McGahan

6. DATE OF BIRTH (month, day, and year) Aug 12 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas.

FATHER
13. NAME David King Sharp
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Mary C Tucker
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) William McGahan

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Ida Date June 19, 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED June 19, 1933 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to June 17, 1933.
I last saw her alive on June 17, 1933. death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85036

PLACE OF DEATH
County of Latah
City of Troy
Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olaf Gustaf Anderson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Beata Anderson

6. DATE OF BIRTH (month, day, and year) Dec 1 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Andrew Olson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Lavanta Anderson Troy Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kendrick Date June 17 1933

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED June 17, 1933 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to June 14, 1933
I last saw h[illegible] alive on June 14, 1933; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85038

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carroll Floyd Banta

(a) Residence. No. Tendoy Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	School Boy

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ✓

FATHER

13. NAME Floyd B Banta

14. BIRTHPLACE (city or town) Dunlap (State or country) Ino

MOTHER

15. MAIDEN NAME Ruth Mavity

16. BIRTHPLACE (city or town) Clyde (State or country) Idaho

17. INFORMENT (Address) Floyd B Banta Tendoy Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 5/26/, 1933

19. UNDERTAKER Jno C Boehler
(Address) Salmon Idaho

20. FILED July 8, 1933 Clio C. Billa Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 24, 1933

I last saw him alive on May 22, 1933: death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mel.	
Other contributory causes of importance: Bright disease (Nephritis)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. S. Wright, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85039

PLACE OF DEATH,
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter D. Wilde

(a) Residence. No. Gilmore Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) October 2nd 1865

7. AGE — Years: 67 | Months: 7 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Bay Township
(State or country) Lee County. Iowa.

FATHER
13. NAME Walter George Wilde
14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMENT ✓
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Cemetery Date 5/31, 1933

19. UNDERTAKER William C. Koehler
(Address) Salmon, Idaho.

20. FILED July 8, 1933 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to May 27, 1933
I last saw h[illegible] alive on May 27, 1933: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F. S. Wright, M. D.
(Address) Salmon Ida.

RECEIVED JUL 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85040

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No. Close Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henrietta Pattee 164

(a) Residence. No. Tendoy & Baker St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If ~~married,~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph B. Pattee

6. DATE OF BIRTH (month, day, and year) 1847

7. AGE Years 85 Months 5 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Penn.

FATHER
13. NAME Mierc Springen
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Joseph Pattee
(Address) Tendoy Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Salmon Cemetery Date May 30, 1933

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon Idaho

20. FILED July 8, 1933 Clio E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to May 25, 1933
I last saw her alive on May 25th, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. S. Wright, M. D.
(Address) Salmon

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85041

PLACE OF DEATH Lewis
County of Nez Perce
City of Winchester P.O.

Registration District No. 510
Primary Registration District No. 2129 Local Registrar's No. 8

(No. ..... 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward O. Slenker

(a) Residence. No. On Ranch of St. L. G. Slenker
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1880

7. AGE Years 53 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 53
10. Date deceased last worked at this occupation (month and year) 50 Ks ago
11. Total time (years) spent in this occupation 87

12. BIRTHPLACE (city or town) (State or country) Golden City Mo.

FATHER
13. NAME Jas. W. Slenker
14. BIRTHPLACE (city or town) (State or country) Jasper Mo

MOTHER
15. MAIDEN NAME Emma Cook
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) L. G. Slenker

18. BURIAL, CREMATION, OR REMOVAL Place LEWISTON Date Jun 25 1933

19. UNDERTAKER (Address) Brown & Nann Lewiston, Ida.

20. FILED 6/26, 1933 R. C. Dwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jun 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jun 17, 1933, to Jun 25, 1933
I last saw him alive on June 23, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	June 1932

Other contributory causes of importance:

Name of operation X Ray Jun 16-33 Date of
What test confirmed diagnosis? Proctoscope Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. McLaughlin, M. D.
(Address) Winchester Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85042

PLACE OF DEATH
County of Lewis
City of Reubens

Registration District No. 30
Primary Registration District No. 2129
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Ellison Boggs 74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Susan Jane Boggs

6. DATE OF BIRTH (month, day, and year) Dec 30 1868

7. AGE Years 64 Months 5 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jefferson Co Illinois

FATHER
13. NAME James E L. Boggs
14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER
15. MAIDEN NAME Mary W James
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMENT (Address) Harold O. Boggs Reubens Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Craigmont Date 6/10, 1933

19. UNDERTAKER (Address) Clyde Clay Craigmont Id

20. FILED 6/9, 1933 R E Dewalt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 8, 1933
I last saw him alive on June 7, 1933: death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	3 days

Other contributory causes of importance:

Cardio-renal vascular	some years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) R E Dewalt, M. D.
(Address) Craigmont Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 20 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Lewis Route 1

City of Nezperce Idaho

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. , St.) 74A

File No. 85043

Registered No. 176

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Andrew Knutson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.: Married

6. DATE OF BIRTH: April (Month) 14 (Day) 1854 (Year)

7. AGE: 79 yrs. mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Knute Steinerson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Annie Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hans Knutson

(Address) Nezperce, Idaho.

15.

Filed June 10 1933 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 30 (Day) 1933 (Year) 11 PM

17. I HEREBY CERTIFY, That I attended deceased from 1923, to April 30 1933 that I last saw him alive on Nov 1932, and that death occurred on the date stated above, at 11P M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 1 hour

(Duration) yrs. mos. ds.

Contributory (Secondary) cardiorenal vascular (1) glaucoma (2)

(1) 5 G (2) 1

(Duration) yrs. mos. ds.

(Signed) R E Duvelop M. D.

5-10 1933 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Nezperce Cemetery

DATE OF BURIAL: May 3 1933

20. UNDERTAKER: Albert Huff

ADDRESS: Nezperce Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

FORM V. S. No. [illegible] RECEIVED JUN 18 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Lewis

City of Kamiah

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49

Primary Registration District No. 2127

(No. ..... St.)

File No. 85044

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME R. D. Omans

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Jany (Month) 4 (Day) 1875 (Year)

7. AGE: 58 Yrs. 4 Mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich.

10. NAME OF FATHER: Florence D. Omans

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Mary Dinehart

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie B. Omans

(Address) Kamiah - Ida

15. Filed June 16 1933 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

88 b

16. DATE OF DEATH: May (Month) 18th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1927, to Ohang 19..., that I last saw him alive on May 16 1933 and that death occurred on the date stated above, at 6 25 M.

The CAUSE OF DEATH* was as follows:

Mitral - Insuf. - Myocarditis

(Duration) 7 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

May 19 1933 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah

DATE OF BURIAL: 5-21 1933

20. UNDERTAKER: Kamiah Funeral Home

ADDRESS: Kamiah

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1933

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85045

Registration District No. 16

Primary Registration District No. .....

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Owen John Brennan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice J Brennan

6. DATE OF BIRTH (month, day, and year): Sept 25 1854

7. AGE: Years 78 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER

13. NAME: Patrick Brennan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Redington

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Alice J Brennan

18. BURIAL, CREMATION, OR REMOVAL Place: Shoshone Date: June 15, 1933

19. UNDERTAKER (Address): L E Hickok Shoshone Ida

20. FILED: 6/15, 1933 J. L. Fuller Registrar By G M Mahon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to June 14, 1933.

I last saw him alive on June 14, 1933: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningeal Hemorrhage	June 14
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) F. E. Barrett, M. D.

(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85046

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 31

(No. 88a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fay Nelson

(a) Residence. No. 1 Rexburg Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 23-1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burton (State or country) Idaho.

FATHER

13. NAME O. W. Nelson.

14. BIRTHPLACE (city or town) Smithfield (State or country) Utah.

MOTHER

15. MAIDEN NAME Grace Bryson.

16. BIRTHPLACE (city or town) Taylorsville (State or country) Utah

17. INFORMENT (Address) O. W. Nelson Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida Date June 19 1933.

19. UNDERTAKER Vern L. Keller (Address) Rexburg Idaho.

20. FILED 7-8, 1933 J. Bywater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to June 16, 1933.
I last saw he alive on June 15, 1933.: death is said to have occurred on the date stated above, at 11 30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (ulcerative)	May 1-1933
Other contributory causes of importance: Nephritis sequela to Rheumatic fever	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 6/17/33 If so, specify no
(Signed) Louis A. Rich, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85047

PLACE OF DEATH
County of Madison
City of Rexburg
Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 30
(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alzada Furniss Byrne

(a) Residence. No. Rexburg St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Coral Byrne

6. DATE OF BIRTH (month, day, and year) Aug 25 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9 months

12. BIRTHPLACE (city or town) (State or country) Evenston Wyo.

FATHER

13. NAME Ephriam J. Furniss

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alzada R. Bird

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Clarence C. Byrne

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date June 12 1933

19. UNDERTAKER Alvin Keller
(Address) Rexburg

20. FILED 1-8-, 1933 J Rupert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to June 9, 1933
I last saw her alive on June 9, 1933: death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Jan 1933

Other contributory causes of importance:

[redacted]	3

Name of operation Date of
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. R. Sutherland, M. D.
(Address) Rexburg Idaho

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85048

PLACE OF DEATH

County of Madison
City of Burton

Registration District No. 100
Primary Registration District No. 2178
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 32

164

2. FULL NAME Elizabeth Gertrude Jensen.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE of Ole Peter Jensen.

6. DATE OF BIRTH (month, day and year) Sept. 5, 1849

7. AGE	Years	Months	Days	If LESS than 1 day,
	83	9	15	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10. NAME OF FATHER Hans Loren Petersen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.

12. MAIDEN NAME OF MOTHER Caroline Christine Marie Zapper

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark.

14. Informant Otto Jensen
(Address) Rigby, Idaho.

15. Filed 7-8, 1933 J Keyes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 19 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~, 19, to ~, 19
that I last saw h~ alive on ~, 19
and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:
No Physician was called — Natural causes, Senility
Haven't seen her for 2 yrs.
Just Feebleness
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Parley Nelson, M. D.
June 21, 1933 (Address) Rexburg, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Burton, Idaho.	6/22/33
20. Undertaker L M Malden	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85049

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 33 100

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Charles Merlin Swendsen

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta Carlson Swendsen.

6. DATE OF BIRTH (month, day, and year) Feb. 9th 1908.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Steel Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Utah.

FATHER

13. NAME C. P. Swendsen.

14. BIRTHPLACE (city or town) (State or country) Richmond Utah.

MOTHER

15. MAIDEN NAME Daisy Black.

16. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

17. INFORMENT (Address) C. P. Swendsen. Rexburg Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date , 1933.

19. UNDERTAKER (Address) Nelson & Fuller. Rexburg. Ida.

20. FILED 7-8, 1933 J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933.

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning. While testing a motor boat in the Teton River about 1 Mile East and North of the City of Rexburg,	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon L. Fuller. M.D.

(Address) Rexburg Coroner. Madison County Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85050

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159b

2. FULL NAME James G. Hutchison
(a) Residence. No. 35-S-1st West St. Rexburg Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 8th-1933
7. AGE Years Months Days I If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg

FATHER
13. NAME James Hutchison
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Gladys Ireton
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) James P. Otteson

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date June 10th 1933

19. UNDERTAKER (Address) Alvin Keller Rexburg

20. FILED 7-8-, 1933 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to June 8, 1933.
I last saw him alive on June 8, 1933; death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patulous foramen ovale	6-8-33

Other contributory causes of importance:
Premature birth

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
6/10/33 If so, specify
(Signed) Louis S. Rich, M. D.
(Address) Rexburg Idaho

RECEIVED JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85051

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 25

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delha Nelson

(a) Residence. No. Rexburg Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29-1906.

7. AGE Years 26 Months 8 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Librarian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME Parley Nelson
14. BIRTHPLACE (city or town) Monroe
(State or country) Utah

MOTHER
15. MAIDEN NAME Sarah Ahlstrom
16. BIRTHPLACE (city or town) Ephraim
(State or country) Utah

17. INFORMENT Parley Nelson
(Address) Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Manti Utah Date May 19, 1933

19. UNDERTAKER Vern J Keller
(Address) Rexburg Idaho

20. FILED 6-6, 1933 J R Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 12, 1933
I last saw her alive on May 11, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/7/33

Other contributory causes of importance:
Chronic Interstitial Nephritis & Hypertension

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T A Ellison, M. D.
(Address) St. Anthony Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85052

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Cora Lee Hammond

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 29-1933

7. AGE — Years — Months — Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert, Ida.

FATHER
13. NAME Eddy Everett Hammond
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Cora Francis Hendricks
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Eddy E. Hammond Rupert, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rupert, Ida. Date 6-2, 1933

19. UNDERTAKER (Address) Walgordman Rupert Ida

20. FILED 6-4, 1933 E W Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 1, 1933
I last saw her alive on June 1, 1933: death is said to have occurred on the date stated above, at 11:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-natal Malnutrition	

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E W Elmore M. D.
(Address) Rupert, Ida.

RECEIVED JUN 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85053

PLACE OF DEATH

County of Nez Perce
City of near Spalding Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Chapman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-12-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spalding Idaho

FATHER

13. NAME Alexis Chapman

14. BIRTHPLACE (city or town) (State or country) Pendleton Oregon

MOTHER

15. MAIDEN NAME Helen McCarkle

16. BIRTHPLACE (city or town) (State or country) Warm Springs Oregon

17. INFORMENT (Address) Alexis Chapman Spalding Idaho

18. BURIAL, CREMATION OR REMOVAL Place Sunset Cemetery Date 4-14-33, 193

19. UNDERTAKER Family (Address) Spalding Idaho

20. FILED April, 1933 George Gammard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-13-33 193

22. I HEREBY CERTIFY, That I attended deceased from 4-12-33, 193..., to ..., 193...
I last saw him alive on 4-12-33, 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gammard M. D.
(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 18 1933

PLACE OF DEATH

County of Nez Perce.

City of Webb, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No.

Gaignard

DO NOT WRITE IN THIS SPACE

State File No. 85054

Please return Burial Permit.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

204

2. FULL NAME David Abrams.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1st, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74.	1.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Not known.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMENT (Address) Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date Jan. 20th 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED June, 1933 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 17th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Died Suddenly
Cause unknown
no Doctor in attendance

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho.

RECEIVED JUN 1-8 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE
State File No. 85055

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evelyn Carter 31

(a) Residence. No. Lapwai, Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Indian	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 4/19/25

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
8	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapwai, Idaho

FATHER

13. NAME Caleb Carter

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Amera

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Records of Sanatorium Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Idaho Date 6/1, 193 3

19. UNDERTAKER Brewer-Mann Co (Address) Lewiston Idaho

20. FILED May, 193 3 George Gagnier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931 193 to May 30, 1933 193

I last saw her alive on May, 30, 33 193 : death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, far advanced	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? lab&physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph M Alley, M. D.

(Address) Lapwai, Idaho

RECEIVED JUN 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8505C

PLACE OF DEATH
County of Nez Perce.
near City of Culdesac Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... 74a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Inice Jurgens.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17th, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
60.	---.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon.

FATHER

13. NAME Joseph Ledgerwood.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Louise O'Keefe.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Culdesac, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pomeroy, Washington Date May 27th, 1933.

19. UNDERTAKER Brower-Vann Company,
(Address) Lewiston, Idaho.

20. FILED May, 1933 George Gaignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 10-12-32, 193..., to 5-25-33, 193...
I last saw h[illegible] alive on 5-23-33, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-12-32
Other contributory causes of importance: Chronic Pulmonary Tuberculosis	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George Gaignard M. D.
(Address) Culdesac, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

Hobel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85057

PLACE OF DEATH
County of Nez Perce.
City of Lewiston,.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1317 18th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida May McDonald.

(a) Residence. No. 1317 18th, Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: D. S. McDonald.

6. DATE OF BIRTH (month, day, and year) Dec. 3rd, 1872.

7. AGE: Years 60. Months 6. Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodburn, Oregon.

FATHER
13. NAME John Dimick,
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Phoebe Jane Morris.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) D. S. McDonald Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 18th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 11, 1933 J. M. Lyle Registrar. By J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to June 16, 1933.
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 16, 1933

Other contributory causes of importance:

Arterio Sclerosis.	5 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William P. H. Hobel, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85058

PLACE OF DEATH

County of Nez Perce

City of Lewiston, (Limits)

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Jim Pappas

(a) Residence. No. Near Lewiston, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Greek	?

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Steve Knutson Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date July 3rd, 1933

19. UNDERTAKER Brower-Wann Company
(Address) Lewiston, Idaho

20. FILED July 11, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	
via Lead	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/29, 1933

Where did injury occur? 5 Miles South of Lewiston Idaho.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Farm where deceased was Working.

Manner of injury Shot gun wound.

Nature of injury Base of Skull Left Jugular Vein

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) E. M. Brower M. D.

(Address) Lewiston, Ida. Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Near Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 85059

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.) -14a

2. FULL NAME Emma Margaret Ellis.

(a) Residence. No. Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31st, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	5.	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago.
(State or country) Illinois.

FATHER

13. NAME Christian Schuldt.

14. BIRTHPLACE (city or town)
(State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town)
(State or country) Germany.

17. INFORMENT E. P. Ellis
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date 6/22/33. 193

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED July 11, 1933 J. M. Lyle
Registrar.
By K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1933, to June 20th, 1933

I last saw her alive on June 10th, 1933: death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Hemiplegia)	March 20th 33

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. P. White, M. D.

(Address) Lewiston, Idaho.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85060

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Whites Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Effie Eavey.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 15th, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47.	3.	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska.

FATHER

13. NAME Elmer Mayfield.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Treas Gregory.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) H. P. Eavey. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 17th 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED July 11, 1933 J. M. Lyle Registrar.
Boyd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to June 14th, 1933

I last saw h[illegible] alive on June 14th, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	June 1913

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) E. L. Whole, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Lyle.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85061

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

151

2. FULL NAME John Bailey.

(a) Residence. No. Lewiston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67,			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) East Earlton,
(State or country) Nova Scotia.

FATHER

13. NAME Hugh Bailey.

14. BIRTHPLACE (city or town)
(State or country) N. S.

MOTHER

15. MAIDEN NAME Belle Southerland.

16. BIRTHPLACE (city or town)
(State or country) N. S.

17. INFORMENT C. Bailey.
(Address) Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date June 13th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED July 11, 1933 J. M. Lyle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 16 1933, to June 26 1933
I last saw him alive on June 26 1933; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene left foot	

Other contributory causes of importance:

Varicosities	

Name of operation Amputation left leg Date of 6-8-33
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85062

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

148

2. FULL NAME Ruth Peabody Peschel Rowe.

(a) Residence. No. St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced, (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 29th, 1913.

7. AGE Years: 20. Months: 4. Days: 27. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dresden, Germany.

FATHER
13. NAME William Martin Peschel.
14. BIRTHPLACE (city or town) (State or country) Dresden, Germany.

MOTHER
15. MAIDEN NAME Annie Louise Peabody.
16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMENT (Address) Wm M. Peschel. Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 28th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED July 11, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933 to June 26, 1933
I last saw her alive on June 26, 1933 death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions following labor	6-25-33

Other contributory causes of importance:
Eclampsia

Name of operation none Date of
What test confirmed diagnosis? Segre Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

Braddock.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85063

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 212 5th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Charles W. Shaff.

(a) Residence. No. 212 5th, street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.,
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6th, 1855.

7. AGE Years: 77. Months: 11. Days: 16. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Practicing physician.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plaserville. California.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 24th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED June 29, 1933 J. M. Lyle By L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22nd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to June 22, 1933, 193
I last saw him alive on June 21, 1933: death is said to have occurred on the date stated above, at 12:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	June 21

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. W. Braddock, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

Carssow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85064

PLACE OF DEATH
County of Nez Perce.
City of Near Juliaetta.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Near Juliaetta, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

37a

2. FULL NAME Pauline Slickpoo.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10th, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
----.	9.	29.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lapwai, Idaho.

FATHER
13. NAME David Slickpoo.
14. BIRTHPLACE (city or town) (State or country) Culdesac, Idaho.

MOTHER
15. MAIDEN NAME Jeanette Peterson.
16. BIRTHPLACE (city or town) (State or country) Orofino, Idaho.

17. INFORMENT (Address) David Slickpoo Juliaetta, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spalding, Idaho. Date May 10th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED June 10, 1933 J. M. Lyle By G. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 9th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1933, to April 29, 1933
I last saw her alive on April 29, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis Pulmonary	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? X Ray & Mantaux Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. E. Carssow, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Braddock.

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85065

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St. Joesph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME Thomas Swan Brown

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Saw Mill Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Swan Brown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) A. O. Brown St. Maries, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date June 30, 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED June 30 1933 J. M. Lyle Registrar. By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to June 29, 1933.

I last saw him alive on June 29, 1933: death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer Pyloric end of stomach Pyloric obstruction	July 1931

Other contributory causes of importance:

Cardiac failure	June 28 1933

Name of operation Gastroenterostomy Date of June 27-33

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. G. Braddock, M. D.

(Address) Lewiston Idaho

(c-white)

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85066

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. White Hospital.) 65a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David G. Smith.

(a) Residence. No. St. Spray, Oregon.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 27th, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63.	5.	4.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago.
(State or country) Illinois.

FATHER
13. NAME W. H. Smith.
14. BIRTHPLACE (city or town) Illinois.
(State or country)

MOTHER
15. MAIDEN NAME Mary J. Smith.
16. BIRTHPLACE (city or town) Scotland.
(State or country)

17. INFORMENT C. S. Smith
(Address) Spray, Oregon.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date June 1st, 1933.

19. UNDERTAKER Brower-Vann Company.
(Address) Lewiston, Idaho.

20. FILED June 10, 1933 J. M. Lyle Registrar.
By E. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 31st, 1933, to May 31st, 1933.
I last saw him alive on May 31, 1933.; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomyelogenous Leukaemia	June 32

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis Laboratory findings. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85067

PLACE OF DEATH
County of Nezperce
City of Southwick

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Alice Phillips

(a) Residence. No. St. Southwick Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

156

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elza Phillips Deceased

6. DATE OF BIRTH (month, day, and year) July 25-1852

7. AGE: Years 80 | Months 10 | Days 3 | If LESS than 1 day, hrs. or 1 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation Her life

12. BIRTHPLACE (city or town) (State or country) Preston Co. West Virginia

FATHER
13. NAME Samuel Zinn
14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER
15. MAIDEN NAME Harriett Zinn
16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) Essel Stalnaker. Southwick Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Southwick Cemetery Date May 30, 1933

19. UNDERTAKER (Address) None

20. FILED June 24, 1933 B. F. Nesbit, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to May 28, 1933.
I last saw her alive on May 28, 1933: death is said to have occurred on the date stated above, at 12.45 m. P. M.
The principal cause of death and related causes of importance were as follows: Chronic Arthritis Several yrs and the result of a fracture of the Hip old age

Date of onset

Other contributory causes of importance: Unknown

Name of operation No Date of 1
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 193
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~~Other~~ X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Russell Trinitt, M. D.
(Address) Southwick, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Stockslager

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85068

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 1928 8th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME John Henry Miller.

(a) Residence. No. 1928 8th, Avenue. ~~xx~~ (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24th, 1930.

7. AGE Years: 3. Months: 0. Days: 29. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME A. E. Miller.
14. BIRTHPLACE (city or town) (State or country) Easton, Missouri.

MOTHER

15. MAIDEN NAME Fay Hillingsworth.
16. BIRTHPLACE (city or town) (State or country) Unionville. Missouri.

17. INFORMENT (Address) A. E. Miller Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 25th, 1933.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED June 29 1933 J. M. Lyle Registrar. By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to June 23, 1933

I last saw him alive on June 23, 1933: death is said to have occurred on the date stated above, at 6 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Purpura	Mch 1933

Other contributory causes of importance:

Unknown.

Name of operation None Date of ✓

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) L. B. Stockslager, M. D.

(Address) Lewiston, Idaho.

Dr McCrae

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85069

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 612 26th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Mildred Lucile Harper

(a) Residence. No. 612 26th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 20 1925

7. AGE: Years 8 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME W.H.Harper
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Lillian Jones
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) W.H.Harper 612-26th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Ida Date 6/10/33 193

19. UNDERTAKER (Address) Vassar Mortuary Inc Lewistn Idaho

20. FILED June 10, 1933 J. M. Lyle Registrar. By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 3, 1932, to 6 - 7, 1933

I last saw her alive on 6 - 7, 1933: death is said to have occurred on the date stated above, at 4 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Endocarditis	5-21-33 ?

Other contributory causes of importance:

Chronic Pyelitis	
Acute	5-24-33 ?

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. McCrae, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 7 1933

Harney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85070

PLACE OF DEATH
County of Nez Perce.
City of Lewiston,
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. 1012 17th, Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

85a

2. FULL NAME Robert Marshall Clark.

(a) Residence. No. 1012 17th, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 23rd, 1926.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6.	6.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Marshall Clark.

14. BIRTHPLACE (city or town) (State or country) Washington.

MOTHER

15. MAIDEN NAME Myrtle C. Boehl.

16. BIRTHPLACE (city or town) (State or country) Danbury. Nebraska.

17. INFORMENT (Address) Marshall Clark Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 23rd 1933.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED June 25, 1933 J. M. Lysle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 21, 1933. I last saw h[illegible] alive on June 21, 1933: death is said to have occurred on the date stated above, at 4:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	April 20-33

Other contributory causes of importance:
Tonsils-foci of infection

Name of operation None Date of —
What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Paul G. Harney, M. D.
(Address) Lewiston, Idaho.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85071

PLACE OF DEATH
County of NezPerce
City of Lewiston
Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 826- 6th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

887

2. FULL NAME Albert E. Stenstrom

(a) Residence. No. 826-6th AVe St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Cathrine Stanstrom

6. DATE OF BIRTH (month, day, and year) May 2 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Propriter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dance Hall

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 7 Yrs

12. BIRTHPLACE (city or town) (State or country) St Paul Minn

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Cathrine Stenstrom Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date , 193

19. UNDERTAKER Vassar Mortuay Inc
(Address) Lewiston Idaho

20. FILED June 27 193 3 J. M. Lyle Registrar.
by L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 6 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 6- 23 -, 1932, to 6- 6 -, 1933
I last saw him alive on 6- 6 -, 1933: death is said to have occurred on the date stated above, at 11:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Linn Graham, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85072

PLACE OF DEATH
County of Lewiston.
City of Idaho.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Harold Sweet Jr.

(a) Residence. No. Lewiston orchards. ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 5 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston.
(State or country) Idaho.

FATHER
13. NAME H. R. Sweet.
14. BIRTHPLACE (city or town) Seattle.
(State or country) Washington.

MOTHER
15. MAIDEN NAME Issie May Brown.
16. BIRTHPLACE (city or town)
(State or country) Oklahoma.

17. INFORMENT H. R. Sweet
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date May 31st, 1933.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED June 10, 1933 J. M. Lyle
By G. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to May 30, 1933
I last saw ~~him~~ alive on May 30, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse peritonitis	
Gangrenous perforated	May 28
Appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of May 29
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. B. Brockslager, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85073

PLACE OF DEATH
County of NezPerce
City of Lewiston
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Micheal Thomason

(a) Residence. No. Pittsburg Landing Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Raiser of Stock

10. Date deceased last worked at this occupation (month and year) 6/4/33

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME William Thomason

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Margaret Bruce

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) Jack Titus Pittsburg Landing Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Idaho Date 6/6/33, 193

19. UNDERTAKER Vassar Mortuary Inc
(Address) Lewiston Idaho

20. FILED June 29, 1933 J. M. Lyle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/5/33 193

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 5, 1933
I last saw h(m)alive on June 5, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about May 31/33

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	+ yrs

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. C. Carssow, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Carssow,

RECEIVED JUL 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE

State File No. 85074

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Bert James Miller.

(a) Residence. No. Somerville Home. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27th, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55.	0.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Patient Somerville Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin.

FATHER

13. NAME L. L. Miller.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME ------- Clark.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) Mrs Annie Miller. Nez Perce, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date June 1st, 1933.

19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.

20. FILED June 10, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to May 31, 1933

I last saw h alive on May 31st 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	

Other contributary causes of importance:

Peritonitis

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85075

PLACE OF DEATH
County of Oneida
City of Malad R.F.D.1

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

84

2. FULL NAME Hyrum Monson
(a) Residence. No. Malad Ida Rt 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Deschamps Deceased

6. DATE OF BIRTH (month, day, and year): July 27 1863

7. AGE: Years 69 | Months 10 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Active Life

12. BIRTHPLACE (city or town) (State or country): Hyrum Utah

FATHER
13. NAME: Andrew Monson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Matilda Anderson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Angelo Talbot RFD #1 Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Ct. John Date: June 28 1933 Burial

19. UNDERTAKER (Address): J. Guy Benson Malad Ida

20. FILED 6/30, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to June 26, 1933
I last saw him alive on May 1933 death is said to have occurred on the date stated above, at 19 m.
The principal cause of death and related causes of importance were as follows: Brain tumor?

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....
(Signed) O H Maley, M. D.
(Address) Malad Idaho

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85076

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cynthia May Jones

(a) Residence. No. [illegible] St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 10 yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME William Lusk Jones

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ann Lloyd John

16. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

17. INFORMENT W. L. Jones
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date June 15 1933

19. UNDERTAKER J. Berry Evans
(Address) Malad Idaho

20. FILED 6/15/33, 1933 J. M. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1932, to June 12, 1933.
I last saw h[illegible] alive on June 12, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Insufficiency	
Other contributory causes of importance: Nephritis	

Name of operation none Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. M. Evans, M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUN 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85077

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 22

(No. 88a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily M. Barton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Barton

6. DATE OF BIRTH (month, day, and year) July 22. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. wife of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Dept

FATHER

13. NAME Henry Huber

14. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER

15. MAIDEN NAME Mary Cushing

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT C. C. Barton (Address) 1463 Grape st Denver Colo

18. BURIAL, CREMATION, OR REMOVAL Place Mrs Plymouth Date May 22 1933

19. UNDERTAKER Glenn C. Landon (Address) Payette Idaho

20. FILED May 24, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18- 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to May 18-, 1933.

I last saw her alive on May 18-, 1933; death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.

(Address) R. R. 1. Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85078

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Carsten

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Carsten

6. DATE OF BIRTH (month, day, and year) June 14 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Wm Carsten
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Inge Marie Michaelsen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT W. N. Carsten (Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date May 17, 1933

19. UNDERTAKER Glenn C. Saunders (Address) Payette Idaho

20. FILED May 24, 1933 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932, 193..., to May 16, 1933
I last saw her alive on May 16, 1933 death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Chr.	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Merrel R. Cox, M. D.
(Address) Payette Ida.

RECEIVED JUN 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85079

PLACE OF DEATH
County of Payette
City of Ninebland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Tobitha Anna Decker.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. W. Decker

6. DATE OF BIRTH (month, day, and year) Oct 26 1857

7. AGE Years 75 Months 6 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Co. Missouri

FATHER
13. NAME Edward Stubblefield.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Lucy Ann Sullivan
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Ray G Decker Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Id. Date 5-6-, 1933

19. UNDERTAKER (Address) Glenn C. Landon. Payette Idaho

20. FILED May 16/33, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1933, to May 4, 1933
I last saw her alive on May 4, 1933: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of gall bladder	Mar 15 1933.

Other contributory causes of importance:
Chronic Cholecystitis & Cholelithiasis

Name of operation none Date of ✓
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none
(Signed) N. J. Weeke, M. D.
(Address) Ontario Ore.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85080

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME B. F. Huff. 88b

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ruby A. Huff.

6. DATE OF BIRTH (month, day, and year): Aug 22, 1866

7. AGE: Years 66 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: druggest.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Little Sioux, Iowa.

FATHER
13. NAME: Hiram M. Huff.
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Lucinda McGathan
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMENT (Address): Clara M. Weston, 2270 Seventh St Baker Oregon

18. BURIAL, CREMATION, OR REMOVAL
Place: Logan Iowa Date: May 19, 1933.

19. UNDERTAKER (Address): Glenn C. Landon, Payette Ida

20. FILED May 16, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932, 193..., to May 11, 1933
I last saw him alive on May 10, 1933: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Merrill R. Fox, M. D.
(Address) Payette Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85081

PLACE OF DEATH
County of Payette
City of Fruitland Ida.
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 15

(No.) 47
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gertrude Melcena Ymeg.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. Ymeg.

6. DATE OF BIRTH (month, day, and year) May 3-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farmer's wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keokuk Iowa

FATHER

13. NAME Geo. Rosell

14. BIRTHPLACE (city or town) (State or country) Greensburg Pennsylvania

MOTHER

15. MAIDEN NAME Susannah McKenzie

16. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

17. INFORMENT (Address) Ida Young Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mrs Plymouth Ida. Date 3-23 1933

19. UNDERTAKER Glenn C. Langdon
(Address) Payette Idaho

20. FILED Apr 6 1933, 193 J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 21 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to Mar 20, 1933,
I last saw her alive on Mar 20, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer-Started in	
region of left	
nipple-Several	
years back.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. C. Paxton M.D.
(Address) Payette Ida. R.R.1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85082

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Hillerman 78

(a) Residence. No. Payette Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of W. A. Hillerman

6. DATE OF BIRTH (month, day, and year) Mar 26, 1876

7. AGE Years 57 Months 3 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME James R. Carter
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Elizabeth Brewster
16. BIRTHPLACE (city or town) (State or country) Lewis Ill.

17. INFORMENT (Address) Inez Pearce Payette

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 6-21, 1933

19. UNDERTAKER (Address) C. C. Adkins Payette Idaho

20. FILED June 20, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1928, 1933, to 1933, 193..
I last saw her alive on Jan, 1933: death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Deceased was found face down on floor of kitchen. Had been dead about two hours. Death evidently due to epilepsy.

Other contributory causes of importance:
Epilepsy of many years standing.
Mitral regurgitation of heart

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. R. Woodward, M. D.
(Address) Payette, Idaho

RECEIVED JUL 5 1933

PLACE OF DEATH

County of Fayette

City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85083

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Mame E. Cartwright

92

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. W. Cartwright

6. DATE OF BIRTH (month, day, and year): Feb 8 - 1859

7. AGE: Years 74 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lee County Ill.

FATHER

13. NAME: John Sutter

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Margret Thomas

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): J W Cartwright Fayette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Fayette Idaho Date: May 25 1933

19. UNDERTAKER (Address): Glenn C. Faucher Fayette Idaho

20. FILED: June 15, 1933 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 23, 1933

I last saw h. alive on May 22, 1933; death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
	May 22-33

Other contributory causes of importance:

Diabetes mellitus
+ ateriosclerosis

Name of operation: — Date of: —

What test confirmed diagnosis: Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Reese, M. D.

(Address) Ontario Ore

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85084

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 24

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winfield Scott Hinchliff.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Hinchliff.

6. DATE OF BIRTH (month, day, and year) Jan 30 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock raising
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill. Ill.

FATHER
13. NAME James Hinchliff
14. BIRTHPLACE (city or town) (State or country) Eng. Eng.

MOTHER
15. MAIDEN NAME Betsy Smith
16. BIRTHPLACE (city or town) (State or country) Ohio Ohio

17. INFORMENT (Address) Anna L. Hinchliff New Plymouth Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Ida. Date May 23 1933

19. UNDERTAKER (Address) Glenn C. Snyder Payette Idaho

20. FILED June 15, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to May 21, 1933
I last saw h. alive on May 15, 1933: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic dilatation of	about 19 (1931)
& heart.	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Chas E. Palmer, M. D.
(Address) Ontario Oregon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85085

PLACE OF DEATH
County of Payette
City of Payette
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 28

(No. 112)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary C. M. Hagemann

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. F. Hagemann

6. DATE OF BIRTH (month, day, and year) Oct 8 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plainview Neb.

FATHER

13. NAME Henry Asmussen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Christensen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Adolph H. Hagemann Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date June 25 1933

19. UNDERTAKER Glenn C. Gooden (Address) Payette Idaho

20. FILED June 25 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to June 27, 1933

I last saw her alive on June 23, 1933: death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Stomach	6/22/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. C. Parton M. D.

(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BI... IG

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85086

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas K. Harris

111a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edith M. Harris

6. DATE OF BIRTH (month, day, and year): Aug 26 1854

7. AGE: Years 78 | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jasper, Penn.

FATHER
13. NAME: A. W. Harris
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: Mary Klepper
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): A. H. Harris, Portland Ore. 3354 N.E. N.S. Grantham

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette Ida. Date: June 22 1933

19. UNDERTAKER (Address): Glenn C. Sanders, Payette Idaho

20. FILED June 25, 1933 J. C. Woodward, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 21, 1933
I last saw her alive on June 21, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	June 21 '33
Stomach	
from Gastric Ulcer	

Other contributory causes of importance:
Chronic myocarditis + arteriosclerosis

Name of operation: non Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) N. J. Weese, M. D.
(Address) Ontario Ore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 5 1933

PLACE OF DEATH

County of PAYETTE.

City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85087

Registration District No. 4.
Primary Registration District No. 1008.
Local Registrar's No. 23

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARIE DELORIS PITMAN. 1a

(a) Residence. No. EMMETT, IDAHO St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Leroy Pitman

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Maywood
(State or country) Nebraska

FATHER

13. NAME Eugene Flowers

14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Hanger

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMENT (Address) Emmett & Flower Potlatch, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Emmett, Idaho Date June 15 193 3

19. UNDERTAKER C. D. Buchanan
(Address)

20. FILED June 13, 193 3 J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 193 3

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, 193..., to June 13, 1933, 193...
I last saw her alive on June 13, 1933: death is said to have occurred on the date stated above, at 5.00 m. pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever.	
Other contributory causes of importance:	

Name of operation Abdominal puncture 6/9/33
What test confirmed diagnosis? Micr. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ----- Date of injury ..., 193.
Where did injury occur? -----
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -----
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. C. Woodward, M. D.
(Address) Payette, Idaho

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Power

City of Am. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85088

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME J. W. Frodsham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1855

7. AGE: Years 78 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME James Frodsham
14. BIRTHPLACE (city or town) (State or country) St. Helens Lankshire, England

MOTHER
15. MAIDEN NAME Mary Shepperson
16. BIRTHPLACE (city or town) (State or country) Nottingham, England

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rockland Date June 2, 1933

19. UNDERTAKER (Address) Am Falls Ida

20. FILED 7 – 3, 1933 Gwenien Noth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to June 1st, 1933.
I last saw ~~him~~ alive on June 1st, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V. G. Logan, M. D.
(Address) American Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 1 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85089

County of Power
City of Am. Falls, Idaho
Registration District No. 23
Primary Registration District No. 2072
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1612

2. FULL NAME Jerold DeLane Wheeler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am. Falls, Idaho

FATHER

13. NAME George Wheeler

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Lelle Frey

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) George Wheeler

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Idaho Date June 23, 1933

19. UNDERTAKER (Address) Friends

20. FILED 7-3, 1933 Genevieve Nolt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from — , 193..., to — , 193...

I last saw h... alive on , 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Logan, M. D.

(Address)

RECEIVED JUL [illegible] 1933

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85090

Registration District No. 23

Primary Registration District No. 2072

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

8 8 b

2. FULL NAME Kathryn Dorothy Eggers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 2 1852

7. AGE: Years 8 D; Months 6; Days 12; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bohl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Fred W. Eggers

18. BURIAL, CREMATION, OR REMOVAL Place Am. Falls. Date June 18, 1933

19. UNDERTAKER (Address) H L Dowe Am. Falls, Idaho

20. FILED 4-18, 1933. Genevieve Noth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1933, to 6-14, 1933

I last saw ~~b~~ alive on 6-14, 1933: death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Pulmonary Edema & Cardio Vascular Condition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible], M. D.

(Address) American Falls

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85091

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME William Dallon Speaks — Speaks.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 16 - 1912

7. AGE: Years 20 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fort Missoula Mont

FATHER
13. NAME: Samuel Edward Speaks
14. BIRTHPLACE (city or town) (State or country): Whiletown Ky

MOTHER
15. MAIDEN NAME: Edna Marie Aldrich
16. BIRTHPLACE (city or town) (State or country): Cedar Rapids Iowa

17. INFORMENT (Address): Mrs Dana Speaks

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place: St. Maries Ida Date: July 2, 1932

19. UNDERTAKER (Address): R. L. Stout Kellogg

20. FILED: July 10, 1933 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 6/29, 1933 death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed to death by falling wall chest crushed & head injured	30 min

Other contributory causes of importance: Falling wall concrete

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to extern causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/29, 1933
Where did injury occur? City Kellogg Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry building Bosemer
Manner of injury: Falling concrete wall
Nature of injury: Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Mowry Corony M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85092

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Grace Switzer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 3 - 1880

7. AGE: Years 52 | Months 7 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, N. Y.

FATHER
13. NAME No information
14. BIRTHPLACE (city or town) (State or country) No inf.

MOTHER
15. MAIDEN NAME Ida Grace Stone
16. BIRTHPLACE (city or town) (State or country) No inf.

17. INFORMENT (Address) John Switzer Kellogg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date 6/6/33, 193

19. UNDERTAKER (Address) M. C. Thornhill Kellogg

20. FILED July 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1932, to June 3rd, 1933
I last saw her alive on May 28, 1933: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows: General Paresis.

Date of onset

Other contributory causes of importance: Tertiary Syphilis.

Name of operation ..... Date of .....
What test confirmed diagnosis? Wassermann Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85093

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Paul Pasta

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) May 24 - 1860

7. AGE Years 73 Months Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Band Master
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

FATHER
13. NAME Vincent Pasta
14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER
15. MAIDEN NAME Angela
16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMENT James Pasta
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date June 13 1933

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg

20. FILED July 10, 1933 Mrs. Elsie M. Wide
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to ....., 1933,
I last saw him alive on June 7, 1933: death is said to have occurred on the date stated above, at 7 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble	
acute Gastritis,	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify T. R. Mason
(Signed) ....., M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85094

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 37
90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Laurie Fraser,

(a) Residence. No. 90 Zinc Plant, Kellogg St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ann Fraser

6. DATE OF BIRTH (month, day, and year) Sept. 14-1865

7. AGE: Sept. 14-1865 — Years 67 — Months ~~XX~~ 9 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Master Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zinc Plant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Glascow Nova Scotia, Canada

FATHER
13. NAME Alexander Fraser
14. BIRTHPLACE (city or town) (State or country) Chance Harbor Nova Scotia

MOTHER
15. MAIDEN NAME Annie Laurie
16. BIRTHPLACE (city or town) (State or country) Little Harbor Nova Scotia

17. INFORMENT (Address) Paul L. Burson 2928-9th Ave West, Seattle

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Wn. Date July 5, 1933

19. UNDERTAKER (Address) M. C. Thoughice Kellogg

20. FILED July 10, 1933 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from on July 2, 1933, to ....., 193...
I last saw him alive on June 17, 1933; death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Patient had	
worked in the morning	
Had eaten a hearty	
meal at noon - was	

Other contributory causes of importance:
feeling fine - Died before I could reach him
I consider a diagnosis of acute heart failure is justified in this case
Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Geo H Kennett, M. D.
(Address) Kellogg, Idaho

RECEIVED JUL 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85095

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 32

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Healey

(a) Residence No. #18-3rd St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23 - 1851

7. AGE Years 81 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darwy Ontario Canada

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Walt Healey Kellogg - Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date June 13 1933

19. UNDERTAKER (Address) R. L. Stout Kellogg

20. FILED July 10, 1933 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/10/33

Other contributory causes of importance:

Myocarditis	5 yrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. C. Mowery Per J. Parris M. D.

(Address) Wallace Ida

Coroner.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85096

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Albert Alexander Innes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 24 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME William L. Innes

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabella Kennedy

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Jas K Innes R/F 588 Coeur d'Alene Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Kellogg Ida Date June 19, 1933

19. UNDERTAKER M C Thornburgh (Address) Kellogg Idaho

20. FILED July 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 14, 1933.
I last saw h. alive on June 14, 1933: death is said to have occurred on the date stated above, at 6:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bilateral	8 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85097

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2204
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Starch

(a) Residence. No. ..... St. Olivia, Minnesota
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) June 6, 1866

7. AGE Years 67 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perton, Ills

FATHER
13. NAME Frederick Starch
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Wilhemina Cheffler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Peter Starch Patterson Calif.

18. BURIAL, CREMATION, OR REMOVAL Place Olivia Minn. Date July 8 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED July 10, 1933 Mrs. Tobie McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to July 8, 1933.
I last saw him alive on July 7, 1933: death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendix	6-13-33
Peritonitis	6-17-33

Other contributory causes of importance:

Uremia	6-30-33

Name of operation Appendectomy Date of 6-17-33
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85098

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 34

(No. 182) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Jean Calabretta

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg, Ida.
(State or country)

FATHER

13. NAME Paul Calabretta

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Catarina Muzzo

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMENT Paul Calabretta
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida Date June 21, 1933 Kellogg, Ida

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg Ida

20. FILED July 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ..... 193...

I last saw her alive on June 15 1933 and death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in Canal	
and Fork Pneumonia	June 17
Other contributory causes of importance: Heart Weak	
when found in water	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 17 1933

Where did injury occur? Canal near Kellogg Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Fell in water

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Worrell Coroner M.D.

(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85099

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 39

(No.) 185
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick William Voigtlander

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 26, 1880

7. AGE: Years 52 | Months 6 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME William Voigtlander
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Minnie Storeck
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Martha A. Smith Kellogg, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date July 10, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Ida

20. FILED July 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to July 7, 1933
I last saw him alive on July 6, 1933: death is said to have occurred on the date stated above, at 8:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident fell from Scaffold, while painting house	
Fracture base skull.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. R. Mason, M. D.
(Address) Kellogg, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85100

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME George D. Hawks

(a) Residence. No. 419 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nutta Lee Hawks

6. DATE OF BIRTH (month, day, and year) May 13-1870

7. AGE: Years 63 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontonna, Minn

FATHER
13. NAME Myron Hawks
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME Herdelia Layton
16. BIRTHPLACE (city or town) (State or country) Ohio Springfield

17. INFORMENT (Address) Mrs Hawks Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date June 8 1933

19. UNDERTAKER (Address) R. L. Stant Kellogg Ida

20. FILED July 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to June, 1933.
I last saw him alive on June 5, 1933; death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. R. Massie, M. D.
(Address) Kellogg. Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85101

PLACE OF DEATH

County of Shoshone

City of Wardner

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Bogovich

88 t

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Bogovich

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME No inf.

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Mrs Cecil Cooper Wardner, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date May 13, 1933

19. UNDERTAKER (Address) M. H. Thornhill Kellogg, Idaho

20. FILED July 10, 1933 Mrs. Helen M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to May 10th, 1933

I last saw him alive on May 8th, 1933; death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age, accompanied by Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Ida

RECEIVED JUL 6 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 85102

Local Registrar's No. 154

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Russell Nutley — Died a

(a) Residence. No. 502 Ring Ave. St. Portland Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 2 - 1921

7. AGE — Years: 12 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lane. Idaho

FATHER

13. NAME Wm Henry

14. BIRTHPLACE (city or town) (State or country) London Wis -

MOTHER

15. MAIDEN NAME Doris Small

16. BIRTHPLACE (city or town) (State or country) Kokey Cy. Tried.

17. INFORMENT (Address) Mrs. Wm Nutley.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Idaho Date June 5, 1933

19. UNDERTAKER (Address) D. F. Hunt - Kellogg

20. FILED June 7th, 1933 Ted Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

41

21. DATE OF DEATH (month, day, and year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 193..., to June 2nd, 193.3

I last saw him alive on June 2nd, 193.3.: death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicaemia	
Gas Bacillus infection of knee.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. A. Lindeberg, M. D.

(Address) Kellogg Idaho

RECEIVED JUL 6 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85103

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 169

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Margret Julia Day

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ray Day.

6. DATE OF BIRTH (month, day, and year) Nov 6 - 1907

7. AGE Years 25 Months 7 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wn

FATHER
13. NAME Wm T Hoyt.
14. BIRTHPLACE (city or town) (State or country) Spokane Wn

MOTHER
15. MAIDEN NAME Mary Warner
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT (Address) Mrs W. F Hoyt Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date June 19, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward and Co.) Wallace, Ida.

20. FILED June 17th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to June 15, 1933
I last saw her alive on June 15, 1933: death is said to have occurred on the date stated above, at 9:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) James R Dean, M. D.
(Address) Wallace Idaho

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85104

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 178

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME William Otto Erickson

(a) Residence. No. 372 Second St Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mrs Mary Erickson

6. DATE OF BIRTH (month, day, and year) June 10th 1896

7. AGE: Years 37 | Months | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Korsholm

12. BIRTHPLACE (city or town) (State or country) Warsaw Finland

FATHER
13. NAME John Erick Erickson
14. BIRTHPLACE (city or town) (State or country) Korsholm Warsaw Finland

MOTHER
15. MAIDEN NAME Edla Swarmer
16. BIRTHPLACE (city or town) (State or country) Korsholm Warsaw Finland

17. INFORMENT (Address) Erick Erickson Mullan Id

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mullan Id Date ....., 1933

19. UNDERTAKER (Address) Bruce L. Worstell Wallace Ida

20. FILED June 21st, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from about July, 1932, to June 17, 1933.
I last saw him alive on June 17, 1933: death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify County Miner F. B.
(Signed) [signature] M.D.
(Address) Mullan Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1983

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85105

PLACE OF DEATH
County of Shoshone
City of Murray

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 168

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adam Aulbach 92

(a) Residence. No. Murray Ida. St. Murray Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widowed
6. DATE OF BIRTH (month, day, and year) Dec 25-1844
7. AGE Years 88 Months 5 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belleville Ill.

FATHER
13. NAME John Aulbach
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Ruth Aulbach Murray Ida.
18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Spokane Wash Date June 12 1933
19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida.
20. FILED June 15, 1933 C. Solone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/9/33
Other contributory causes of importance: Myocarditis	10 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys Findings & Exam.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. C. Mowry Per J. Mennis M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85106

PLACE OF DEATH

County of Shoshone
City of Wallace
Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 174

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

100 2

2. FULL NAME Elzanda Leak Hollar

(a) Residence. No. Wallace, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. M. E. Hollar

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

FATHER

13. NAME J. B. Wilcut

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) Mr. M. E. Hollar

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida. Date 6/30, 1933

19. UNDERTAKER Torstell Funeral Home
(Address) Wallace, Idaho

20. FILED June 30, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to June 27, 1933.
I last saw h alive on June 27, 1933.: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	June 24

Other contributory causes of importance:
Chronic rheumatoid arthritis
Cerebral arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul Ellis, M. D.
(Address) Wallace, Idaho

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85107

PLACE OF DEATH
County of Shoshone
City of Wallace Registration District No. 78
Primary Registration District No. 1011 Local Registrar's No. 172
(No. 414 First St Wallace Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Presnell

(a) Residence. No. 414 First St St. Wallace Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~Single, Married,~~ Widowed, ~~or Divorced (write the word)~~: widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John H. Presnell

6. DATE OF BIRTH (month, day, and year) Feby 4 1849

7. AGE: Years 84 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER
13. NAME: Samuel Norris
14. BIRTHPLACE (city or town) (State or country): not known

MOTHER
15. MAIDEN NAME: Nellie Curtis
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMENT (Address): Mrs. F. D. Drudein Wallace Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Denver Colo Date June 21, 1933

19. UNDERTAKER: Bruce G. Wardle
(Address) Wallace Ida

20. FILED June 26, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to June 19, 1933
I last saw her alive on June 19, 1933; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	6-18-33

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm T. Smith, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85108

PLACE OF DEATH
County of Shoshone
City of Prichard

Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 171

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lars Bruun

(a) Residence. No. Prichard St. Prichard
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

1889

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 1 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 17 - 33

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John L Bruun

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Eli Borjund

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Sigurd Bruun Prichard Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date June 22, 1933

19. UNDERTAKER (Address) J A Bower (Ward Mortuary) Wallace Ida

20. FILED June 21, 1933 C A Strom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to June 17, 1933

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture of left lung from fractured rib	6-17-33
Fracture of Skull	

Other contributory causes of importance:

Shock

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-17, 1933

Where did injury occur? Near Prichard Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry - Logging

Manner of injury Struck by tree

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ellis, M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85109

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 78
Primary Registration District No. 011
Local Registrar's No. 175

(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edmund Drews 117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-20-1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

FATHER
13. NAME E. H. Drews
14. BIRTHPLACE (city or town) (State or country) Butte Mont.

MOTHER
15. MAIDEN NAME Lena Stoll
16. BIRTHPLACE (city or town) (State or country) Missoula Mont.

17. INFORMANT E. H. Drews
(Address) Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Missoula Mont. Date Shipped June 30 1933

19. UNDERTAKER J. G. Boyer (Wold Mort Co)
(Address) Wallace, Ida.

20. FILED June 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1933, to 6-29, 1933
I last saw him alive on 6/29, 1933, death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis acute	6/28
Suppurative	
Other contributory causes of importance:	
Appendicitis gan.	6/27
Francis. Perforated	

Name of operation Laparotomy Date of 6/29/33
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Dr. M. O'Keefe M. D.
(Address) Wallace, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85110

PLACE OF DEATH

County of Shoshone
City of Wallace
Registration District No. 10
Primary Registration District No. 1611
Local Registrar's No. 165
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward Carr

(a) Residence. No. Penn Ida St. Penn Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ ANN Carr

6. DATE OF BIRTH (month, day, and year) Jan 30-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME H. J. Carr
14. BIRTHPLACE (city or town) (State or country) Hardin Ky.

MOTHER

15. MAIDEN NAME Mary Webb
16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMANT (Address) Mrs Ann Carr Wallace Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Wallace, Ida Date June 6, 1933

19. UNDERTAKER J. A. Buer (Ward Und Co)
(Address) Wallace Ida.

20. FILED June 6th, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to June 3, 1933
I last saw him alive on June 2, 1933: death is said to have occurred on the date stated above, at 5:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio Sclerosis	
Hypostatic Congestion	10 da
Chronic Colitis	
Contributory Pulmonary Tuberculosis	1 yrs
Robert Lange all	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85111

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 153
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mc Innis

(a) Residence. No. Nine Mile near West of Wallace
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feby 4 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME ✓ ✓

16. BIRTHPLACE (city or town) (State or country) ✓ ✓

17. INFORMENT (Address) Dan Deegan Wallace Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Ida Date June 7, 1933

19. UNDERTAKER D. L. Marshall (Address) Wallace Ida

20. FILED June 7th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/30 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1933, to May 30, 1933

I last saw him alive on May 30, 1933; death is said to have occurred on the date stated above, at 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Possible Angina Pectoris.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W. E. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85112

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 155

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola Ghigleri

(a) Residence. No. ..... St. 88
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Victor Ghigleri

6. DATE OF BIRTH (month, day, and year) Jan 3 - 1872

7. AGE Years 61 Months 5 Days 0 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Gasper Ghigleri
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Tomasina Gervosio
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Guy Ghigleri Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida. Date June 8, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace Ida.

20. FILED June 9th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1932, to June 3, 1933
I last saw her alive on June 3, 1933: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Myocarditis	Several months
Other contributory causes of importance:	
Pneumonia	4 - 5 wks
Pleurisy with effusion	

Name of operation Aspiration Chest Date of Feb 1933
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. Mowery M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85113

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 167

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William A. Antio 1010

(a) Residence. No. Mullan Ida. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hazel Antio.

6. DATE OF BIRTH (month, day, and year) Apr 7 - 1894

7. AGE Years 39 Months 2 Days 2 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (month and year) May - 19 - 33
11. Total time (years) spent in this occupation 18 mos.

12. BIRTHPLACE (city or town) (State or country) Ironwood Mich.

FATHER
13. NAME August Antio.
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT (Address) Mr Hazel Antio. Mullan Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mullan Ida Date June 13, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co) Wallace, Ida.

20. FILED June 12th, 1933 E. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH June 9-33

21. DATE OF DEATH (month, day, and year) ~~193~~

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 9, 1933.
I last saw him alive on June 9, 1933: death is said to have occurred on the date stated above, at 3-P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Pr Lobular Pneumonia, about May 30	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) 4 W Rolf, M. D.
(Address) Mullan Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85114

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 173

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivar Gustafson 31

(a) Residence. No. Mullan, Ida. St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year) April 1933
11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Elmer Olson Mullan Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mullan Ida Date June 25 1933

19. UNDERTAKER (Address) J. A. Bever (Word Und Co) Wallace Ida.

20. FILED June 24th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to June 20, 1933

I last saw him alive on June 20, 1933; death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925 app

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Pauline Ellis, M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85115

County of Teton
City of Tetonia R.D.1 Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 14

(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Hansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 16-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER

13. NAME Wm Hanson

14. BIRTHPLACE (city or town) (State or country) Providence Utah

MOTHER

15. MAIDEN NAME Alice Morgan

16. BIRTHPLACE (city or town) (State or country) Alta Wyoming

17. INFORMENT (Address) Wm. Hansen Tetonia Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Claudson Date 5-30-1933

19. UNDERTAKER (Address) —

20. FILED 6-10-, 1933 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. C. Parkinson, M. D.
(Address) Driggs Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85116

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 56
(No.) 6-30
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Armour

(a) Residence. No. Filer St. 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 17 1858

7. AGE Years 74 Months 9 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Hesekiah Armour
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Elizabet Green
16. BIRTHPLACE (city or town) (State or country) Kentuck

17. INFORMENT (Address) Margaret M Armour Filer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Tyler Date Jan 4, 1933

19. UNDERTAKER (Address) F E Drake Twin Falls

20. FILED 6/5, 1933 George C. Halley Registrar. acts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to June 2nd, 1933
I last saw him alive on May 25th, 1933: death is said to have occurred on the date stated above, at 19 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	May 23rd 1933

Other contributory causes of importance: Hypertrophy of prostate gland, cystitis, pyelitis & nephritis — 5 years

Name of operation Laboratory Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John L Laughlin, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85118

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 62

(No. 107)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Daniel Kinney

(a) Residence. No. 204 - 9th Ave N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Minnie Kinney

6. DATE OF BIRTH (month, day, and year) Jan. 3 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocerynman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Percy Wyo.

FATHER

13. NAME Edward Collins Kinney

14. BIRTHPLACE (city or town) (State or country) Roscommon Ireland

MOTHER

15. MAIDEN NAME Catherine McGinness

16. BIRTHPLACE (city or town) (State or country) Geneva New York

17. INFORMENT (Address) Mrs. E. D. Kinney Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 6-21 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Ida.

20. FILED 6/22, 1933 George C. Talley Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933 to June 18, 1933
I last saw him alive on June 18, 1933; death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene and abscess of right lung.	

Other contributory causes of importance:

Bronchiectasis	

Name of operation — Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Leonard, M. D.
(Address)

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 85119

Local Registrar's No. 65

105

(No. 130 Addison Avenue, West,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otto Young

(a) Residence. No. 130 Addison Avenue West St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. [illegible] mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Belle Young

6. DATE OF BIRTH (month, day, and year): APRIL 8, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Sixty-seven	Two	Eighteen	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Farmer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rock Island, Illinois

FATHER

13. NAME: Clemens Young

14. BIRTHPLACE (city or town) (State or country): Don't know

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Pearl Young, Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: June 27, 1933

19. UNDERTAKER: S. C. Phillips (Address): 263 Second Avenue

20. FILED 6/29, 1933 George C. Hadley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw ~~him/her~~ alive on June 26, 1933: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthma	June 26 1933
Hypertension	1928

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.

(Signed) Frank A. Dwight M. D.

(Address) Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85120

County of Twin Falls,
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 61

(No. 1129 Fourth Avenue East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1548

2. FULL NAME Ora Luise Helsley

(a) Residence. No. Rogerson St. Rogerson
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME Richard Helsley

14. BIRTHPLACE (city or town)
(State or country) Nevada

MOTHER

15. MAIDEN NAME Lucile Yates

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Richard Helsley
(Address) Rogerson

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls, Date June 15, 1933

19. UNDERTAKER S. C. Phillips
(Address) 263 Second Avenue North

20. FILED 6/17, 1933 George C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/14/33, 193..., to 6/14/33, 193...

I last saw her alive on 6/14/33, 193...: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Persistant Foramin-ovale	birth
Other contributory causes of importance:	
Premature 6 weeks.	-

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193.

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bureau of Hygiene M. D.

(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85121

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 66

(No. Tourist Hotel ✓)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Dan J Russell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Rupert, Idaho Date 6/29, 1933

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6/29, 1933 George C. Halley M.D. Registrar
act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw h.....alive on ✓, 193...: death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

Suicide - shot himself in R. temple with revolver

Date of onset

Other contributory causes of importance:

✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 6-26 1933

Where did injury occur? Twin Falls - Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Rooming house

Manner of injury shot thru head

Nature of injury " " "

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) F. A. Dwight Coroner, M. D.
(Address) Filer, Idaho

By E. V. Crater Sheriff.

RECEIVED JUL 14 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85122

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 57

(No. Twin Falls County Gen. Hospital 189
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lumb Murphy

(a) Residence. No. Hazelton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 23 1924

7. AGE: Years 9 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hazelton Idaho

FATHER
13. NAME R. H. Murphy
14. BIRTHPLACE (city or town) (State or country) Salina Utah

MOTHER
15. MAIDEN NAME Loverna Johnson
16. BIRTHPLACE (city or town) (State or country) Redmond Utah

17. INFORMENT (Address) R. H. Murphy Hazelton, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Hazelton Date 6-6, 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Idaho

20. FILED 6/5, 1933 George C. Halley Registrar.
acts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 2, 1933
I last saw him alive on June 2, 1933: death is said to have occurred on the date stated above, at 4.05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
from Kick of horse	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6 2, 1933
Where did injury occur? His home Jerome Co. Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home on farm.
Manner of injury Kick of horse
Nature of injury Kractured skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify farm work
(Signed) J. E. Langenwalter, M. D.
M.D. (Address) Twin Falls Ida

RECEIVED JUL 14 1933

PLACE OF DEATH

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85123

Registration District No. 37

Primary Registration District No. 2086

Local Registrar's No. 64

1. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucinda Moore 95

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marquis Moore

6. DATE OF BIRTH (month, day, and year): Feb 14 1862

7. AGE: Years 71 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: David Moore
14. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER

15. MAIDEN NAME: Julia Williams
16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMENT (Address): Margaret Moore

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Filer Date: June 24, 1933

19. UNDERTAKER: C. E. Drake
(Address): Twin Falls

20. FILED 7/6, 1933 George C. Hally M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to June 22, 1933.
I last saw him alive on June 22, 1933.: death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 19-33
Other contributory causes of importance:	
Pulmonary Tuberculosis	1904

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) J. R. Morgan, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

DO NOT WRITE IN THIS SPACE
State File No. 85124

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 60
(No. Twin Falls C. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Headlee 92

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6-1874

7. AGE: Years 58 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Guthrie Center Iowa

FATHER
13. NAME George Headlee
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Martha Parrish
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Roy Cochran

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 6-16, 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Ida.

20. FILED 6/17, 1933 George C. Halley M.D. Registrar.
acts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1933, to June 13, 1933.
I last saw him alive on June 13, 1933; death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of the coronary artery	

Other contributory causes of importance:
Ulcer of stomach

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85125

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 59

(No. County General Hosp) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Rowan Thompson

(a) Residence. No. 1409 - 9th East St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Sept 24-1862

7. AGE: Years 70 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Lather
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clayton Indiana

FATHER
13. NAME: John Thompson
14. BIRTHPLACE (city or town) (State or country): Clayton Indiana

MOTHER
15. MAIDEN NAME: Theodora Rowan
16. BIRTHPLACE (city or town) (State or country): Clayton Indiana

17. INFORMENT (Address): Adda Thompson 1409 - 9th E Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Cem Date: June 12 1933

19. UNDERTAKER (Address): White Mortuary Inc Twin Falls Idaho

20. FILED 6/14, 1933 George C. Talley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/25/33, 193..., to 6/10/33, 193...
I last saw him alive on 6/10/33, 193...: death is said to have occurred on the date stated above, at 3:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis general	5 yrs.
2. Nephritis (interstitial) chr.	5 yrs.
3. Anemia, secondary	
4. Urethral obstruction, nearly complete	gradual 1 yrs.
Other contributory causes of importance:	
Gangrenous tissues following Cystotomy.	6/3/33

Name of operation: Cystotomy Date of: 6/3/33
What test confirmed diagnosis? blood chem. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193...
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Duncan S Alexander M. D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85126

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2086
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mellie Grace Tanner 90

(a) Residence. No. Filer, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. W. Tanner

6. DATE OF BIRTH (month, day, and year) Mar. 23, 1859

7. AGE Years 74 Months 3 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Afton Iowa

FATHER
13. NAME Noah R. Cook
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Lavina Hosea
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. T. M. Bunce Filer

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls 22 Date June 22 1933

19. UNDERTAKER (Address) Evans & Johnson 260 2nd St. E. Twin Falls

20. FILED 6/22, 1933 George C. Halley M.D. Registrar. act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to June 20, 1933.
I last saw her alive on June 20, 1933: death is said to have occurred on the date stated above, at 2:30 a.m. ~~[illegible]~~
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	June 21
Found dead in bed	
Other contributory causes of importance at 9 a.m.	
Myocarditis	1928.

Name of operation None Date of .....
What test confirmed diagnosis History Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) Frank A. Dwight M. D.
(Address) Filer Idaho
Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85127

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2082
Local Registrar's No. 67

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura D. Johnson

(a) Residence. No. Twin Falls County General Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: C. L. Johnson

6. DATE OF BIRTH (month, day, and year): July 10-1883

7. AGE: Years 49 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Joe. Culbertson
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Josephine Jones
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): C. L. Johnson Nampa

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Twin Falls Date: 7/2 1933

19. UNDERTAKER (Address): Evans & Johnson Twin Falls

20. FILED 7/6 1933 George E. Talbot Registrar.
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-20-32, 193, to 6-29, 1933
I last saw her alive on 6-29, 1933: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	
Heart Failure	
Hysterectomy	6-28-33

Other contributory causes of importance:

Name of operation: ~ Date of: ~
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. Jennings, M. D.
(Address) Buhl, Ida.

RECEIVED JUL 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85128

PLACE OF DEATH
County of Twin Falls
City of Buhl, Ida

Registration District No. 39
Primary Registration District No. 2087
(No. 1112)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Benjamin Anderson

(a) Residence. No. R-1 St. Buhl.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Anderson

6. DATE OF BIRTH (month, day and year) Jan-16-1866

7. AGE	Years	Months	Days	If LESS than 1 day,
	67	4	5	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden

14. Informant Mrs Elizabeth Anderson
(Address) R-1 Buhl Ida

15. Filed June 23, 1933. J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 (Month) 21 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-20, 1933, to 6-21, 1933, that I last saw h~~im~~ alive on 6-21-, 1933 and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms.

(Signed) Geo Jennings, M. D.
6-22, 1933 (Address) Buhl. Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Buhl Cemetery	6/24 1933
20. Undertaker	Address
Evans & Johnson	Buhl. Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85129

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Pauline Turner
(a) Residence. No. Oregon Trail Park, St. Schuyler, Nebr
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year)

7. AGE Years 38 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant E. T. Kraler
(Address) Twin Falls, Ida

15. Filed June 23, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from none, 19, to, 19
that I last saw h ~~alive on~~, 19
and that death occurred, on the date stated above, at 6-7 P. m.
The CAUSE OF DEATH* was as follows:
Mitral insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? pathology, cardiac
(Signed) T. W. MacManus, M. D.
22-June, 1933 (Address) Buhl, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of ~~Burial, Cremation~~, or Removal Schuyler, Nebr
Date of Burial 6/30 1933

20. Undertaker Evans & Johnson, J. E. Schmidt
Address Buhl, Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85130

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D

Registration District No. 39
Primary Registration District No. 2087
(No.)
Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred E. Worley

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilly Worley

6. DATE OF BIRTH (month, day and year): June 15. 1874

7. AGE: Years 58 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baker, Ore

PARENTS

10. NAME OF FATHER: Andrew Jackson Worley
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Indiana
12. MAIDEN NAME OF MOTHER: Hannah Creighbaum
13. BIRTHPLACE OF MOTHER (city or town) (State or Country):

14. Informant: J E Schmidt
(Address) Buhl Ida

15. Filed June 3, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 1 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from not at all, 19, to, 19, that I last saw him alive on 3 months ago, 19, and that death occurred, on the date stated above, at 10-40 a.m.

The CAUSE OF DEATH* was as follows:
Heart failure - no doubt

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): none to my knowledge

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? - general conditions

(Signed) O W MacMasters, M. D.
2nd June, 1933 (Address) Buhl, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Buhl Ida	June 4 1933
20. Undertaker	Address
Evans & Johnson L. D. Johnson	Buhl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85131

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Willis B Ray

(a) Residence. No. 521 - 11 St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Oct. 5 - 1868

7. AGE: Years 64 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Isidera Mo

PARENTS

10. NAME OF FATHER: W B Ray
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Isidera, Mo
12. MAIDEN NAME OF MOTHER: Lizzie Wese
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Isidera, Mo

14. Informant: Wm Ray
(Address) 512 - 11 St. Buhl Ida

15. Filed June 15 1933 J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from none, 19..., to ..., 19...
that I last saw h~~im~~ alive on 2 months ago, 19...
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:
heart failure

(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) arteriosclerosis
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) T. W. MacMorris, M. D.
13 June 1933 (Address) Buhl, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Buhl Cemetery	6/13 1933
20. Undertaker	Address
Evans & Johnson J. Eschmidt,	Buhl, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85132

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087
(No. Twin Falls County General Hospital 88 X
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME John Bell Boyd

(a) Residence. No. ..... St. Grassy Hill, Ida. R.F.D
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Jan. 21st. 1859

7. AGE Years 74 Months 4 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Springfield Mo

PARENTS
10. NAME OF FATHER Marcus Boyd
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia
12. MAIDEN NAME OF MOTHER Dorinda Cecil
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lebanon, Va.

14. Informant Mrs. Ora Duffy
(Address) Jerome, Ida.

15. Filed June 28, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/5/33, 19.., to 6/5/33, 19..
that I last saw him alive on 6/5/33, 19..
and that death occurred, on the date stated above, at 5:45 A. m.
The CAUSE OF DEATH* was as follows:
Myocarditis toxic, chronic.

2 to 3 years. (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pneumonia, lobular, bilateral
acute. (duration) ..... yrs. ..... mos. 3 ds.

18. Where was disease contracted if not at place of death? at home.
Did an operation precede death? no Date of none
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Duncan L. Alexander, M. D.
6/16/33, 19.. (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~ Grassy Hill, Ida. Date of Burial June 7 1933

20. Undertaker Evans & Johnson L. J. Johnson Address Buhl, Ida.

RECEIVED JUL 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85133

PLACE OF DEATH
County of Twin Falls
City of Buhl.

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

47

2. FULL NAME Mrs Emma Catherin Noland
(a) Residence. No. R-4- Buhl. Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 8 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Mr. Robert Noland

6. DATE OF BIRTH (month, day and year) May-6-1877

7. AGE: Years 56 | Months ✓ | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Norway. Ill.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14. Informant: Robert Noland
(Address) R-4- Buhl. Ida

15. Filed 6-7, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 1st (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug., 1930 to June 1st, 1933
that I last saw her alive on June 1st, 1933
and that death occurred, on the date stated above, at 1:30 P m.
The CAUSE OF DEATH* was as follows:
Metastatic Carcinoma

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? Yes Date of Aug. 1932
Was there an autopsy? No
What test confirmed diagnosis? Microscopic of removed breast
(Signed) R. E. Lunsky, M. D.
June 2, 1933 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Buhl Cemetery | Date of Burial: June. 4. 1933

20. Undertaker: Evans & Johnson | Address: Buhl. Ida
J. E. Schmidt

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85134

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 39
Primary Registration District No. 2087
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

2. FULL NAME Henry M. Van Winkle

(a) Residence. No. Grassy Hill, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miranda Van Winkle

6. DATE OF BIRTH (month, day and year) Sept. 27 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Dont Know

14. Informant J. D. Nesbitt
(Address) Filer, Ida.

15. Filed June 8 1933 J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 5 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 5, 1933
that I last saw him alive on June 5, 1933
and that death occurred, on the date stated above, at 9 a m.
The CAUSE OF DEATH* was as follows:
Cardio-renal Vascular Disease
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute respiratory infection (duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. Russell Reaver M. D.
June 5, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer Cemetery	6/7 1933
20. Undertaker	Address
Evans & Johnson F. E. Schmidt	Buhl, Ida

RECEIVED JUL 12 1933

PLACE OF DEATH

County of Valley

City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85135

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Thomas J. Austin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Kate E Austin

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 66 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Jeddiah Austin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Cathrine Burgess

16. BIRTHPLACE (city or town) (State or country) Ont. Canada

17. INFORMENT (Address) Kate E. Austin

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Date June 2, 1933

19. UNDERTAKER (Address) A D Robb - Cascade Ida

20. FILED June 3, 1933 W. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 1, 1933

I last saw him alive on June 1, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	5-31-33

Other contributory causes of importance:

Hypertension - Systolic 230

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Roscoe C. Ward M. D.

(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED JUL 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85136

PLACE OF DEATH
County of Valley
City of Cascade Ida

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 10

(No.) 18
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ira Arthur Benson

(a) Residence. No. South Fork Salmon River
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret O Benson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 24 Months 10 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hewlett
(State or country) Wyoming

FATHER
13. NAME Ira C Benson
14. BIRTHPLACE (city or town) MO
(State or country)

MOTHER
15. MAIDEN NAME Nora May Spidail
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMENT (Address) Robert Richard Benson

18. BURIAL, CREMATION, OR REMOVAL
Place Cascade Ida Date , 193

19. UNDERTAKER A D Robb
(Address) Cascade Idaho

20. FILED June 9, 1933 Gardner Ready
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Tick) Spotted Fever	June 3
No Medical Attendance but	
Forest Rangers during illness	
and at time of death.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A D Robb Coroner Valley Co, M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85137

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Hughes

(a) Residence. No. Poor Farm St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16f

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) L. B. Brown Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 6-20-1933

19. UNDERTAKER L. B. Monahan (Address) Weiser Idaho

20. FILED June 20, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933 to June 14, 1933

I last saw him alive on June 14, 1933; death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility,	

Other contributory causes of importance:

Chronic Nephritis,	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. R. Hamilton, M. D.

(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 11 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85138

Registration District No. 86

Primary Registration District No. 2112

Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amender Delos Harris

101a

(a) Residence. No. 14 E Gallaway St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Wht

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Evada A. Kairies

6. DATE OF BIRTH (month, day, and year) July 28 1851

7. AGE Years 81 Months 10 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Alexander Kairies

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Matilda A Brown

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs W. F. Homan Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 6-7, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED June 20, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 5, 1933

I last saw him alive on June 5, 1933; death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. H. Marshall, M. D.

(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85139

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 25

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Schutt

(a) Residence. No. Weiser Flat St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 18 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Gen Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME John Schutt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Fort Wedey Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Idaho Date 6-15, 1933

19. UNDERTAKER L. L. Northam
(Address) Weiser Idaho

20. FILED Jun 20 1933 C. P. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 13, 1933
I last saw him alive on May 31, 1933: death is said to have occurred on the date stated above, at 2-0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic dilation of heart	
prob due To infection	
Left Hemiplegia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas E Palmer, M. D.
(Address) Ontario Ore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 2112

DO NOT WRITE IN THIS SPACE
State File No. 85140

Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71a

2. FULL NAME Donald Howard Patch

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Eileen Gamwell Patch

6. DATE OF BIRTH (month, day, and year) Sept. 8th 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. mining engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. mining

10. Date deceased last worked at this occupation (month and year) June 30 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Malheur Co. Oregon

FATHER

13. NAME Wilmer D. Patch

14. BIRTHPLACE (city or town) (State or country) Appleton Wisconsin

MOTHER

15. MAIDEN NAME Josephine Gawley

16. BIRTHPLACE (city or town) (State or country) Windsor, Ontario Canada

17. INFORMENT (Address) Della J. Patch - sister Route #3 Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Portland Ore. Date 7-6-, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED July 6, 1933 W. A. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 4, 1933

I last saw him alive on July 4, 1933; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Cause Unk)	June 29, 1933

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert M Coats, M. D.

(Address) Weiser Ida

85141

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85141

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 182

(No. 641 E. Jefferson Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Durant

90

(a) Residence. No. 641 E. Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan M. Durant.

6. DATE OF BIRTH (month, day, and year) February 2nd 1846

7. AGE Years 87 Months 5 Days 12 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil War Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Casper Durant.

14. BIRTHPLACE (city or town) (State or country) France.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) P. V. Durant. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 7/16/33, 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7-18, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14/33

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to July 14, 1933.

I last saw him alive on 7-14-1933: death is said to have occurred on the date stated above, at 9 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart lesion + senility —	
Oedema —	

Other **contributory causes** of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) [signature] M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 21 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85142

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17

117

2. FULL NAME Walter J. Scott
(a) Residence. No. near Soda Springs Ida (~~Caribou Hospital~~)
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mattie Scott

6. DATE OF BIRTH (month, day and year) Feby-24-1894

7. AGE Years 39 Months 4 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer Own Farm

9. BIRTHPLACE (city or town) (State or country) Franklin N.C.

PARENTS
10. NAME OF FATHER Robert L. Scott
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Franklin N.C.
12. MAIDEN NAME OF MOTHER Jane Thornton Reed
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Franklin N.C.

14. Informant Mrs Mattie Scott
(Address) Soda Springs Ida
Box 72

15. Filed July 5, 1933 Dr Russell Tigert Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 3 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to July-3-, 1933
that I last saw him alive on July-3-, 1933
and that death occurred, on the date stated above, at 10:00 a.m.
The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gangrenous Appendicitis

(duration) 0 yrs. 0 mos. 5 ds.

18. Where was disease contracted if not at place of death? His ranch near Soda Springs, Ida
Did an operation precede death? Yes Date of June 29, 33
Was there an autopsy? No
What test confirmed diagnosis? P.E. & Operation
(Signed) Russell Tigert, M. D.
July-5-, 1933 (Address) Soda Springs Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mound Cem. Soda Springs Ida
Date of Burial July 5 1933

20. Undertaker S. Whiteman
Address Soda Springs Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85143

85143

PLACE OF DEATH
County of Boise
City of Near, Idaho City
Camp # 1.B.P.L.Co,

Registration District No. 12
Primary Registration District No. 12
(No.)
Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

1888

2. FULL NAME James Alexander

(a) Residence. No. # St. R.F.D# 3 Boise, Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured About 15 Years yrs. mos. ds. How long in U. S. if of foreign birth 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marguerite Alexander

6. DATE OF BIRTH (month, day and year) Feb. 15 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sawyer. In The Timber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Boise Payette Lbr. Co

9. BIRTHPLACE (city or town) (State or country) Bulgaria

PARENTS

10. NAME OF FATHER Alexander Poncio

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bulgaria,

12. MAIDEN NAME OF MOTHER Not Obtainable

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bulgaria

14. Informant Marguerite Alexander
(Address) R.3 Boise

15. Filed 7-21, 1933 B. S. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 19th. (Day) 1933. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Saw dead
, 19, to , 19
that I last saw him alive on July 19th 1933 19
and that death occurred, on the date stated above, at 10:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Came to his death by falling tree in Camp one Boise Payette Lumber Company, Accidental no Inquest held (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. E. Shaw M. D.
7-19, 1933 (Address) Boise Ida

19. Place of Burial, Cremation, or Removal Morris Hill Cemetery Date of Burial 7-23 1933

20. Undertaker Schneider & McCann Address Boise Ida

85144

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85144

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 187

(No. Idaho Soldiers Home Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Hiram Wallace.

(a) Residence. No. Soldiers Home. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 22. 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91.	0	30.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Veteran of the
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civil War.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Wallace Roberts. 320. Warren Ave. Pocatello.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date July. 24. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-26, 1933 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to July 22, 1933
I last saw him alive on July 22, 1933, death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A. Tuttle, M. D.
(Address) Boise Idaho

RECEIVED JUL 26 1933

85745

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85145

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No.
Primary Registration District No.
(No. 470 - Elm St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No.

91 L.

2. FULL NAME George F. Kaiser

(a) Residence. No. 470 - Elm St. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ May Kaiser

6. DATE OF BIRTH (month, day and year) Dec 6 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sylvan Township Mich.

PARENTS

10. NAME OF FATHER Christopher Kaiser
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Margaret Keeder
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Mrs. May Kaiser
(Address) 470 Elm St. Twin Falls

15. Filed 7/13, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 1933 to July 11, 1933
that I last saw him alive on July 11, 1933
and that death occurred, on the date stated above, at 1:50 P m.
The CAUSE OF DEATH* was as follows:
Arterio-sclerosis.
(duration) Several yrs. mos. ds.
CONTRIBUTORY (Secondary) Broncho-pneumonia.
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) C. D. Mauer M. D.
July 12, 1933 (Address) Twin Falls.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~	Date of Burial
Twin Falls Cemetery	7-14 1933
20. Undertaker	Address
White Mortuary Inc	Twin Falls.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED JUL 25 1933

8 5146

PLACE OF DEATH

County of Boise

City of Banks.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85146

Registration District No.

Primary Registration District No. Local Registrar's No. 12

(No. One Mile South of Banks, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

18

2. FULL NAME Ray May

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) July 30- 1925

7. AGE Years 7 Months 11 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** In School.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert, Idaho.

FATHER
13. NAME Clarence May.
14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER
15. MAIDEN NAME Gracie Mannen.
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Clarence May. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 7/11/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7/15, 1933 Mrs. E. Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/4/33 193

22. I HEREBY CERTIFY, That ~~I attended deceased from ....., 193..., to ....., 193...~~ ~~I last saw h... alive on ....., 193...~~: death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental drowning	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify
(Signed) L. E. Shanahan Coro, ~~M. D.~~
(Address) Idaho City, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 2 1933

STATE OF IDAHO 85147
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 85147
Local Registrar's No.

Registration District No. 99
Primary Registration District No. 2177

1. PLACE OF DEATH
County of Fremont
City of St. Anthony (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leon S Richman

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
Male	White	Married (Write the word)

6. DATE OF BIRTH: May 10th, 1897 (Month) 1 (Day) (Year)

7. AGE: 36 Yrs. 2 Mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Paradise, Utah

10. NAME OF Father: John W. Richman

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Jane Charlette

13. BIRTHPLACE OF MOTHER (State or Country): Ogden, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs L. S. Richman
(Address) St. Anthony, Idaho.

15. Filed July 16 1933 Sarah Munk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14 1933 to Only 19..
that I last saw him alive on July 14 1933
and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Traumatic Collapse of right Lung with massive hemorrhage into both Lungs (Duration) 8 hrs. mos. ds.

Contributory (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) J. A. Allison M. D.
7/15 1933 (Address) St. Anthony Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 8 hrs. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Madison Co. Idaho
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Paradise, Utah. DATE OF BURIAL: July 17-1933

20. UNDERTAKER: St. Anthony, Idaho ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85 85148

PLACE OF DEATH
County of Ada.
City of BOISE.
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 72 71 202
(No. U. S. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME WALSH, Frank

(a) Residence. No. Weehawken, N.J. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Caucas.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-27-1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weehawken N.J.

FATHER
13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Fern Birch, V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Union City, N.J. Date Shipped 7/19/33

19. UNDERTAKER Mc Bratney Funeral Home.
(Address) Boise Idaho.

20. FILED 7-18, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-16-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-15-33, 193..., to 7-16-33, 193...
I last saw him alive on 7-16-33, 193...: death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lateral displacement of 3rd & 4th cervical vertebra with compression of cord	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 7-15-33, 1933
Where did injury occur? CCC Camp283, Centerville Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Fracture neck while diving.
Manner of injury Accidental
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) , M. D.
(Address) Vets Adm Boise Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 5 1933

85149

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85149

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 51

(No. Pannell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Ellena Brackett

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 75 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter W. Brackett

6. DATE OF BIRTH (month, day, and year) July 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
58	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jemi Finland

MOTHER FATHER

13. NAME August Hilden

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Arthur Reini

(Address) Wenatchee, Wash.

18. BURIAL, CREMATION OR REMOVAL

Place Lakeview Cemetery Date July 21 1933

19. UNDERTAKER L. G. Moon

(Address) Sandpoint, Idaho

20. FILED July 19, 1933. Ciola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1933.

22. I HEREBY CERTIFY, That I attended deceased from July ....., 1928., to July 17 ....., 1933.

I last saw her alive on July 17, 1933.; death is said to have occurred on the date stated above, at 7:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 7, 1933
.....	.....
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
Arterio sclerosis	2 years
.....	.....
.....	.....

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify .....

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

85150

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85150

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 126
(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

71

2. FULL NAME Grace Martin
(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 29. Months 11. Days 4 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Indian School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kimball South Dakota

FATHER
13. NAME John Martin
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Anna Cherdinka
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Mrs Anna Martin Kimball So. Dakota
18. BURIAL, CREMATION, OR REMOVAL Place Kimball S.D. Date ....., 193..
19. UNDERTAKER (Address) H. L. McHan Pocatello Ida
20. FILED July 19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1933
22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933, to July 18, 1933
I last saw her alive on July 18, 1933: death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute purulent Meningitis	July 18-33

Other contributory causes of importance:

Infected Sinuses & Tonsils	2 yrs

Name of operation Tonsillectomy Date of July 15-33
What test confirmed diagnosis? Laboratory Was there an autopsy? no
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

85151

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85151

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Elsie Delilah Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3rd 1902

7. AGE 31 Years Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Educator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakley Ida

FATHER

13. NAME Laren B. Wilson

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME G. Elizabeth McMurray

16. BIRTHPLACE (city or town) (State or country) Grantsville Ut

17. INFORMENT (Address) Laren B. Wilson Oakley

18. BURIAL, CREMATION, OR REMOVAL Place Oakley Date 7-25, 1933

19. UNDERTAKER (Address) Jas P. Pugne Burley Ida

20. FILED July 23, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to July 23, 1933. I last saw her alive on July 23, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	July 22-33
Cerebral Edema c̄ Increased Intra Cranial Pressure	July 21-33
Temporal (Rt.) Skull Fracture	July 21-33

Other contributory causes of importance:

Fracture Humerus (Bilateral)	July 21-33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-21, 1933

Where did injury occur? Oakley - Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Automobile Accident

Nature of injury Thrown from car

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles B. Beymer, M. D.

(Address) Burley - Idaho

✓ 85152

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85152

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 207

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee B. McElroy

(a) Residence. No. 609 N. 16th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret McElroy

6. DATE OF BIRTH (month, day, and year) May 23rd 1879

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
54	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Barber.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Hibbard McElroy

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rosalene Foote.

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. Margaret McElroy. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 8/10/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 8-9, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8/33

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 193 3., to Aug. 8, 193 3.
I last saw him alive on Aug. 7, 193 3: death is said to have occurred on the date stated above, at 5:15 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other **contributory causes** of importance:	
Exhaustion	

Name of operation Exploratory Date of July 31-33

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Pilcher, M. D.
(Address) Boise, Idaho.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

85153

DO NOT WRITE IN THIS SPACE
85153
State File No. .....

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes) 43
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 191

2. **FULL NAME** Alice J. Robertson

(a) Residence. No. ..... St. Bruneau, Ida
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M -	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Doris Robertson.

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer -
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Bruneau Idaho -
(State or country)

PARENTS

10. NAME OF FATHER Ben F Robertson -

11. BIRTHPLACE OF FATHER (city or town) Arkansas
(State or Country)

12. MAIDEN NAME OF MOTHER Anna Graham -

13. BIRTHPLACE OF MOTHER (city or town) .....
(State or County) Arkansas -

14. Informant Daisy Golden
(Address) Glenns Ferry Idaho

15. Filed 7-24-1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 22, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to July 22, 1933
that I last saw h.m. alive on July 21, 1933
and that death occurred, on the date stated above, at 3 30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of liver
Anemia

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of March 1933.
Was there an autopsy? Refused
What test confirmed diagnosis? .....

(Signed) W. A. Forbush, M. D.
July 22, 1933 (Address) Boise

19. Place of Burial, ~~Cremation~~, or Removal	Date of Burial
Bruneau -	7-24 1933
20. Undertaker E. S. Barber	Address Mtg. Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

RECEIVED AUG 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85154

County of Ada
City of Meridian
Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. ~~2~~ 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph William Fowler 47

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dottie G. Fowler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Macomb (State or country) Missouri

FATHER
13. NAME William H. Fowler
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Luttia Richardson
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Everett Fowler Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Date 8/12, 1933

19. UNDERTAKER (Address) W. S. Masters Meridian Idaho

20. FILED 8/11, 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933, to July 10, 1933
I last saw him alive on July 10, 1933; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	January 1930

Other contributory causes of importance:

Name of operation Exploratory Date of April 22 1933.
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. B. Evans M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

2

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85155

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Sors Ross — 188 c

(a) Residence. No. Mora Ross " St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jay H. Ross

6. DATE OF BIRTH (month, day, and year) November 7th 1906

7. AGE Years 27 Months 2 Days 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Creston Iowa

FATHER

13. NAME Arthur O. Maus — ~~Martha Sors Maus~~

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Nora L. Ewing

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mrs. Maus

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Aug 7, 1933

19. UNDERTAKER (Address) W. S. Mateer

20. FILED 8-7, 1933 W. H. Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 4th 1933 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 10:45 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Automobile Overturned In Mora Canal, Drowning, (Accidental)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) J. M. Cann Coroner, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85156

PLACE OF DEATH
County of Ada
City of Meridian Id

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

882

2. FULL NAME Raymond Ball

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edith Ball

6. DATE OF BIRTH (month, day, and year) Sept 6 1898

7. AGE Years 34 Months 11 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular [illegible] done, as spinner, [illegible] keeper, etc. Farmer
9. [illegible] business in which [illegible] done, as silk mill, [illegible] etc.
10. [illegible] last worked at [illegible] (month and [illegible]
11. Total time (years) spent in this occupation

12. BI[illegible] (city or town) Hayden Colo
[illegible] (country)

FATHER
13. NAME Green Ball
14. [illegible] (city or town) [illegible]
[illegible] or country

MOTHER
15. [illegible] NAME Anna [illegible]
16. [illegible] (city or town) Kansas
[illegible] or country

17. INFORMENT Mrs Anna Ball
(Address) Meridian Id

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Cem Date Aug 8, 1933

19. UNDERTAKER N S Maher
(Address) Meridian Id

20. FILED 8-7, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to Aug 7, 1933
I last saw him alive on Aug 3, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with Hypertrophy	1931

Other contributory causes of importance:
Unknown

[illegible] Date of ✓
[illegible] there an autopsy no
[illegible] (violence) fill in also the following:
[illegible] Date [illegible], 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) [illegible], M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85157

County of Ada
City of Meridian
Registration District No. 11
Primary Registration District No. 2103
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Yates

(a) Residence. No. — St. 49 (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Yates

6. DATE OF BIRTH (month, day, and year) Dec 8- 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Livingston County (State or country) Missouri

FATHER

13. NAME Jackson Yates

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT Emma Yates (Address) Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery Date July 18, 1933

19. UNDERTAKER W. S. Mathews (Address) Meridian Idaho

20. FILED 7-17, 1933 W. H. Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1933, to July 1st, 1933
I last saw him alive on July 1st 1933; death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Bladder and lower spine	1928

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. D. Evans M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85159

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 183

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

159b

2. FULL NAME Baby Bridges.

(a) Residence. No. Boise, Idaho. St. Beulah Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) July 14th 1933

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Tom Bridges.

14. BIRTHPLACE (city or town) (State or country) Okla.

MOTHER

15. MAIDEN NAME Cora Lynch.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Tom Bridges. Beulah, Ore.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 7/15/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7-18, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14/33

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1933, to 7-14, 1933

I last saw her alive on 7-14, 1933: death is said to have occurred on the date stated above, at 4:00 m.

The **principal cause of death** and related causes of importance were as follows:

Congenital defect in heart Blue baby

Date of onset

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. B. Bock M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85160

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 180

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. Lukes Hospital) 1612

2. FULL NAME Baby Bartlett

(a) Residence. No. 117 E Bannock St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day 12 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

MOTHER / FATHER

13. NAME Frederick A Bartlett

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho

15. MAIDEN NAME Nida McCracken

16. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

17. INFORMANT (Address) Frederick A Bartlett

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 7-15, 1933 Boise, Ida

19. UNDERTAKER (Address) Schreiber & Mt. Cemetery

20. FILED 7-15, 1933. W. H. Rhodes Registrar. Boise

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/13 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1933, to 7/13, 1933.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7 P. ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 6½ mo.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A J Coats, M. D.

(Address) Boise

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85161

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 179

(No. 1903 N. 9th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1004

2. FULL NAME Mrs. Inez M. Ingraham.

(a) Residence. No. 1903 N. 9th Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Martin Ingraham.

6. DATE OF BIRTH (month, day, and year) May 5-1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernon Springs.
(State or country) Iowa.

FATHER

13. NAME Geo. T. Van Dusen.

14. BIRTHPLACE (city or town)
(State or country) New York.

MOTHER

15. MAIDEN NAME Sarah Tippett.

16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT (Address) Mrs. Zella M. Hasbrouck. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem. Date 7/9/33 193

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 7-12, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/7/33 193

22. I HEREBY CERTIFY, That I attended deceased from 2-5-27, 193.., to 7-6-, 193.3
I last saw her alive on 7/5/33, 193..: death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days

Other contributory causes of importance:

Paralysis Agitans	1926.

Name of operation no Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ernest E. Lashley, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85162

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 178

(No. St Alphonsos Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Emma Mary Hamilton

(a) Residence. No. 1312-N-7th St St. City 124
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Mr. Eugene Desmond Hamilton

6. DATE OF BIRTH (month, day, and year) Jan. 7, ~~18 86~~ 1866

7. AGE Years 67 Months ~~7~~ 6 Days ~~7~~ 2 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business ~~in~~ which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) 7-4-33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Branden Vermont

FATHER

13. NAME Napoleon A. Throw ~~Emma Mary~~

14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER

15. MAIDEN NAME Emma Mary Casavaugh

16. BIRTHPLACE (city or town) (State or country) Brandon Vermont

17. INFORMANT (Address) Richard Philip Hamilton 176-15th St. Oakland Calif.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ St. Johns
Place Boise, Idaho Date 7-10, 1933

19. UNDERTAKER (Address) Schreiber + McCann 60 a Bannock St Boise, Ida

20. FILED 7-10, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 9, 1933

I last saw her alive on July 9, 1933: death is said to have occurred on the date stated above, at 8:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chole Athiasis & Rupture Gall Bladder with Generalized Peritonitis	Year Ago July 8/1933

Other **contributory causes** of importance:

Carcinoma of Colon	About 1 year

Name of operation Colostomy Date of 7/8/33

What test confirmed diagnosis?.... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....
(Signed) W. B. Ams-Lomby M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JUL 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85163

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 176

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Nelson.

(a) Residence. No. R.D. # 1. Boise, Idaho. St. Long Beach Calif.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Floy. B. Nelson.

6. DATE OF BIRTH (month, day, and year) Dec. 19. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	6	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Corrine Utah.

FATHER

13. NAME Rasmus Nelson.

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMENT (Address) Mrs. Floy. B. Nelson. R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Long Beach Calif. Date 7-9, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-5, 1933 W. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to July 4, 1933

I last saw him alive on July 4, 1933; death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Probably 1932
Duodenum & Jejunum (carcinomatous)	1933

Other contributory causes of importance:

Name of operation Exploratory Date of 7-3-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Richard D. Thornton, M. D.

(Address) 500 Eastman Bldg

Boise Ida

RECEIVED AUG 7 1933

a B Bock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85164

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 175

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Patrick Francis Doherty.

(a) Residence. No. 920. Pueblo St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Imogene E. Doherty.

6. DATE OF BIRTH (month, day, and year): June. 1.1907.

7. AGE: Years 26 | Months 0 | Days 29. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Service Station Attendant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Service Tire Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caldwell, Idaho.

FATHER
13. NAME: Partick. F. Doherty.
14. BIRTHPLACE (city or town) (State or country): Conn.

MOTHER
15. MAIDEN NAME: Cora. E. Chapman.
16. BIRTHPLACE (city or town) (State or country): Indiana.

17. INFORMENT (Address): Mrs. Laura Tompkins. 314. E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery Date July. 2, 1933.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 7-5, 1933 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June. 30. 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933, to June 30, 1933. I last saw him alive on June 30, 1933: death is said to have occurred on the date stated above, at 12 30 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest with multiple rib fractures. Pneumothorax + internal hemorrhage	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide: Auto Accident Date of injury: June 27 1933
Where did injury occur? Fairgrounds Hill. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public road.
Manner of injury: Auto went down embankment
Nature of injury: Crushed chest.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A B Bock, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

mccann ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85165

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 174
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

148 ✓

2. FULL NAME Imogene Elizabeth Doherty.

(a) Residence. No. 920. Pueblo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White /	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Partick. F. Doherty.

6. DATE OF BIRTH (month, day, and year) March. 31. 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	2	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Licking Mo.
(State or country)

FATHER
13. NAME Homer Craven.
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Genevieve Leavitt.
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMENT (Address) Mrs. Laura Tompkins. 314. E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery Date July. 2, 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-5, 1933 W. B. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 2.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe Head, and Body Injuries. Automobile Accident.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. W. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

West ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85166

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 173

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Paul Penney French.

(a) Residence. No. 1213. Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Iva. M. French.

6. DATE OF BIRTH (month, day, and year) July. 17. 1874.

7. AGE: Years 58. Months 11 Days 14. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surgeon.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Seth French.
14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER
15. MAIDEN NAME Emma Penney.
16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) Mrs. Iva. M. French. 1213. Harrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date July. 3, 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 7-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1931, to Death, 193..
I last saw him alive on 6-30, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-26-33

Other contributory causes of importance:

R. partial hemiplegia	7-20-31

Name of operation None. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.
(Signed) L. T. West, M. D.
(Address) City.

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85167

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 7374

(No. Enroute to Boise - near Collister)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Lyman Swett

(a) Residence. No. Swett St. Banks Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosiltha Swett

6. DATE OF BIRTH (month, day, and year) Oct 1-1898

7. AGE Years 54 Months 9 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** + Stock Man

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER

13. NAME Lyman J Swett

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Elizabeth E. Langston

16. BIRTHPLACE (city or town) (State or country) St. George Utah

17. INFORMANT (Address) J. A. Keene Banks Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-23 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 7-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193.... last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 1:A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown- But Natural,	
Died Enroute to Hospital for	
Medical Attention,	
No Indication Of Foul Play	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....
(Signed) J. F. McCann Coroner
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85168

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 72

PLACE OF DEATH

County of Ada

near

City of Boise

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac F Teeter

(a) Residence. No. 1120 North 21st. Street St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albertina Teeter

6. DATE OF BIRTH (month, day and year) August 24 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Plasterer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT John M. McBride
(Address) 1704 N 25th St Boise

18. BURIAL, CREMATION OR REMOVAL Boise. Idaho
Place Morris Hill Date 7-20, 1933

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 7-20 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to July 19, 1933.
last saw ~~him~~ alive on July 18, 1933.: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic) with Myocardial Degeneration	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. McBride, M. D.

(Address) Boise Idaho

RECEIVED AUG 7 1933

PLACE OF DEATH

County of ADA

City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85169

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Healy

(a) Residence. No. Ada County Hospital St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE

4. Color or Race White

5. Single, ~~Married~~, ~~Widowed or Divorced~~ (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1854

7. AGE Years 89 Months 1 Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alberta Canada

FATHER

13. NAME Not of Lamaple

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not of lainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) C. Furber Bristol Hotel Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/13, 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 7-15, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 11, 1933.

I last saw him alive on July 10, 1933: death is said to have occurred on the date stated above, at 11:45 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	?

Other **contributory causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) M. Ellaway M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85170

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 70 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lottie Johnson.

(a) Residence. No. 3 Miles west of Boise. near Cole school.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Timan. A. Johnson.

6. DATE OF BIRTH (month, day, and year) Feb. 11.1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	4	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Black River Falls. Wisconsin.

FATHER

13. NAME William Ritz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Edith Perry.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMENT (Address) Timan. A. Johnson. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date July. 10. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-11, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 9P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown, But Natural,	
No Indication Of Foul play	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. S. McCann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85171

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. ~~68~~ 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Matilda Nelson.

(a) Residence. No. One fourth Miles east of Cole School. 75
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5.1854.

7. AGE Years 78 Months 6 Days 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia.
(State or country)

FATHER
13. NAME Johnson Nelson.
14. BIRTHPLACE (city or town) Virginia.
(State or country)

MOTHER
15. MAIDEN NAME Martha Carter.
16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMENT Mrs. Flora Stewart.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date July. 1., 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-5, 1933 W H Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1930, to June 29, 1933

I last saw her alive on June 29, 1933: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Sine	
March 33.	
Biliary Calculi	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. V Gennoney, M. D.

(Address) 615 Eastman Bldg Boise

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85172

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 68

(No. Boise, Idaho. Route #2)

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs. Jessie S. Day

(a) Residence. No. 1411 N. 18th street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clinton D. Day

6. DATE OF BIRTH (month, day, and year): Nov. 3-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois.

FATHER

13. NAME: Edward J. Robinson.

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Mary Franks.

16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMENT (Address): Harold Day, Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Cem. Date 7/13/33 193

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 7-11, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/11/33 193

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 11, 1933

I last saw her alive on July 11, 1933; death is said to have occurred on the date stated above, at 12:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify:

(Signed) H. E. Wedman, M. D.

(Address) Boise, Idaho.

RECEIVED AUG 7 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85173

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 197

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rev. B. C. d'Easum

(a) Residence. No. Blackfoot, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel Ann d'Easum

6. DATE OF BIRTH (month, day, and year) March 16th 1865

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	67	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bombay, India

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT C. G. d'Easum
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 8/1/33 193..

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 7-31, 193 3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/31/33

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 193.., to July 31, 193.3.
I last saw h. alive on July 31, 193.3, death is said to have occurred on the date stated above, at 2 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer (Carcinoma) left Antrum & face	
Dec 32.	
Other **contributory causes** of importance:	

Name of operation Radium Date of 6/1/33
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address) Boise, Idaho.

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85174

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 196

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel H. Ferguson

(a) Residence. No. Boise, Idaho. Route #2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Ferguson

6. DATE OF BIRTH (month, day, and year) February 15th 1868

7. AGE Years 65 Months 5 Days 12 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Steven Ferguson.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Lydia Cole.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) Clark Ferguson. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Star Cemetery Date 7/30/33, 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7-29 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/27/33 193

22. I HEREBY CERTIFY, That I attended deceased from July 22 1933, to July 27, 1933. I last saw him alive on July 27 1933: death is said to have occurred on the date stated above, at 8:35 P.M. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver & Stomach	

Other **contributory causes** of importance:

Name of operation Exploratory Date of 7/24/33

What test confirmed diagnosis?.... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85175

County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 195

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Wilhelmina Westerbeek.

(a) Residence. No. 2209. N. 32 Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of George. J. Westerbeek.

6. DATE OF BIRTH (month, day, and year) Oct. 6.1878.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	9	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland.

FATHER

13. NAME Dirk Smit.

14. BIRTHPLACE (city or town) (State or country) Holland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) George. J. Westerbeek. 2209. N. 32 Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. July. 29.1933
Place Date, 193

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 7-29, 1933 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to July 27, 1933

I last saw h alive on July 27, 1933: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Uterus	

Other contributory causes of importance:

Name of operation Cauterization Date of May 6/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. D. Springer, M. D.

(Address) Boise Idaho

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85176

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 193

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Benjamin Rice, Jr.

(a) Residence. No. 1414 N. 18th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1(a)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14, 1917

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
16	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah

MOTHER/FATHER

13. NAME Wm B. Rice

14. BIRTHPLACE (city or town) (State or country) Berlin Heights Ohio

15. MAIDEN NAME Gladys O. Jones.

16. BIRTHPLACE (city or town) (State or country) Beular Kansas

17. INFORMANT W B Rice
(Address) 1414 N 18 Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/28, 193.3

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-27, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19th, 193.3., to July 26., 193.3.
I last saw him alive on July 26., 1933.; death is said to have occurred on the date stated above, at 1.21 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	
Other **contributory causes** of importance:	

Name of operation ← Date of ←
What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ← If so, specify
(Signed) J. D. Sprague M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85177

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 192

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A, Giles

(a) Residence. No. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

105

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Giles

6. DATE OF BIRTH (month, day, and year) 7/26 1856

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook. Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER/FATHER

13. NAME Mark Giles

14. BIRTHPLACE (city or town) Rochester (State or country) N.Y.

15. MAIDEN NAME Clara Russell

16. BIRTHPLACE (city or town) Rochester (State or country) N.Y.

17. INFORMANT Dean D. Mighell (Address) Atlanta Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/26, 193.3

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 7-25 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 193.3, to July 24, 193.3.
I last saw him alive on July 24, 1933.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) M. Callaway M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85178

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 190

(No. 1310 State Street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Amanda Hubert. 90

(a) Residence. No. 1310 State St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 24th 1869

7. AGE: Years 64, Months 5, Days 27. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kankakee, Ill.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Lucy Faford. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 7/24/33

19. UNDERTAKER (Address) Wm. McBratney; Boise, Idaho.

20. FILED 7-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21/33

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1933, to July 21st, 1933.
I last saw her alive on 7-21-, 1933: death is said to have occurred on the date stated above, at 5:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Volvular Death	
Disease + oedema	

Other **contributory causes** of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) John Boeck M. D.
(Address) Boise, Idaho.

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85179

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 189

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

111b

2. FULL NAME Alvin Arthur Tindall

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ester Tindall

6. DATE OF BIRTH (month, day, and year) November 21, 1908

7. AGE Years 24 Months 8 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 3 days

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Parma Idaho

FATHER

13. NAME Arthur W. Tindall

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Ada Martin

16. BIRTHPLACE (city or town) (State or country) Parma Idaho

17. INFORMANT (Address) Esther Tindall Bruneau, Ida

18. BURIAL, CREMATION OR REMOVAL Place Mountain Home Idaho Date July 19, 1933

19. UNDERTAKER (Address) J. C. Zochert Mt Home

20. FILED 7-24, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to July 17, 1933.

I last saw him alive on July 17, 1933: death is said to have occurred on the date stated above, at 10:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage Gastric	7-14-33
Ulcer's, (multiple) of Duodenum	1929 (?)

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Post Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury .., 193.

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Richard D. Kimpton M. D.

(Address) 500 Eastman Bldg Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85180

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 194

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74b

2. FULL NAME Mrs. Genevieve C. Reading.

(a) Residence. No. Logan, Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Reading

6. DATE OF BIRTH (month, day, and year) May 23rd 1911

7. AGE Years 22 Months 2 Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier, Idaho.

FATHER
13. NAME Fred Cruikshank.
14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER
15. MAIDEN NAME Martha E. Burgoyne.
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Wm. J. Reading. Logan, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier, Idah Date 7/29/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 7-27, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 3:45 P.M

The **principal cause of death** and related causes of importance were as follows:

Malignant Endocarditis, 8 mos pregnancy Cerebral Embolic infected c̄ Brain abscess

Date of onset 1927

Other **contributory causes** of importance:

Brain abscess draining through Right nostril

Name of operation Caesarean Sec Date of 7-24-33

What test confirmed diagnosis? Sug Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. W. Almond M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85181

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 186

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Carter Yoe 133

(a) Residence. No. 113 Washington St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years about 90 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington Co.
(State or country) Maryland

FATHER

13. NAME Mordecai Carter

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Harriet Elgin

16. BIRTHPLACE (city or town) Loudon Co.
(State or country) Virginia

17. INFORMANT J. V. Carter
(Address) Anaconda, Mont

18. BURIAL, CREMATION OR REMOVAL
Place Dillon Mont. Date 7/24, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-22 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1933, to 7/21, 1933.

I last saw her alive on 7/21/1933: death is said to have occurred on the date stated above, at 8 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cystitis, Pyelitis	2 April
H. Arteriosclerosis	3/2/33

Other **contributory causes** of importance:

Name of operation Hemorrhoidectomy Date of 6/27/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Mac Kenby M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85182

PLACE OF DEATH
County of Ada
City of Boise Idaho

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 188

(No. St Alphonsus Hospital Boise Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118a

2. FULL NAME William Arthur Powell

(a) Residence. No. Meridian R-F-D No one St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Daisy L. Powell

6. DATE OF BIRTH (month, day, and year) Dec 11 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Cascade Iowa

FATHER

13. NAME George Powell

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME I-J-McAulay

16. BIRTHPLACE (city or town) (State or country) Wis---

17. INFORMENT (Address) Mrs Daisy L Powell Meridian R-2-

18. BURIAL, CREMATION, OR REMOVAL Place Meridian Cemetery July 24 1933

19. UNDERTAKER (Address) Meridian Idaho

20. FILED 7-24, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to July 22, 1933
I last saw him alive on July 22, 1933; death is said to have occurred on the date stated above, at 7.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	7-14-33

Other contributory causes of importance:

Name of operation Hernitomy Date of 7-22-33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Crane, M. D.
(Address) Meridian Idaho

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Adair

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85183

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 185

(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Francis James Long

(a) Residence. No. Warm Springs, Idaho City Road, St Boise County, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethelinda (Eaton) Long.

6. DATE OF BIRTH (month, day, and year) August 12, 1877

7. AGE Years 55 Months 11 Days 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** machinist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** mining

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 31 years

12. BIRTHPLACE (city or town) (State or country) Dedham, Mass.

FATHER

13. NAME John A. Long

14. BIRTHPLACE (city or town) (State or country) U.S.A. Prince Edwards Island

MOTHER

15. MAIDEN NAME Catherine (Wade) Long

16. BIRTHPLACE (city or town) (State or country) Prince Edwards Island

17. INFORMANT (Address) E. C. Kiersted 1101 Jefferson St, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place St Johns Cemetery Boise, Idaho Date July 22, 1933

19. UNDERTAKER (Address) Schreiber and McCann

20. FILED 7-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to July 20, 1933.

I last saw him alive on July 20, 1933: death is said to have occurred on the date stated above, at 7:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypernephroma Kidney Left.	Previous to 5-25-33
Carcinomatosis - Mesentery + intestinal wall.	"

Other **contributory causes** of importance:

Myocarditis

Saxemia

Name of operation Exploratory Date of

What test confirmed diagnosis Clinical & Microscopic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard D. Amonton M.D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

R-24. 2M—6-'29. No. 5913-b.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

Boston, August 22, 1933.

A record appears of the

Birth
~~Marriage~~
~~Death~~ } *of*

Francis J. Long, son of John A. and Catherine (Wade) Long, at Dedham, Aug. 12, 1877.

Both Parents born in Pr. Edwards Island.

The required fee is 50c for each certified copy of a vital record. Upon receipt of the fee the certificate will be mailed you.

Very truly yours,

Frederic W. Cook

Secretary

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85184

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 133

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME William H. Butterfield

(a) Residence. No. 258 East Buhl St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Anna Quest

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Oxford, Idaho.

FATHER

13. NAME Charles Robert Butterfield

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Martha Jane Hern

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Charles Butterfield Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Aug. 3, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Aug. 2, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to July 31, 1933

I last saw him alive on July 28, 1933: death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of July 25

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. S. Miller, M. D.

(Address) Pocatello, Idaho.

RECEIVED AUG 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85185

PLACE OF DEATH
County of Bannock
City of Virginia

Registration District No. 83
Primary Registration District No. 2163
Local Registrar's No. 12

(No. Residence) 75
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mattie Myers

(a) Residence. No. Virginia, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Walter Myers

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1870.

7. AGE: Years 62 | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Victor Burton Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Virginia, Idaho. Date July 7, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED ~~July 7~~ Aug 2, 1933. Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July - 3 -, 1933, to July - 5 -, 1933.
I last saw her alive on July - 3 -, 1933: death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	6-29-33
Other contributory causes of importance: Nephritis. Hypertention.	10 years or more

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. J. Hartvigsen, M. D.
(Address) Downey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85186

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 58
Primary Registration District No. 3161
Local Registrar's No. 128

(No.) Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME William Sherburne

(a) Residence. No. 438 North 11th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Emery H. Sherburne

14. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

MOTHER

15. MAIDEN NAME Anna Edwards

16. BIRTHPLACE (city or town) (State or country) Washington, Iowa.

17. INFORMENT (Address) Emery H. Sherburne Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date July 21, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED July 20, 1933. D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 7/17/33, 193.., to 7/19/33, 193..
I last saw him alive on 7/19/33, 193..: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) O. R. Hall, M. D.
(Address) Pocatello, Idaho.

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85187

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 58
Primary Registration District No. 2161 Local Registrar's No. 130
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Samuel Donald

(a) Residence. No. Glenns Ferry, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Kathyrn McCabe

6. DATE OF BIRTH (month, day, and year) May 15, 1885.

7. AGE: Years 48, Months 2, Days 6, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.S.L.R.R.
10. Date deceased last worked at this occupation (month and year) June 1933.
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Savanna, Illinois.

FATHER
13. NAME James B. Donald
14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER
15. MAIDEN NAME Mina E. Snider
16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mary Kathryn Donald, Glenns Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Idaho. Date July 23, 1933.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED July 22, 1933. L. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1933, to 7-21, 1933
I last saw h. alive on 7-21, 1933: death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	

Other contributory causes of importance:
1. Peptic ulcer (perforated)
2. Hemorrhaphy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85188

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 129

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Merle H. Lewis

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18, 1933.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 40 min.
0	0	1	5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME Marion Lewis
14. BIRTHPLACE (city or town) (State or country) Oxford, Idaho.

MOTHER
15. MAIDEN NAME Carmen Ann Howell
16. BIRTHPLACE (city or town) (State or country) Clifton, Idaho.

17. INFORMENT (Address) Marion Lewis Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date July 19, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED July 20, 1933. D C May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 7/18/33, 193..., to 7/19/33, 193...
I last saw him alive on 7/18/33, 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
6 Weeks	
Cardiac insufficiency	

Other contributory causes of importance:

Premature birth	
6 Weeks	

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) C. F. Call, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85189

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry W Evans

(a) Residence. No. 331 So. Arthur Pocatello St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Minnie Evans

6. DATE OF BIRTH (month, day, and year): May 4th 1866

7. AGE — Years: 67 | Months: 2 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Grocery Store
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER

13. NAME: Henry R. Evans
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Margrette Williams
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): H. E. Evans Fort Hall Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Malad Idaho Date: July 25th 1933

19. UNDERTAKER (Address): E. T. Funk Blackfoot Idaho

20. FILED July 23, 1933 W. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 23, 1933
I last saw h.. alive on July 22, 1933: death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8 days
Chronic Nephritis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) D. C. Ray, M. D.
(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85190

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 3161 Local Registrar's No. 132

(No.) Pocatello General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clifford B. Young

(a) Residence. No. Ventura, California. St. Tennessee

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Marie Haber

6. DATE OF BIRTH (month, day, and year): Feb. 1907.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Self

10. Date deceased last worked at this occupation (month and year): July 1933.

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tennessee.

FATHER

13. NAME: Henry T. Young

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Marie Haber Young, DuBuque, Iowa.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho Date: Aug. 2, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED July 29, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to July 28, 1933

I last saw h.. alive on July 28, 1933; death is said to have occurred on the date stated above, at 1.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis from intestinal obstruction and perforation.	7/21/1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? No. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Humphrey, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85192

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 38
Primary Registration District No. 2161 Local Registrar's No. 127

(No. Bannock County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Lewis

(a) Residence. No. County Infirmary St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 2, 1864.

7. AGE: Years 68 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Henry Lewis
14. BIRTHPLACE (city or town) (State or country) France.

MOTHER
15. MAIDEN NAME Sophie Quelet
16. BIRTHPLACE (city or town) (State or country) France.

17. INFORMENT (Address) Henry Lewis Topeka, Kansas.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date July 20, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED July 20, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to July 15, 1933
I last saw him alive on July 12, 1933: death is said to have occurred on the date stated above, at a m. ?
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal	
ascites	

Other contributory causes of importance:

Cardio-renal	
ascites	

Name of operation none Date of
What test confirmed diagnosis? Usual Was there an autopsy? 1/50

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /
(Signed) N. C. Jones, M. D.
(Address) Pocatello

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85193

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 216-1

Local Registrar's No. 125

(No. 246 Willard Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Melissa Maughan

(a) Residence. No. 246 Willard Ave. St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of A. D. Maughan

6. DATE OF BIRTH (month, day, and year) March 31, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Mather P. Fifield

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rebecca Fifield

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) A. D. Maughan 246 Willard Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Weston, Ida. Date July 16th 1933

19. UNDERTAKER McHan Undertaking Co. (Address) Pocatello, Idaho.

20. FILED 7-15, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to July 14, 1933.

I last saw her alive on July 14, 1933: death is said to have occurred on the date stated above, at 4.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85194

Registration District No. 38

Primary Registration District No. 3161 Local Registrar's No. 124

(No. St Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Douglas Peter Donaldson

(a) Residence. No. 278 Taft Ave St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male,

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ellen Donaldson

6. DATE OF BIRTH (month, day, and year) August 18, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~39~~	39	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forman at Kraft

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cheese Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Ellen Donaldson 278 Taft Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt View Cem. Date July 14, 1933

19. UNDERTAKER (Address) McKean Undertaking Co. Pocatello, Ida.

20. FILED 7-13, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1933, to 7-11, 1933

I last saw h~~e~~ alive on 7-11, 1933; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

General peritonitis secondary to ruptured appendix.

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of 7/8/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85195

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 123
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Lila May Corum

(a) Residence. No. 147 Roosevelt Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of George G. Corum

6. DATE OF BIRTH (month, day, and year): Nov. 23, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Woods Cross, Utah.

FATHER

13. NAME: George A. Lincoln

14. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

MOTHER

15. MAIDEN NAME: Esther Ann Jackson

16. BIRTHPLACE (city or town) (State or country): Woods Cross, Utah.

17. INFORMENT (Address): George G. Corum, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: July 8, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED July 7, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 6, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to July 5, 1933
I last saw h[illegible] alive on July 5, 1933: death is said to have occurred on the date stated above, at 2 3/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1931

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. S. Miller, M. D.
(Address) Pocatello, Idaho.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85196

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 122

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME Annie M. Putnam

(a) Residence. No. 825 North Tenth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widow of

6. DATE OF BIRTH (month, day, and year) Aug. 1, 1856.

7. AGE: Years 76 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME Charles Tucker
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Sarah Phillips
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Francis Allen Arimo, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Marsh Center, Ida. Date July 7, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED July 6, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to July 4, 1933
I last saw her alive on July 4, 1933; death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Acute indigestion
Chr. indigestion
for years.

Date of onset

Other contributory causes of importance:
Acute indigestion

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Neal Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓
(Signed) H. C. Dunn M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FILE # 85197

YEAR 1933

IDAHO DEATH CERTIFICATE

VOID SEE STILLBIRTH
s 1933-213710

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85198

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 119
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Susan Davis

(a) Residence. No. Salt Lake City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joeph Davis

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Charles Caldwell
14. BIRTHPLACE (city or town) Liverpool (State or country) England

MOTHER
15. MAIDEN NAME Emily Smith Caldwell
16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMENT (Address) E A Caldwell Salt Lake City Utah
18. BURIAL, CREMATION, OR REMOVAL Place Lehi, Utah Date July 8, 1933
19. UNDERTAKER Caldwell & Stampfel (Address)
20. FILED July 4, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1933
22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 4, 1933
I last saw her alive on 8 P.M. July 3, 1933: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury to left chest	
Shock as result	
Contusable wounds	
Other contributory causes of importance:	
Acute myocarditis	
and toxic adenitis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 3 1933
Where did injury occur? At Pocatello, Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Automobile accident
Nature of injury Probable fracture skull

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) A M Kerton, M. D.
(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85199

PLACE OF DEATH

County of Bannock

City of Robin

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. ~~84~~ 13

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Josiah Stephen Wheeler

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Hannah J. Henderson

6. DATE OF BIRTH (month, day, and year): Nov. 20, 1868.

7. AGE: Years 64 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Huntsville, Utah.

FATHER

13. NAME: Levi Wheeler

14. BIRTHPLACE (city or town) (State or country): Main.

MOTHER

15. MAIDEN NAME: Phebe Perry

16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Mrs. Hannah J. Wheeler Robin, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Robin, Idaho. Date: July 15, 1933.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED ~~July 15,~~ July 31, 1933. Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 13, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to July 13, 1933

I last saw him alive on July 10, 1933: death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Cardiac
Valvular heart
Disease

Date of onset

Other contributory causes of importance:

Interstitial
nephritis

Name of operation: None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. A. Rich M. M. D.

(Address) Lava Hot Springs, Ida.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85200

Local Registrar's No. 14

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley May Walker

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None
6. DATE OF BIRTH (month, day and year) June 26, 1933
7. AGE Years | Months | Days 25 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Lava Hot Springs Idaho
PARENTS
10. NAME OF FATHER Farley Marshall Walker
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oxford Idaho.
12. MAIDEN NAME OF MOTHER Mabel Kelley.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rockland Idaho
14. Informant Farley Marshall Walker
(Address) Lava Hot Springs
15. Filed July 31, 1933 Mrs. G. G. Fust Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 20 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 20, 1933
that I last saw her alive on July 20, 1933
and that death occurred, on the date stated above, at 9:53 P. m.
The CAUSE OF DEATH* was as follows:
Hypertrophic Cirrhosis of Liver.
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? none
(Signed) C A Rich, M. D.
7-21, 1933 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Bancroft — Date of Burial: 7-21 1933
20. Undertaker: Ind none — Address:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED AUG 9 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 53

County of Bear Lake

Primary Registration District No.

City of Lanark (No. , St.)

File No. 85201

Registered No. 11

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Ellen Hayes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

Wife of William D. Mayer.

6. DATE OF BIRTH: March 8 1841 (Month) (Day) (Year)

7. AGE: 92 yrs. 3 mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Arthur S. Smith

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Logue

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W Findlay

(Address) Paris

15.

Filed July 31 1933 Mrs. Beulah Hess Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 6 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-6 1933 to 7-6 1933

that I last saw her alive on 7-6 1933

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Senile debility

Apoplexy

(Duration) yrs. mos. ds.

Contributory (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) W. F. Findlay M. D.

7-8 1933 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Paris — DATE OF BURIAL: July 9 1933

20. UNDERTAKER: D. S. Bruce — ADDRESS: Paris Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85202

PLACE OF DEATH
County of Bear Lake
City of Paris.
Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10/32

2. FULL NAME Walter Crossley Hymas

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Stucki

6. DATE OF BIRTH (month, day, and year) June 30, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation all of life

12. BIRTHPLACE (city or town) (State or country) Liberty Idaho.

FATHER

13. NAME Walter Lorenzo Hymas

14. BIRTHPLACE (city or town) (State or country) Liberty Idaho.

MOTHER

15. MAIDEN NAME Sarah Crossley

16. BIRTHPLACE (city or town) (State or country) Liberty Idaho.

17. INFORMENT (Address) Woodruff Utah

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date July 23 1933

19. UNDERTAKER Dan S. Peterson
(Address) Paris Idaho.

20. FILED Aug 1, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to July 21, 1933
I last saw him alive on July 21, 1933; death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bilateral Lobular)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Spencer H Peck, M.D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Bear Lake

City of St Charles

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85203

Registration District No. 55

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205

2. FULL NAME Fred L. Nielson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13, 1852

7. AGE Years 81 Months 3 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not recently

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jens Nielson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Sophia Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Charles Idaho Date Aug 1, 1933

19. UNDERTAKER (Address) Daniel S. Price Paris, Idaho

20. FILED Aug. 1, 1933 Hannah J. Nielson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1933 exact date unknown

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: No doctor saw patient with his last illness. He was dead for several days before anyone knew about it.

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Spencer Hirch, M. D.

(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85204

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Reed Reynolds 188C

(a) Residence. No. St Maries Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 24 Months: 5 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemical Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Washington

FATHER
13. NAME C R Reynolds
14. BIRTHPLACE (city or town) (State or country) Washington Co Penna.

MOTHER
15. MAIDEN NAME Pearl Weir
16. BIRTHPLACE (city or town) (State or country) Washington Co Penna.

17. INFORMANT (Address) C R Reynolds St Maries

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Ida Date Aug 1, 1933

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED 8-11, 1933 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 4.30 a.m. - 7/30-33

The principal cause of death and related causes of importance were as follows: Automobile Accident Car left Highway about 3½ miles west of St Maries throwing Deceased out breaking his nose crushing his left

Date of onset

Other contributory causes of importance: check bone and fracturing his skull

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/30 1933

Where did injury occur? on highway west of St Maries (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Working for the Highway Department

Manner of injury Automobile Accident

Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify on job when killed

(Signed) Geo E Mitchell Coroner, ~~M.D.~~

(Address) St Maries Idaho

ED FOR BINDING

G INK—THIS IS A PERMANENT RECORD. Every item of applied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

CAUS

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1933

PLACE OF DEATH

County of Benewah

City of Lovell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 85206

Local Registrar's No. 11

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Louis Adrian

(a) Residence. No. Lovell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Adrian

6. DATE OF BIRTH (month, day, and year) June 19, 1857 No Record

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	85	1 00	200	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farm Work

10. Date deceased last worked at this occupation (month and year) May 1928

11. Total time (years) spent in this occupation 50 Yrs.

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Pierre Paul No Record

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME Victoria No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT (Address) Julia Adrian Lovell, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date 7/17/33 193

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED July 16, 1933 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/15/33 93

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933, to July 15 1933.
I last saw him alive on July 13 1933; death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:

Prostatic Hypertrophy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C B Clinger, M. D.
(Address) Tekoa, Washington.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85207

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 106

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

139

2. FULL NAME ANNA M. ANDERSON

(a) Residence. No. St. Donnelly, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs 9 mos 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Luther Anderson

6. DATE OF BIRTH (month, day, and year): June 18, 1880

7. AGE: 53 Years | Months: 1 | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iola Kansas

FATHER

13. NAME: James McCausland

14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER

15. MAIDEN NAME: -------Ellis

16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMENT (Address): Records of State Hospital So. Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Highland Cem. Date: July 29 1933

19. UNDERTAKER (Address): Munn Clark Blackfoot

20. FILED: July 29, 1933 Mrs Nalin E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to July 29th, 1933

I last saw her alive on July 28th, 1933: death is said to have occurred on the date stated above, at 6:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
UTERINE TUMOR (FIbroid)	at least since 10-13-1924

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury, 193

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ----

(Signed) Chas R. Lown, M. D.

(Address) State Hosp. South Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED AUG 8 1933

PLACE OF DEATH

County of Bingham

City of Bone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85208

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lindney Alonzo Busenbark Sr. 164

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10-1862

7. AGE Years 70 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmington Utah

FATHER

13. NAME Henry Busenbark

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Martha Efferson

16. BIRTHPLACE (city or town) (State or country) Don't Know.

17. INFORMENT (Address) Sidney A Busenbark Jr Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ervin City Date Aug 1st 1933

19. UNDERTAKER (Address) E F Park Blackfoot Idaho

20. FILED July 31, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July-28 1933

22. I HEREBY CERTIFY, That I attended deceased from Found Dead, 193.., to ....., 193..

I last saw h..... alive on Abolit, 193..; death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

Natural Causes — Probably Senility with Valvular Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Witness Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ray McClellan Coroner

(Address) of Bingham County Blackfoot Ida

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85209

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 114

(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Theron D. Chamberlain

(a) Residence. No. R2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 20, 1932

7. AGE Years 1 Months 2 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME Theron David Chamberlain
14. BIRTHPLACE (city or town) (State or country) Provo Utah

MOTHER
15. MAIDEN NAME Areta Smith
16. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

17. INFORMENT (Address) Dave Chamberlain Blackfoot, R2

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Thomas Rural Date July 23 1933

19. UNDERTAKER (Address) E. J. Park

20. FILED July 21 1933 Mrs Nature E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to July 21, 1933
I last saw him alive on July 20, 1933: death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed by truck (Accidental)	July 19 1933
Basal fracture of skull and Internal Injuries	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 7/19 1933
Where did injury occur? at home R2 Blackfoot (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Crushed by truck
Nature of injury Abdomen & Chest crushed Skull fractured

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85210

PLACE OF DEATH

County of Bingham

City of Blackfoot

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Sarah Mildred Taylor

(a) Residence. No. Thomas, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nathan Taylor

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilps, County North Carolina

FATHER

13. NAME Henry Rose

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. R. E. Hartwell Blackfoot Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date July 16, 1933

19. UNDERTAKER (Address) E. T. Peck Blackfoot, Idaho

20. FILED July 15, 1933 Mrs. Nelson E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1933, to 7-13, 1933

I last saw her alive on 7-12, 1933: death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-10-33
Other contributory causes of importance:	
Mitral stenosis, & arteriosclerosis	2 yrs.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Judg. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Hampton, M. D.

(Address) Blackfoot Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85211

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 112

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

580

2. FULL NAME Leander Merrick

(a) Residence. No. North Oak St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 18th 1867

7. AGE Years 66 Months 4 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME Marcus Merrick

14. BIRTHPLACE (city or town) (State or country) Dent Knox

MOTHER

15. MAIDEN NAME Sophia Duffin

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Meada Palmer 915 So Shillinger St

18. BURIAL, CREMATION, OR REMOVAL Place Lava Hot Springs Date July 15 1933

19. UNDERTAKER (Address) E J Fleck Blackfoot

20. FILED July 14, 1933 Mrs Helen S Peterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to July 13, 1933

I last saw him alive on July 13, 1933 death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) H. W. Mitchell M. D.

(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85212

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 101

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME MARY SNYDER

(a) Residence. No. St. TWIN FALLS
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: 80? Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER
13. NAME do not know
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT RECORDS OF STATE HOSP SOUTH
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem Date July 14 1933

19. UNDERTAKER E. T. Peck
(Address) Blackfoot

20. FILED July 12, 1933 Mrs Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) JULY 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to July 11th, 1933
I last saw her alive on July 11, 1933: death is said to have occurred on the date stated above, at 12:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	July 29 1929

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury, 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas R. Lowe, M. D.
(Address) State Hospital South
Blackfoot, Ida.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85213

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 50
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME BERT FARRELL (ALLEN)

(a) Residence. No. ..... St. POCATELLO IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): do not know

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): 1862

7. AGE: 71 Years | Months: - | Days: - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): --- Mississippi

FATHER
13. NAME: W. H. Allen
14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER
15. MAIDEN NAME: Francis Moss
16. BIRTHPLACE (city or town) (State or country): do not know

17. INFORMENT (Address): RECORDS OF STATE HOSP SOUTH Blackfoot, Ida.

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place: Eastern Cem Date: 7-11, 1933

19. UNDERTAKER (Address): Marion Clark Blackfoot Ida.

20. FILED July 1, 1933 Mrs Nature E Fuhrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1932, 193.., to July 10th, 1933
I last saw him alive on July 10, 1933: death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	June 9 1932

Other contributory causes of importance:

GANGRENE OF RIGHT FOOT	June 2nd 1933

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193..
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury: none
Nature of injury: ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Chas. R. Lowe, M.D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85214

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1117
Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Linda Kirkpatrick

(a) Residence. No. South Ash Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: H. M. Kirkpatrick

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1853

7. AGE: Years 79 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) White Sulpher Springs
(State or country) West Verginia

FATHER
13. NAME --- Smith
14. BIRTHPLACE (city or town) .....
(State or country) West Verginia

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) .....
(State or country) Don't Know

17. INFORMENT Pearl Kirkpatrick
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date July 6, 1933

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho

20. FILED July 5, 1933 Mrs Thelma E. Peters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to After death, 193...
I last saw her alive on --- Dead, 193...: death is said to have occurred on the date stated above, at 9:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - Sclerosis	20yrs.

Other contributory causes of importance:

Paralysis Hemoeplegia	4Days

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193...
Where did injury occur? --
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. E. Patrie, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85215

PLACE OF DEATH

County of Bingham

City of Ft. Hall Reserv.

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 98

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Tsopona Tinno.

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Bannock 4/4
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Charlie Tinno

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 77 Months: No record Days: If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Norman Tinno Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Butte Cemetery Date July 10 1933

19. UNDERTAKER (Address) Agency Carpenter Ft. Hall, Idaho.

20. FILED Aug., 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1932, to July 6, 1933

I last saw her alive on June 30, 1933: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Mittleman M.D.

(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85216

PLACE OF DEATH

County of Bingham

City of Ft. Hall Reserv.

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 97

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Jane Marshall

(a) Residence. No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shoshone

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Dec. 16, 1911

7. AGE: 21 Years, 6 Months, 11 Days. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho.

FATHER

13. NAME: James Marshall.

14. BIRTHPLACE (city or town) (State or country): Lemhi, Idaho.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lemhi, Idaho.

17. INFORMENT (Address): May Lavatta. Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Presb. Mission Cem July, 1933

19. UNDERTAKER (Address): Agency Carpenter. Ft. Hall, Idaho.

20. FILED Aug 1, 1933 Mrs Nalus E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to June 27, 1933

I last saw her alive on June 20, 1933: death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1930
Acute Dilitation of heart	4/1/33

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Mittleman M. D.

(Address) Fort Hall Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85217

PLACE OF DEATH

County of Bingham

City of Ft. Hall Resery. Registration District No. 121-R

Primary Registration District No. 2194-R Local Registrar's No. 96

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Fannie Tyone.

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Tyone

6. DATE OF BIRTH (month, day, and year): 1878

7. AGE: 55 Years | Months: No records | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) June 10, 1932
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

FATHER
13. NAME Tissidimit
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Ahquaham
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Benjamin Tyone. Fort Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Presb. Mission Cem. Date June 21, 1933

19. UNDERTAKER (Address) Brown-Eldridge Blackfoot, Idaho

20. FILED Aug 1, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in Attendance, 193..., to ....., 193...

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	6/10/32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Matthewson M. D.
(Address) Fort Hall. Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85218

PLACE OF DEATH

County of Bingham

City of Fort Hall Reservation

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 95

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Leslie Brahman

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Shoshone 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 10, 1933

7. AGE: Years | Months 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Reserv. Ida

FATHER
13. NAME Fred Brahman
14. BIRTHPLACE (city or town) (State or country) Washakie, Wyo.

MOTHER
15. MAIDEN NAME Emi Evening
16. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho

17. INFORMENT (Address) Emi Evening Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Potman Cemetary Date June 11 1933

19. UNDERTAKER (Address) Agency Carpenter Ft. Hall, Idaho

20. FILED Aug 1, 1933 Mrs Walter E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in Attendance, 193..

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	6/5/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Mittleman M. D.
(Address) Fort Hall Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85219

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) May 28-1858

7. AGE: Years 75 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

FATHER
13. NAME Mc Kinzey
14. BIRTHPLACE (city or town) (State or country) New Orleans

MOTHER
15. MAIDEN NAME X
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) L. F. Graham Hailey - Ida
18. BURIAL, CREMATION, OR REMOVAL Place F. O. E. Blk Date July 27 1933
19. UNDERTAKER (Address) L. F. Graham Hailey - Ida
20. FILED 7-31, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows: Date of onset

Chronic Myocarditis
Found dead in bed
No attending physician 5 yrs

Other contributory causes of importance: Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Robert H. Wright M. D.
(Address) Coroner Blaine Co.

RECEIVED AUG 3 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85220

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 35
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Reinhart

(a) Residence. No. ..... St. ..... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a
wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28-1865

7. AGE Years 68 Months 3 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME X
14. BIRTHPLACE (city or town) (State or country) X

MOTHER
15. MAIDEN NAME X
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) Emerald Twin Sicy F.O.E. #634 Lodge

18. BURIAL, CREMATION, OR REMOVAL Place I. O. O. F. Plot Date July 27 1933

19. UNDERTAKER (Address) L. J. Harris Hailey Ida.

20. FILED 7-31, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1933, to 7-25, 1933
I last saw him alive on 7-25, 1933; death is said to have occurred on the date stated above, at 4.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-20-33

Other contributory causes of importance: Arteriosclerosis

Name of operation no Clinical Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1933

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85221

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

43. wright

2. FULL NAME Gerald Tremain Osborn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Philp

6. DATE OF BIRTH (month, day, and year): Sept 29-1847

7. AGE: Years 85 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Oak Hill New York State

FATHER

13. NAME: .....

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMENT (Address): Mary Philp Osborn Hailey Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Magnific Plots Date: July 21, 1933

19. UNDERTAKER (Address): J. Harris by R. R. McGoldrick Hailey Idaho

20. FILED 7-31, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1932, to 7-19, 1933

I last saw him alive on 7-19, 1933 death is said to have occurred on the date stated above, at 12.10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma involving neck and face	2 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert H. Wright M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85222

PLACE OF DEATH

County of Blaine

City of Hailey

Registration District No. 57

Primary Registration District No. 5022 Local Registrar's No. 22

(No. 15 Fox)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clinton J. Allen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nanda Ward Miller

6. DATE OF BIRTH (month, day, and year) July 11-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ✓

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. W. H. Ward, Hailey, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Date 7-19, 1933

19. UNDERTAKER Harris & Harris (Address) Hailey Idaho

20. FILED 7-31, 1933 P. H. Wright. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to July 16, 1933

I last saw him alive on 7-16-, 1933; death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis (Progressive)	7-1-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Lead Poisoning

(Signed) E. W. Fox, M. D.

(Address) Hailey, Idaho

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85223

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 32
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Henry Borah
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): ~~widow~~ single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): Nov 16-1885
7. AGE: Years 47, Months 7, Days 21, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montgomery Co. Mo.

FATHER
13. NAME: Geo A. ~~Henry~~ Borah
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Mathe Fisher
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): J. E. Brooks R.F.D. Hailey Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: City Plot July 10 Date ....., 1933
19. UNDERTAKER (Address): A. Harris Hailey Ida
20. FILED 7-31, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 7 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 7, 1933
I last saw him alive on 7-7, 1933: death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	6/1-32

Other contributory causes of importance:

(Inoperable - closed up)

Name of operation: yes 6/10/33 Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. Fox, M. D.
(Address) Hailey, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85224

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 31

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

F 47 147

2. FULL NAME Mary Louise White

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor White

6. DATE OF BIRTH (month, day, and year) Mar 13-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) June 27-1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harper Kansas

FATHER

13. NAME W. H. Moore

14. BIRTHPLACE (city or town) (State or country) Fort Wayne Indiana

MOTHER

15. MAIDEN NAME Luella Isenmager

16. BIRTHPLACE (city or town) (State or country) Butler County Ohio

17. INFORMENT (Address) Mrs Fay Hogan 120 1/2 No. 21 - Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date July 8, 1933

19. UNDERTAKER (Address) L. Hayes Hailey - Idaho

20. FILED 7-21, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/28/33, to 7/6/33

I last saw her alive on 7-6, 1933; death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis resulting	
Operation to Salpingitis	

Other contributory causes of importance:

Name of operation Ovariotomy Date of 6/28/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. W. Jot, M. D.

(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 25 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

84487

1. PLACE OF DEATH

County Boise State Idaho Registered No. 85225

Township ____ or Village ____ or

City Idaho City No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Chas. F. Ingman

131

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Wyoming (State or country)

FATHER

13. NAME ____

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT ____ (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Date May 3d, 1933

19. UNDERTAKER Peckham (Address)

20. FILED 7/4, 1933 Jas. E. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, 19____, to May 30, 1933, 19____

I last saw h. im alive on May 30, 1933, 19____; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dropsy	

Other **contributory causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [redacted] Shoemaker Co. M. D.

(Address) Idaho City

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85226

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 9
(No. Dimand Camp, Big Creek, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 L

2. FULL NAME Gervan Edward House

(a) Residence. No. ..... St. Coeur d Alene, Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 8 - 1916

7. AGE Years 16 Months 8 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Coeur d Alene, Ida.

PARENTS

10. NAME OF FATHER House
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓
12. MAIDEN NAME OF MOTHER Tomlin
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant (Address) A. B. Nelson Rathdrum Ida

15. Filed July 16, 1933 R. E. Wessa Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not attend but viewed the body after death ~~that I last saw him alive on~~ ....., 19....
and that death occurred, on the date stated above, at 8.30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Skull fracture, accidental, run over by truck apparently due to fainting attack while truck was passing him.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Leslie J. Stauffer, M. D.
July 16, 1933 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal Coeur d Alene Ida
Date of Burial 19

20. Undertaker Cassedy Funeral Home
Address Coeur d Alene Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 11 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Laclede

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 85

Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE

State File No. 85227

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Anderson

884

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Anderson

6. DATE OF BIRTH (month, day, and year) October 3, 1847

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
85	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or ~~town~~) Philadelphia
(State or country) Pa.

MOTHER FATHER

13. NAME Bowen

14. BIRTHPLACE (city or town) .....
(State or country) Wales

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT R. J. Ramsey
(Address) Laclede, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Sawyer, Ida. Date July 20, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED July 21, 1933 H. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 19, 1933
I last saw her alive on July 16, 1933; death is said to have occurred on the date stated above, at 6:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other **contributory causes** of importance: Arteriosclerosis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Wm. F. Tyler, M. D.

(Address) Sandpoint, Idaho

RECEIVED AUG 5 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85228

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 53
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James McKenzie 180
(a) Residence. No. Elmira Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16 1933

7. AGE Years . Months 2 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Kenneth McKenzie
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Jennie Eastman
16. BIRTHPLACE (city or town) (State or country) Wisc

17. INFORMENT (Address) Kenneth McKenzie Elmira Ida

18. BURIAL, CREMATION, OR REMOVAL Place McArthur Date 7/24, 1933

19. UNDERTAKER (Address) Turnbull Co Sandpoint

20. FILED July 24, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	July 23, 1933
In bed with mother	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 23, 1933
Where did injury occur? Elmira, Idaho, Bonner Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Infant smothered in bedding
Nature of injury asphyxia

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

RECEIVED AUG 5 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85229

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 52

(No. Sandpoint Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hassan Salami 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 40 | Months — | Days — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Sandpoint Hospital Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Place Sandpoint, Idaho. Date July 31 1933

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED July 31 1933. Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 19..., 1933..., to July 22..., 1933.. I last saw him alive on July 21 1933.: death is said to have occurred on the date stated above, at 7 P...m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1931

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify.....

(Signed) Wm. F. Tyler, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7F

Primary Registration District No. 2152

DO NOT WRITE IN THIS SPACE

State File No. 85230

Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME Ferdinand Boreman

(a) Residence. No. #17 Pine St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Boreman

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 12 1933

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) De Pere Wisconsin

FATHER

13. NAME Ferdinand Boreman

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs. Anna Boreman Sandpoint

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date July 14, 1933 Sandpoint

19. UNDERTAKER Funeral Co. (Address) Sandpoint

20. FILED July 14, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to July 12, 1933

I last saw h alive on 193: death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell from scaffold 15 feet striking head on log causing concussion	July 12 1933
Other contributory causes of importance: Fell from boom log into water and was under water from 10 to 15 minutes	July 12, 1933

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 12, 1933

Where did injury occur? Sandpoint, Bonner Co. Idaho (Specify city (or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry, Painting new bridge on highway

Manner of injury Fell & hit log & went into river

Nature of injury Concussion from blow on st. cheek.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Painter, Painting bridge.

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

RECEIVED AUG 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85231

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 49

(No. 410 Church St)

(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME Edwin O Osborn

(a) Residence. No. Cocolalla St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jessie Osborn

6. DATE OF BIRTH (month, day, and year) July 25 1876

7. AGE Years 56 Months 11 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Isaac Osborn

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Jennie —

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMENT (Address) Earl Osborn Cocolalla

18. BURIAL, CREMATION, OR REMOVAL Place Westmond Date July 14, 1933

19. UNDERTAKER (Address) Turnbull Co Sandpoint

20. FILED July 14, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933, to July 13, 1933

I last saw him alive on May, 1933: death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	July 11 33

Other contributory causes of importance:

Former Attack of Int. Obstr.	1932
Chr. Myocarditis	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. L. Ross, M. D.

(Address) Sandpoint Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85232

PLACE OF DEATH

County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 48

(No. 1005 N Fifth)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Bergdahl

(a) Residence. No. 1005 N 5th St.
(Usual place of abode)
Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Bergdahl.

6. DATE OF BIRTH (month, day, and year) Dec 7 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Anderson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) P.M. Bergdahl Spokane Wash
18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 7/5, 1933
19. UNDERTAKER (Address) Tunnell & Co Sandpoint
20. FILED July 5, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to July 3, 1933.
I last saw him alive on July 1, 1933: death is said to have occurred on the date stated above, at 2:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1931
Other contributory causes of importance:	
Arterio Sclerosis	1929
Rheumatism	1930

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Wm F. Tyler M D
(Signed) Wm F. Tyler M.D. M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85233

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 137

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert John Hery

(a) Residence. No. 194 So. Lomax Ave St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. R. J. Hery

6. DATE OF BIRTH (month, day, and year): April 11, 1878

7. AGE — Years: 55 — Months: 2 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Montreal Canada

MOTHER FATHER

13. NAME: Robert Hery

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME: Mary Jane Kilpatrick

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs. R. J. Hery Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Idaho Falls Date: July 9, 1933

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls, Idaho

20. FILED: July 10, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to June 22, 1933

I last saw him alive on June 22, 1933; death is said to have occurred on the date stated above, at 1:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	?
Other **contributory causes** of importance:	

Name of operation: Cholecystectomy Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Will Clews, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85234

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. P

Primary Registration District No. P 2150

Local Registrar's No. 136

(No.) 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lars Larson

(a) Residence. No. 172-9th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 24 1876

7. AGE: Years 57 Months 5 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swaburg Nebraska

FATHER

13. NAME Lars Larson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Carrie Olson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs Carrie Larson Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/14, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED 7/13, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to July 13, 1933

I last saw him alive on July 12, 1933: death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85235

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 1315
(No. L. D. S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME Ruby Hunt.
(a) Residence. No. 595 I. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. 6 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct 2 1914
7. AGE: Years 18 Months 9 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashton Ida

FATHER
13. NAME John R. Hunt.
14. BIRTHPLACE (city or town) (State or country) Richmond Utah.

MOTHER
15. MAIDEN NAME Sarah Miellelneh
16. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho.

17. INFORMENT (Address) John R. Hunt. Idaho Falls. Ida
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date July 13 1933
19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Ida
20. FILED 7/12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1933.
22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to July 11, 1933
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 840A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive pneumonia	June 28, 33
Other contributory causes of importance:	
Myocarditis	July 9th.

Name of operation None Date of
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Gerzett M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85236

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2150
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 134

2. FULL NAME Margaret Carlyle

(a) Residence. No. Ririe, Idaho St. 117
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Claude Carlyle

6. DATE OF BIRTH (month, day and year): Jan. 29 1877

7. AGE: Years 56 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Mongonia Iowa

PARENTS

10. NAME OF FATHER: George H. Carlyle
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Agnes Park
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Scotland

14. Informant: Mrs. A. P. Smith
(Address): Rigby, Idaho

15. Filed 7/12, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1933 to July 9, 1933
that I last saw her alive on July 9, 1933
and that death occurred, on the date stated above, at 3:15 P. m.
The CAUSE OF DEATH* was as follows:
Acute Appendicitis with perforative peritonitis
(duration) ..... yrs. ..... mos. 9 ds.
CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? yes Date of July 8-33
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory.
(Signed) W. R. Abbott, M. D.
July 9, 1933 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Rigby, Idaho
Date of Burial: July 12 1933

20. Undertaker: [signature] Address: Rigby

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85237

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorthea Elva Oswald.

(a) Residence. No. 191-1st St. 88 b
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ludwig F. Oswald. (Deceased.)

6. DATE OF BIRTH (month, day, and year) Oct 14 1846.

7. AGE: Years 86 | Months 3 | Days 18. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Christoph Scwab.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. Dorthea Keazie Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/11/33 1933

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Idaho.

20. FILED 7/10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 8, 1933
I last saw her alive on July 6, 1933: death is said to have occurred on the date stated above, at 8.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Interstitial nephritis	

Other contributory causes of importance:

Spastic paralysis	1 week

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) H. L. Willson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE.
State File No. 85238

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 132

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

169

2. FULL NAME Generva Ellen Barnett.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28 1915

7. AGE Years 17 Months 11 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
10. Date deceased last worked at this occupation (month and year) July 6 1933
11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Tendoy Idaho.

FATHER
13. NAME William T Barnett
14. BIRTHPLACE (city or town) (State or country) Tendoy Idaho.

MOTHER
15. MAIDEN NAME Mary Schwartz
16. BIRTHPLACE (city or town) (State or country) Bannock Montana

17. INFORMENT (Address) Mrs Mary Barnett Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/10, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED 7/10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw her alive on ....., 193....: death is said to have occurred on the date stated above, at 9.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide fgr	
Drowning.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M.D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85239

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2112 Local Registrar's No. 130
(No. 1882)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Vernon Warner.
(a) Residence. No. 391 Placer ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) August 19 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance
10. Date deceased last worked at this occupation (month and year) July 3 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Normal.
(State or country) Ill.

FATHER
13. NAME George Henry Warner
14. BIRTHPLACE (city or town) Melvin Ill.
(State or country)

MOTHER
15. MAIDEN NAME Ida E Sterett
16. BIRTHPLACE (city or town) Monmouth. Ill
(State or country)

17. INFORMENT (Address) Mrs Geo H. Warner Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/7, 1933
19. UNDERTAKER V. F. McFarlan
(Address) Idaho Falls. Ida.
20. FILED 7/8, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1933.
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental - Aeroplane crash.	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury July 4, 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Airplane Crash
Manner of injury Body crushed
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred Sartz Coroner M.D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85240

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 13
Primary Registration District No. 2,50

Local Registrar's No. 129

(No. 2054)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Figeroa

(a) Residence. No. Enroute to Hospital. Thornton, Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mexican
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Julia Figeroa

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE: Years 32 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Section Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer O.S.L. R.R. Co.

9. BIRTHPLACE (city or town) (State or country) Pueblo, Mexico

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Mrs. Julia Figeroa
(Address) Thornton, Idaho.

15. Filed 7/6, 1933 C. Edmund Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 30 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Hit by train
no medical attendance
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Fred Pentecost, M. D.
, 19 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Idaho Falls Ida. | Date of Burial: July 2 1933

20. Undertaker V. F. McHan | Address Idaho Falls

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85241

Registration District No. 73

Primary Registration District No. 1420

Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Samuel F. Sliter.

(a) Residence. No. 464 Eastern ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Sliter. Deceased

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years about 76. Months ✓ Days ✓ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs James W. Krave Idaho Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 7/1, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls.

20. FILED July 1, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933, to June 29, 1933

I last saw him alive on June 29, 1933: death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart with decompensation.

Date of onset

Other contributory causes of importance:

Senility.

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. R. Abbott, M. D.

(Address) Ida Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85243

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 141

(No. L. O. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Marguerite Kinghorn

(a) Residence. No. ..... St. Leursville, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 19, 1912

7. AGE Years 20 Months 8 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leursville Idaho

FATHER

13. NAME William C. Kinghorn

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Cliffe Howard

16. BIRTHPLACE (city or town) (State or country) Bingham Utah

17. INFORMANT (Address) Mr William C. Kinghorn Leursville, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Leursville, Idaho Date July 18 1933

19. UNDERTAKER (Address) Jack T. Wood Idaho Falls, Idaho

20. FILED July 18 1933 C. H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to July 15, 1933

I last saw her alive on July 15, 1933: death is said to have occurred on the date stated above, at 7:5 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	July 14
Other **contributory causes** of importance:	
Septic Abortion	June 15

Name of operation [illegible] Date of Jun. 19

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85244

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2,150 Local Registrar's No. 150
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 122

2. FULL NAME Melvin Jay Lee
(a) Residence. No. St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept. 3, 1921
7. AGE Years 10 Months 10 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Idaho

FATHER
13. NAME Nels Lee
14. BIRTHPLACE (city or town) (State or country) Huntsville Utah

MOTHER
15. MAIDEN NAME Lena Helmandolaas
16. BIRTHPLACE (city or town) (State or country) Lewiston Utah

17. INFORMANT (Address) Nels Lee Ucon Idaho
18. BURIAL, CREMATION OR REMOVAL Place Ammon Idaho Date Aug 1, 1933
19. UNDERTAKER (Address) Jack A. Ward Idaho Falls Idaho
20. FILED July 31, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1933
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 29, 1933
I last saw him alive on July 29, 1933 death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver and tumor of transverse meso-colon and colon, (sarcoma)	6 mos. ago.

Other **contributory causes** of importance:
Extensive resultant ascites

Name of operation Laparotomy. Date of July 28 1933
What test confirmed diagnosis? Exploratory Was there an autopsy?
23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John O. Mellor M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85245

PLACE OF DEATH
County of Idaho Falls
City of Bonneville
Registration District No. 73
Primary Registration District No. 2 R-V
Local Registrar's No. 149

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie Thomas Hinerman 36

(a) Residence. No. 286-12 th. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ward F. Hinerman

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 71 Months 3 Days 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb 27 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Town Penn.

FATHER
13. NAME Isaac Thomas.
14. BIRTHPLACE (city or town) (State or country) Penn. Union Town

MOTHER
15. MAIDEN NAME Mary McCarthy.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs B. J. Allen Idaho Falls. Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/30, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED July 31, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to July 28, 1933
I last saw her alive on 7-28, 1933: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. of Kidney	Dec. 1932

Other contributory causes of importance:
Neuritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Sabratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Dr. G. J. Allen, M.D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85246

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 148

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arvon Spencer Snarr 182

(a) Residence. No. Idaho Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 3, 1932

7. AGE Years 1 Months 5 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Abner C. Snarr
14. BIRTHPLACE (city or town) Murray
(State or country) Utah

MOTHER
15. MAIDEN NAME Isabella Affeck
16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMANT Abner C. Snarr
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 31, 1933

19. UNDERTAKER Jack R. [illegible]
(Address) Idaho Falls Idaho

20. FILED 7/31, 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned (acc)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [illegible], M. D.
(Address) [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED AUG 16 1933

DO NOT WRITE IN THIS SPACE

State File No. 85247

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21-D

Local Registrar's No. 147

(No. Idaho Falls L. D. S. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Cora Ellen Nebeker.

(a) Residence. No. ..... St. Rigby, Idaho.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. ..... yrs. mos. 18 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 10, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

PARENTS

10. NAME OF FATHER John Nebeker.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Pearl Price

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) L. F. Russell Shelley, Idaho R. #2

15. Filed July 26 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 24 (Day) 1933 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 24, 1933, that I last saw h.er alive on July 23, 1933 and that death occurred, on the date stated above, at 8:1 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Renal nephritis
and Chronic myocarditis

(duration) ..... yrs. one mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Rigby,
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Laboratory & Clinical

(Signed) W. Ray Falk M. D.

July 25, 1933 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Shelton, Idaho.	7/26/33 19
20. Undertaker C. B. Eckersell.	Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85248

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 146

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Maurice Anderson 188C

(a) Residence. No. Idaho Falls Rt #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 16, 1923

7. AGE Years 9 Months 11 Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Idaho

FATHER

13. NAME Reuben C. Anderson

14. BIRTHPLACE (city or town) (State or country) Mantua Utah

MOTHER

15. MAIDEN NAME Chloe Gardiner

16. BIRTHPLACE (city or town) (State or country) Benjamin Utah

17. INFORMANT (Address) Reuben C. Anderson Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Rt #3 Date July 19 1933

19. UNDERTAKER (Address) Jack P. Wood Idaho Falls, Idaho

20. FILED July 20, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1927, to July 15, 1933

I last saw him alive on July 15, 1933: death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Spine	Oct 6/27

Other **contributory causes** of importance:

Trophic Ulcers	1928
Gangrene	1931
Abscess	1933

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? yes Date of injury 1933

Where did injury occur? #3 Idaho Falls, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. at home

Manner of injury Ran over by truck

Nature of injury Fractured Spine

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M. D.

(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85249

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2159 Local Registrar's No. 145

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Peterson 90

(a) Residence. No. Idaho Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Mary Peterson

6. DATE OF BIRTH (month, day, and year) February 26, 1857

7. AGE Years 76 Months 5 Days 6 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peter Hacham Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Cecila ?
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Ben Clearly
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rive, Idaho Date July 23 1933

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED July 24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1933, to July 20, 1933.
I last saw him alive on July 20 1933: death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Pyelitis	
Chr. Valvular Heart	

Other contributory causes of importance:
Enlarged Prostrate

Name of operation ✓ Date of.....
What test confirmed diagnosis? ✓ Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following: ✓
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85250

Registration District No. 73

Primary Registration District No. 21 13 Local Registrar's No. 144

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldon Ensign Ashliman 49

(a) Residence. No. 472 Lomax St.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alta Ashliman

6. DATE OF BIRTH (month, day, and year) October 3, 1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Auto Trucking

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan, Utah
(State or country)

MOTHER FATHER

13. NAME John Ashliman

14. BIRTHPLACE (city or town) Switzerland
(State or country)

15. MAIDEN NAME Ellen Gubler

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Alta Ashliman
(Address) 472 Lomax - Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah Date July 23 1933

19. UNDERTAKER Jack A. Pond
(Address) Idaho Falls, Idaho

20. FILED July 21, 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 19, 1933
I last saw h— alive on July 19, 1933: death is said to have occurred on the date stated above, at 10:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Surgical Shock	
Sarcoma of Femur	6 mo.
Other **contributory causes** of importance:	

Name of operation Amputation of leg Date of July 19 33
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. R. Gobbett M. D.
(Address) Idaho Falls Ida.

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85251

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 143

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 45

2. FULL NAME George Henry Roice

(a) Residence. No. ..... St. Mackay, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years 48 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Camp Mover

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME William Roice

14. BIRTHPLACE (city or town) (State or country) Buffalo New York

MOTHER

15. MAIDEN NAME Martha Epperson

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Carl Roice Jackson, Wyo.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date July 21 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED July 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933 to July 16, 1933

I last saw him alive on July 16, 1933: death is said to have occurred on the date stated above, at 11:10 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 16 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85252

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 14

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Ball 44

(a) Residence. No. St. Ammon Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Dora M. Ball.

6. DATE OF BIRTH (month, day, and year) March 5, 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James Ball

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME L Marlow

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. Dora M. Ball
(Address) Ammon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date July 22 1933

19. UNDERTAKER Jack A. Groff
(Address) Idaho Falls, Idaho

20. FILED July 22, 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1933, to July 19, 1933.

I last saw him alive on July 19, 1933; death is said to have occurred on the date stated above, at 2:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	3

Other **contributory causes** of importance:

Name of operation July 18 Date of 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85253

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 140
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Harry W. Hale
(a) Residence (Usual place of abode) No. Conservation Camp St. Irwin Ida. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH (month, day, and year)
7. AGE Years: 19 Months: Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Service C.C.C. Student
10. Date deceased last worked at this occupation (month and year) July 16 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Capt. Maurice Kerr Irwin Rif. Camp.
18. BURIAL, CREMATION, OR REMOVAL Place Kingston Date ....., 1933
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.
20. FILED July 17, 1933 W. Kimmard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Car accident resulted in dislocated neck. Chest crushed	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway, Swan Valley
Manner of injury Car accident
Nature of injury Body crushed

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify
(Signed) Fred Porter Conner M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85254

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 139
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaac Daniels. 135
(a) Residence. No. 713 N. Water Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Patience Daniels
6. DATE OF BIRTH (month, day, and year): May 5 1845
7. AGE: Years 88 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Judge Retired.
10. Date deceased last worked at this occupation (month and year): 1929.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Penn.

FATHER
13. NAME: Isaac Daniels.
14. BIRTHPLACE (city or town) (State or country): State of N. Y.

MOTHER
15. MAIDEN NAME: Patience Vance
16. BIRTHPLACE (city or town) (State or country): State of N. Y.

17. INFORMENT (Address): Mrs Patience Daniels. Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls. Date: 7/16, 1933
19. UNDERTAKER (Address): V. F. McHan. Idaho Falls. Idaho
20. FILED: July 14, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14 1933.
22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 14, 1933
I last saw him live on July 13, 1933: death is said to have occurred on the date stated above, at 5.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis & Pyelitis	

Other contributory causes of importance: Enlarged Prostrate

Name of operation: none Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ✓
(Signed) H. A. Spencer, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85255

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 70
Primary Registration District No. 2150 Local Registrar's No. 138
(No. L. O. S. Hospital) 124
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Andreason
(a) Residence. No. St. Arco Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of J. A. Andreason
6. DATE OF BIRTH (month, day, and year) Oct 25, 1883
7. AGE Years 49 Months 7 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Neils Christensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME ? Beckto
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) J. A. Andreason Arco, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Arco Idaho Date June 25 1933
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho
20. FILED 6/24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1933
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 22, 1933
I last saw her alive on June 22 1933: death is said to have occurred on the date stated above, at 8-05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholelithiasis	1918

Other contributory causes of importance:

Name of operation Cholecystotomy Date of June 5
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85256

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No. 887

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Price

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date July 7, 1933

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED July 5, 1933. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to July 4, 1933.

I last saw h[illegible] alive on July 3, 1933: death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1931

Other contributory causes of importance:

Asthma	1923

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1933

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature] M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85257

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No.
Primary Registration District No. Local Registrar's No. 58

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Fleming
(a) Residence. No. (Usual place of abode) Fairfield Idaho St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Never was Married

6. DATE OF BIRTH (month, day, and year) Sept 9 - 860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W B Parkinson Fairfield Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Date Aug 8, 1933

19. UNDERTAKER E McHaney
(Address)

20. FILED Aug 9, 1933 W B Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1933, to Aug 7, 1933
I last saw him alive on Aug 7, 1933; death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic Interstitial	Aug 1-1932
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W B Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85258

PLACE OF DEATH
County of Camas
City of Fairfield Idaho

Registration District No. 58
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Koontz 188 C

(a) Residence, No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Dorris Dixie Reagan

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 23 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Service Station Attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Station
10. Date deceased last worked at this occupation (month and year) July 5, 1933
11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Soldier Idaho

FATHER
13. NAME ~~Nora Kohms~~ Fred Koontz
14. BIRTHPLACE (city or town) (State or country) Camas Co Idaho

MOTHER
15. MAIDEN NAME Nora Kohms
16. BIRTHPLACE (city or town) (State or country) Soldier Idaho

17. INFORMENT (Address) Doris Dixie Reagan

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Fairfield Idaho Date July 9, 1933

19. UNDERTAKER (Address) E McHan

20. FILED Aug 6, 1933 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 6, 1933
I last saw him alive on July 6, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile tipped over bank and broke neck jaw etc.	July 6-1933

Other contributory causes of importance:

None

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 6, 1933
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Broken neck jaw etc
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) W B Parkinson, M. D.
(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85259

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Samuel L. Barkley

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Mary Louis Walker

6. DATE OF BIRTH (month, day, and year) May 29, [redacted]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) Aug. 10, 1927

11. Total time (years) spent in this occupation 56 years

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME William H. Barkley

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Barkley

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fairfield Idaho Burial Date July 8, 1933

19. UNDERTAKER E. McRae (Address) Fairfield Idaho

20. FILED Aug 5, 1933 W H Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to July 5, 1933
I last saw him alive on July 5, 1933; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	June 29-33

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W H Parkinson, M. D.
(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85260

PLACE OF DEATH

County of Canyon
City of Nampa
Idaho,

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances A. Butt

(a) Residence. No. Rural St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-6-43

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Harrison

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Lois Butt

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 8-11, 1933

19. UNDERTAKER F. E. Robinson
(Address) Nampa

20. FILED July 31, 1933 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 8, 1933
I last saw him alive on July 8, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Samuel A. Swamp M. D.
(Address) Nampa, Ida.

5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85261

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2016
Local Registrar's No. 83
(No. 3 mi. south Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1610

2. FULL NAME Baby McConnell

(a) Residence. No. 3 miles South of Nampa St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 18-1933

7. AGE: Years | Months | Days | If LESS than 1 day, 1 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME J. C McConnell
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Frances Stevens
16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMENT (Address) Mr. Snyder Nampa Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 7-19, 1933 Kohlhaus
19. UNDERTAKER (Address) Mrs Miriam Taylor Nampa, Ida.
20. FILED July 31, 1933 Lydia Lindgren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to July 18, 1933
I last saw h— alive on July 18, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Still Born
and 1 hour

Other contributory causes of importance:

unknown

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W C Wolfe M D, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

RECEIVED AUG 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85262

County of Canyon

City of Parma

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary A Brown

(a) Residence. No. 179 (Usual place of abode) Parma Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1- 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Wm Mitchell

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) A. E. Larson Parma Ida

18. BURIAL, CREMATION, OR REMOVAL. Place Canyon Co. Cem. Date Aug 2, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 8-2, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to July 31, 1933

I last saw her alive on April 17, 1933: death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis	July 27, '33

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. R. Whittenberger M.D.

(Address) Caldwell, Idaho

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85263

Registration District No. 3

Primary Registration District No. 1005 Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME Thomas Jefferson Allison

(a) Residence. No. 15" & Main St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of married.

6. DATE OF BIRTH (month, day, and year) Nov 1 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galapolese Ohio.

FATHER

13. NAME John W. Allison

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Rippley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Cora L. Allison 15" & Main St Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date July 30, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 8-1-, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 27, 1933

I last saw him alive on July 27, 1933. death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	7-26 33

Other contributory causes of importance:

Infection of Kidney

Just prepared to operate

Name of operation None Date of —

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. M. Kaley M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85264

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 9
Primary Registration District No. 2005
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora Belle Whiffin

(a) Residence. No. Caldwell R#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ ~~HUSBAND of~~ ~~(or)~~ WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 13-1872

7. AGE: Years 60 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boone Co Arkansaw

FATHER
13. NAME Wm Ryals
14. BIRTHPLACE (city or town) (State or country) Boone Arkansaw

MOTHER
15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (city or town) (State or country) Boone Co Arkansaw

17. INFORMENT (Address) Harry E. Whiffin R1 Caldwell

18. BURIAL, CREMATION, OR REMOVAL
Place Star Date 7-28 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 8-1, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to July 27, 1933
I last saw her alive on July 27, 1933: death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	? 1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. A. Newberry, M. D.
(Address) Caldwell Ida

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85265

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Bauer 31

(a) Residence. No. Caldwell Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jessie N. Bauer

6. DATE OF BIRTH (month, day, and year) Aug 17-1891

7. AGE Years 41 Months 10 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lincoln Nebraska

FATHER
13. NAME Geo. Henry Bauer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Marie Margaret Baugler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Jessie N. Bauer Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 7-16-1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 7-19, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to July 13, 1933

I last saw h..... alive on July 13, 1933; death is said to have occurred on the date stated above, at 3-18 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. A. Newberry M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85266

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Fletcher

(a) Residence. No. County Farm St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85 - 2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo -

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) J. K. Moore Caldwell R 3

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Canyon Hill Date July, 1933

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 7-19, 1933 John A. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to July 13, 1933

I last saw h[illegible] alive on July 11, 1933: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	2 y
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. A. Neeberry, M. D.

(Address) Caldwell Idg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85267

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No 69

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Mrs Elizabeth Ellen Brenneman

(a) Residence. No. R F D Caldwell Ida St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M F Brenneman (Deceased)

6. DATE OF BIRTH (month, day and year) 7-27-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	--	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Westover Pa

PARENTS

10. NAME OF FATHER Jonathan Fry

11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....

12. MAIDEN NAME OF MOTHER Westover

13. BIRTHPLACE OF MOTHER (city or town) (State or County) .....

14. Informant J F Brenneman
(Address) R F D Caldwell Ida

15. Filed 8-2, 1933 John F. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 29-33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1933 to July 29 1933
that I last saw her alive on July 29 1933
and that death occurred, on the date stated above, at 6 45A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) Several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Symptoms

7/30, 1933 (Signed) [illegible] M. D.
(Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill Cemetery — Date of Burial: 19

20. Undertaker: Paul L. Case — Address: Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85268

PLACE OF DEATH
County of Canyon
City of Parma Registration District No. 1007
Primary Registration District No. 3 Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustavus George Peterson. 129

(a) Residence. No. Parma Idaho St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Anna M Reynolds

6. DATE OF BIRTH (month, day, and year) Feb 6 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California City Mississippi

FATHER
13. NAME G G Peterson
14. BIRTHPLACE (city or town) (State or country) Sandon England

MOTHER
15. MAIDEN NAME Elizabeth Alford
16. BIRTHPLACE (city or town) (State or country) Nauvoo Illinois

17. INFORMENT (Address) Parma Cemetery

18. BURIAL, CREMATION, OR REMOVAL Place Parma Cemetery Date 7-28 1933

19. UNDERTAKER (Address) E. V. Peckham Caldwell Idaho

20. FILED Aug 5, 1933 Ethel Burnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to July 26, 1933.
I last saw him alive on July 26, 1933; death is said to have occurred on the date stated above, at 5-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Nephritis	
Cystitis chronic	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. D. Mitchell, M. D.
(Address) Parma Idaho

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85269

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 80

(No. 712-14th ave. So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Ida S. Shellenbarger 90

(a) Residence. No. 712-14th ave. So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mose Shellenbarger

6. DATE OF BIRTH (month, day, and year): June 25th 1855

7. AGE: Years 78 | Months | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lynn Mass.

FATHER
13. NAME: John Ward
14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER
15. MAIDEN NAME: — Partridge
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Mrs. James Stuart Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa Date: 7-15, 1933 Kohlerlawn

19. UNDERTAKER (Address): Wm. D. Talley Nampa Ida.

20. FILED July 31, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to July 13, 1933

I last saw her alive on June 15, 1933: death is said to have occurred on the date stated above, at am m.

The principal cause of death and related causes of importance were as follows: Acute dilitation heart

Date of onset

Other contributory causes of importance: Arteriosclerosis and myocarditis

Name of operation: No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace P. Bilkner P., M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85270

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Dorothea Fedler

(a) Residence. No. 811-7 ave S St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8/29/62

7. AGE Years 70 Months 11 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Harry Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Reichmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place American Falls Date 7-28, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED July 31, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 25, 1933

I last saw her alive on July 10, 1933: death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows: Acute dilatation heart "Myocarditis" — Date of onset

Other contributory causes of importance: Chronic Nephritis one year

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace P Belknap, M. D.

(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85271

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 84
(No. 6th St. North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrol Udessa Perron 182

(a) Residence. No. 6th St. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22nd 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Udessa Perron

14. BIRTHPLACE (city or town) St. Jerome
(State or country) Canada

MOTHER

15. MAIDEN NAME Nellie S. Dye

16. BIRTHPLACE (city or town) Mt. Grove
(State or country) Mo.

17. INFORMENT Mrs. Udessa Perron
(Address) Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date Aug 26 1932

19. UNDERTAKER Mrs Nina M. Talley
(Address)

20. FILED July 21, 1932 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 1932: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidently Drawn
in lateral of the
Ridenbaugh Canal
2 miles from Nampa.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm D Talley, M. D.

(Address) Coroner

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85272

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 81

(No. 124 - 9th ave. no)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME John Sheridan Galloway

(a) Residence. No. 124 - 9th ave. no St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 13 - 1933

7. AGE Years Months Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Wm E. Galloway

14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER

15. MAIDEN NAME Caroline A. Hansen

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Wm E. Galloway
(Address) Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa Date 7/17, 1933

19. UNDERTAKER Wm D. Talley
(Address) Nampa, Ida

20. FILED July 31, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1933, to 7-15, 1933

I last saw h.....alive on 7-15, 1933: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Toxemia of pregnancy on part of the mother

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) T. C. Horton, M. D.

(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A-25M. 1-10 RECEIVED AUG 9 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 85273
Local Registrar's No. 90

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. Mercy Hospital St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Wm H. Appel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word)

6. DATE OF BIRTH: Sept (Month) 8 (Day) 1868 (Year)

7. AGE: 64 Yrs. 9 Mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Fruit Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Buffalo Iowa

10. NAME OF Father: Conrad Appel

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Louise Saffe

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H E Brown
(Address) Emmett, Idaho

15. Filed Aug 7 1933 Lyda Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH 44

16. DATE OF DEATH: July (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to July 26th 1933, that I last saw him alive on July 26th, 1933, and that death occurred on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:
Cancer of the lesser curvature of the stomach, following ulcer of the stomach.
(Duration) — yrs. 3 mos. — ds.
Contributory (Secondary) Heart failure due to air embolism. Instantaneous.
(Duration) — yrs. — mos. — ds.
(Signed) Geo. Q. A. Kellogg M. D.
8/1/1933. (Address) Nampa, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Emmett, Idaho.
Former or usual residence Emmett, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Tama Iowa
DATE OF BURIAL ..... 19.....

20. UNDERTAKER: C D Buckmun
ADDRESS: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85274

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Canyon
City of Caldwell
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 88
(No. Mrs Lemmon's Hospital, Caldwell Ida)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Justin Harlow Hall

(a) Residence. No. Nampa Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Mary Hall

6. DATE OF BIRTH (month, day and year) April 5 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shellrock Iowa

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Mrs Mary Hall
(Address) Nampa Idaho

15. Filed Aug 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 16-33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14 1933 to July 16 1933
that I last saw him alive on July 14 1933
and that death occurred, on the date stated above, at 9 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio Vascular Renal Disease
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) A. A. Newburn M. D.
July 16, 1933. (Address) Caldwell

19. Place of Burial, Cremation, or Removal: Nampa Cemetery
Date of Burial: 7-18-33 19

20. Undertaker: Paul L. Case
Address: Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006

DO NOT WRITE IN THIS SPACE
State File No. 85275

Local Registrar's No. 87

8815

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Voll Strain

(a) Residence. No. Melba Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-2-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla.

FATHER

13. NAME R.A. Strain

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Joda Reece

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMENT (Address) R.A. Strain Melba, Ida,

18. BURIAL, CREMATION, OR REMOVAL Place Melba, Ida. Date 7-26, 1933

19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.

20. FILED Aug 2, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/24/, 1933, to 7/24/, 1933.

I last saw h... alive on 7/24/33 1933; death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe myocarditis	3 yrs.
Other contributory causes of importance: Acute dilatation of heart	7/24/33.

Name of operation None. Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. D. A. Kellogg, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 4 1933

PLACE OF DEATH

County of Canyon

City of Nampa Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85276

Registration District No. 7 15

Primary Registration District No. 2006

Local Registrar's No. R 89

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Andrew Kennedy

(a) Residence. No. Cascade Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lazella Kennedy

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc R.R. Section Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Andrew B. Kennedy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Betsy Bailey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Lazella Kennedy

18. BURIAL, CREMATION, OR REMOVAL Place A.D. Robb Date Evingston Wy., 193

19. UNDERTAKER (Address) Cascade Idaho

20. FILED July 31, 1933 M. Gardner Registrar Jacky 7-1933 Lyda Rodgers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to July 30, 1933

I last saw h alive on July 29, 1933: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7-29-33
Other contributory causes of importance: Ruptured gastric ulcer	7-29-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucas O. Ward, M.D.

(Address) Cascade Idaho

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85277

PLACE OF DEATH

County of Ada

City of Nampa

Registration District No. 7

Primary Registration District No. 2002

Local Registrar's No. 82

(No. 2 miles west)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Nora E. Dieffenbach

(a) Residence. No. 2 miles west St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: H. M. Dieffenbach

6. DATE OF BIRTH (month, day, and year): Jan. 20-1883

7. AGE: Years 50 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Davis Co. Iowa

FATHER

13. NAME: D. W. Hartzler

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Nancy Alice Baughman

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): Mr. H. M. Dieffenbach Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa Date: 7-21, 1933 Kohlerlawn

19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa, Idaho

20. FILED: July 31, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to July 17, 1933

I last saw her alive on July 16, 1933: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

79

RECEIVED JUL 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85278

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joanna Joyce Saber

16 M

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 16"-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Cecil Saber

14. BIRTHPLACE (city or town) Greenleaf
(State or country) Idaho

MOTHER

15. MAIDEN NAME Olga Quick

16. BIRTHPLACE (city or town) Chelsburg
(State or country) Kansas

17. INFORMENT C. D. Saber
(Address) Nampa Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Canyon Hill Date July 14, 1933

19. UNDERTAKER C. J. Peckham
(Address) Caldwell Idaho

20. FILED July 28, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from
April 16, 1933, to July 12, 1933
I last saw her alive on July 12, 1933: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Syringomyelocele	
Cystitis profunda	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify.
(Signed) [illegible] M. D.
(Address) Nampa Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85279

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 87
Primary Registration District No. 2159 Local Registrar's No. 20
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo. Dolan

44

(a) Residence. No. Cokeville, Wyo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/9/85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live Stock Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1931

12. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho

FATHER

13. NAME Jno Dolan

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Isabelle McColloch

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Gladys Ledingham, Soda Springs, Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Idaho Falls, Idaho Date 7/29/33, 193

19. UNDERTAKER Virgil McHan
(Address) Idaho Falls, Idaho

20. FILED July 29, 193 3 Dr. Russell Grant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1933, to July 26, 1933, 193...
I last saw h... alive on 7/26/33, 193...: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
About one year ago	

Other contributory causes of importance: 0

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Ellis Kackley Ellis Kackley, M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85280

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel E Thompson 740

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ May W Thompson

6. DATE OF BIRTH (month, day, and year): Aug. 16 – 1860

7. AGE: Years 72 Months 11 Days 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ken.

FATHER

13. NAME Alonzo Thompson

14. BIRTHPLACE (city or town) (State or country) Ken.

MOTHER

15. MAIDEN NAME Elizabeth Shirley.

16. BIRTHPLACE (city or town) (State or country) Ken.

17. INFORMANT (Address) Mrs. May Thompson Burley Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Burley Ida Date 8-3, 1933

19. UNDERTAKER (Address) D. C. Johnson Burley Ida.

20. FILED 7/30 1933 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to July 29, 1933.
I last saw him alive on July 29, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance: no

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....
(Signed) Elsie Kirby M. D.
(Address) Soda Springs Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

STATE OF WYOMING
CERTIFICATE OF DEATH

BUREAU VITAL STATISTICS
CAPITOL BUILDING
CHEYENNE, WYOMING

Do Not Write in This Space
File No. 85281
Registered No.

1. PLACE OF DEATH
County Caribou
Township ..... Registration Dist. No. 082
City Soda Springs No. Caribou Hospital St
(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Leonard Mahaffey Local Reg. — #23
(a) Residence: No. Tulsa, Wyoming. St., ... Ward. 197
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR or RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 48 Months Days If LESS than 1 day, ... hrs, or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Hall
10. Date deceased last worked at this occupation (month and year) July 8th 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Ed Mahaffey
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Belle Frazier
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Ed. Mahaffey, Tulsa, Wyoming.

18. BURIAL, CREMATION, OR REMOVAL
Place Kemmerer Date July 17th 1933

19. UNDERTAKER (Address) Lincoln Mortuary Kemmerer, Wyoming.

20. FILED July 19, 1933 August 8, 1933 [signature] County Registrar. Dr. Russell Tigert

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10-33 19..., to July 16, 1933
I last saw him alive on July 16, 1933; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows: DATE OF ONSET

Gunshot wound thru right knee followed by gas bacillus infection
Gas gangrene

Other contributory causes of importance:

Name of operation Rt leg amputated Date of 7-16-33
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? Tulsa - Wyo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Own yard
Manner of injury Shot with rifle
Nature of injury Shot thru right knee joint

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. R. Marquis, M. D.
(Address) Kemmerer, Wyo.

Form V. S. 12

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85282

PLACE OF DEATH

County of Caribou
City of Soda Springs
Registration District No. 87
Primary Registration District No. 2159 Local Registrar's No. 21
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer Rudy Seamon Rasmussen

(a) Residence. No. Weston, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Chesdan J. Rasmussen

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) Hyde Park
(State or country) Ut

FATHER

13. NAME Elija Seamon

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Sarah Ballo

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Rudy Ludwig Rasmussen
(Address) Soda Springs Ida

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Weston Ida Date 7/28, 1933

19. UNDERTAKER W. C. Hendrickson
(Address) Preston, Idaho

20. FILED 7/29, 1933 Dr. Russell Bigler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1922, 193..., to July 28, 1933
I last saw h[illegible] alive on July 26, 1933: death is said to have occurred on the date stated above, at 10:25 a m.
The *principal cause of death* and related causes of importance were as follows:

	Date of onset
Obstruction of the Bowels	

Other contributory causes of importance:

Cysts of Ovary & Pus Tubes	

Name of operation. Operation Date of 7/22/33
What test confirmed diagnosis? Exp. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO

(Signed) Eldon K. Cutler M. D.
(Address) Soda Springs Ida

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85283

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 19-

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Bourne

(a) Residence. No. Cokeville Wyo St. 117
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7 1849

7. AGE Years 84 Months 7 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railroader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 18 Years

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham England

FATHER

13. NAME John T Bourne

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Grover

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Richard Roberts Cokeville Wyo

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Cokeville Wyo Date July 23, 1933

19. UNDERTAKER (Address) [illegible] Montpelier Idaho

20. FILED July 27, 1933 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to July 20, 1933

I last saw him alive on July 20, 1933: death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	

Other contributory causes of importance:

Name of operation appendectomy Date of 7-17-33

What test confirmed diagnosis? 20 B.C. operation Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. B. Lindsey, M. D.

(Address) Cokeville, Wyoming

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 21 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85284

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2559 Local Registrar's No. 18

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Anita Smith
(a) Residence. No. Turner Ida St. Turner, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Jany-17-1917
7. AGE Years 16 Months 5 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hischall Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turner Idaho

FATHER
13. NAME William R. Smith
14. BIRTHPLACE (city or town) (State or country) Brigham City Utah

MOTHER
15. MAIDEN NAME Hannah May McLaine
16. BIRTHPLACE (city or town) (State or country) Fair View Utah

17. INFORMENT (Address) William Rufus Smith Turner Ida

18. BURIAL, CREMATION, OR REMOVAL Place Grutchfield Utah Date July 13, 1933

19. UNDERTAKER (Address) E. D. Whitman Soda Springs Ida

20. FILED July 11, 1933 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July-10-1933

22. I HEREBY CERTIFY, That I attended deceased from July 4-, 1933, to July-10-, 1933
I last saw her alive on July 10, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma due to Auto Accident	

Other contributory causes of importance:
none

Name of operation none Date of —
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/4, 1933
Where did injury occur? Near Grace, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Accident on Public Road
Manner of injury Accident
Nature of injury Injury to Head & Body

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Ellis Kaukly, M. D.
(Address) Soda Springs Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85285

PLACE OF DEATH
County of Cassia
City of Delco

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Elden Thorne 31

(a) Residence. No. R. 7. Box 7 mi E. Burley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 9 1912
7. AGE: Years 21 | Months | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 11-33
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Riverton Utah

MOTHER FATHER
13. NAME: Wm. Heber Thorne
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Adelid Bechstead
16. BIRTHPLACE (city or town) (State or country): St. Jerdon Utah

17. INFORMANT (Address): Wm. H. Thorne Twin East Burley.
18. BURIAL, CREMATION OR REMOVAL
Place... Delco ... Date 7 ..., 1933
19. UNDERTAKER (Address): D. E. Johnson Burley Idaho
20. FILED 7/26 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26 1933
22. I HEREBY CERTIFY, That I attended deceased from January ..., 1933, to July 26 1933
I last saw him alive on July 23 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	1932
Tuberculosis Glottis	1932
Other **contributory causes** of importance:	
Chronic Myocarditis	1932
Diabetes Mellitis	1930

Name of operation None Date of.....
What test confirmed diagnosis? Clinical X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Charles D. Seymer, M. D.
(Address) Burley - Idaho

RECEIVED AUG 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85286

PLACE OF DEATH

County of Cassia

City of Burley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Betty Lee Connell

(a) Residence. No. Burley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 13th Mar 32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

FATHER

13. NAME Donford L. Connell

14. BIRTHPLACE (city or town) Phelps
(State or country) Mo.

MOTHER

15. MAIDEN NAME Dorothy E. Wright

16. BIRTHPLACE (city or town) Harrison
(State or country) Kansas

17. INFORMENT Donford L. Connell
(Address) Burley

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 7-19, 1933

19. UNDERTAKER Jos. P. Sayre
(Address)

20. FILED 8/8, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) G. G. Espe, M. D.

(Address) .....

RECEIVED AUG 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85287

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Lucile Cummins 90

(a) Residence. No. Oakley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8 - 1915

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
18	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School Teacher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: School Teaching

10. Date deceased last worked at this occupation (mo. and yr.): May 33

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Oakley Idaho

MOTHER FATHER

13. NAME Lowell Blair Cummins

14. BIRTHPLACE (city or town) (State or country): Oakley Idaho

15. MAIDEN NAME: Minnie Saddie Knight

16. BIRTHPLACE (city or town) (State or country): Pasadena California

17. INFORMANT (Address): Lowell B. Cummins Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Idaho Date 7-20, 1933

19. UNDERTAKER (Address): L. E. Johnson Burley Idaho

20. FILED 7/15, 1933. Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to July 15, 1933.

I last saw her alive on July 13 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1929
Acute Myocarditis	May 1933
Other **contributory causes** of importance:	
Pancarditis	May 1933

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Charles B. Seymour M. D.

(Address) Burley Idaho

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85288

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Leslie Lee

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE John Albert Lee

6. DATE OF BIRTH (month, day, and year) Feb. 10 - 1852

7. AGE Years 81 Months 5 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland Dundee

FATHER

13. NAME Alexander Coutts

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Helen Anderson

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mrs. Archie McLean Declo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 7/17, 1933

19. UNDERTAKER (Address) H. E. Johnson Burley, Ida.

20. FILED 7/14, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1933, to July 14, 1933.

I last saw her alive on July 14, 1933: death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	5 da
Other **contributory causes** of importance:	
Chr. Carletis	2 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis Dunce Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Id.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Marion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85289

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Amelia Clegg Pickett

(a) Residence. No. Marion Idda St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maronis Pickett

6. DATE OF BIRTH (month, day, and year) Sept. 2-1851

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Tooele (State or country) Utah

MOTHER FATHER

13. NAME Benjiman Clegg.
14. BIRTHPLACE (city or town) ..... (State or country) England
15. MAIDEN NAME Elizabeth Dadd
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Mrs. Eugene Pickett (Address) Lon

18. BURIAL, CREMATION OR REMOVAL
Place Marion Idda Date 7/10, 1933

19. UNDERTAKER H. C. Johnson (Address) Burley, Idaho

20. FILED 7/7, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 6, 1933
I last saw her alive on July 6, 1933; death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Acute Bronchitis	June 15, 1933
Cerebral Hemorrhage	July 5, 1933
Other **contributory causes** of importance:	
None	

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles B. Reymer, M. D.
(Address) Burley Idaho

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85291

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Mclaharty

(a) Residence. No. 10 Hutton St. Troy, N.Y. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 18 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CCC
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7/7/33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Timothy Mclaharty
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) A. T. Hopkins Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lenwood Cem. Date , 193

19. UNDERTAKER Taylor & Co (Address) Lewiston

20. FILED 7/14, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 193

22. I HEREBY CERTIFY, That I attended deceased from July 9, 193 3 to July 14, 193 3
I last saw him alive on July 14, 193 3: death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Meningo-coccic type)	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. S. Pappenheimer, M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1934

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85292

Registration District No.

Primary Registration District No. Local Registrar's No. 40

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas H. Hudson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 4-1929

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	3	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino Ida
(State or country)

FATHER

13. NAME Harry Hudson

14. BIRTHPLACE (city or town) Peck Ida
(State or country)

MOTHER

15. MAIDEN NAME Bessie Weimer

16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMENT H. Hudson
(Address) Grangemont Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Weimer Date 7/24, 193

19. UNDERTAKER V. A. Shade
(Address) Orofino

20. FILED 7/23, 193 V. A. Shade
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/22 193 3

22. I HEREBY CERTIFY, That I attended deceased from
12 a.m. to , 193 , to 9:35 a.m. 7/22, 193 3
I last saw him alive on 7/22, 193 3 ; death is said to have occurred on the date stated above, at 9:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental-	
neck broken and	
probably chest crushed	
(Haemorrhage into lungs)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/22, 193 3
Where did injury occur? At his home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Near Dump caught in the cogs
Manner of injury Belt slipped off Fly Fork - Probably
Nature of injury Neck and chest crushed

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. B. Robertson, M. D.
(Address) Orofino Idaho

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85293

PLACE OF DEATH
County of Clearwater
City of Weippe

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin L. Musselman

(a) Residence. No. Weippe Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8- 1733

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weippe Idaho

FATHER

13. NAME Floyd Musselman

14. BIRTHPLACE (city or town) (State or country) Palouse Wn.

MOTHER

15. MAIDEN NAME Ruth Snyder

16. BIRTHPLACE (city or town) (State or country) Weippe Ida

17. INFORMENT (Address) Floyd Musselman Weippe Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Ida Date 7-22, 1933

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 7/22, 1933 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-21 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 21, 1933.
I last saw him alive on July 20, 1933; death is said to have occurred on the date stated above, at 5-00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Empyema	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) A. B. Pappenheimer, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8529

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 10
Primary Registration District No. 2177
Local Registrar's No. 28

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ida Day Carlson

(a) Residence. No. ..... St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? 30 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of X
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 (?) plus	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Annie Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Records, State Hospital North, Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date July 15, 1933

19. UNDERTAKER F. A. Billberg, Hosp. Attdt.
(Address) Orofino, Idaho

20. FILED 7/15, 1933 W. A. Thain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, 193..., to July 14, 1933

I last saw her alive on July 14, 1933: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Mitral regurgitation	
Other contributory causes of importance: Senile psychosis	

Name of operation None Date of .....

What test confirmed diagnosis? Phys. sns was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85295

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 36

(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)

1486

2. FULL NAME Ray Whitney

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfne Whitney

6. DATE OF BIRTH (month, day, and year) Aug 18-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	56	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Livingston Whitney

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMENT (Address) A.G. Whitney Weippe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Southwick Date July 7, 193..

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED 7/5, 193.. W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 193..

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above, at 6.P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Accident car went over grade Fractured skull and broken neck	
Other contributory causes of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? — Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-4, 193..

Where did injury occur? County Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury Auto Accident

Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) W.A. Shaw Lic Reg. M.D.

(Address) Orofino

RECEIVED JUL 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85296

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 156
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orie C. Fisher

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 25 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ranches & Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Irondale
(State or country) Colo

PARENTS

10. NAME OF FATHER Dan C. Fisher

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Mo.

14. Informant Emmett Dennison
(Address) Challis Idaho

15. Filed June 6, 1933 Elma McKenny Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
3/1, 1933, to 6/1, 1933
that I last saw him alive on 5/29, 1933
and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Tuberculosis of Spine
(duration) 20 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Colorado
Did an operation precede death? yes Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. E. Kirtley, M. D.
7/8, 1933 (Address) Challis Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Clayton, Idaho	June 2 1933

20. Undertaker J. L. Eberle Address Challis, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JUL 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85297

PLACE OF DEATH

County of Lemhi County

City of May Ida

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 157

(No. 182)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Lois Beck

(a) Residence. No. May Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 3rd 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon
(State or country)

FATHER

13. NAME James H. Beck

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Eva Irene Wetherill

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMENT James H Beck
(Address) May, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER W. O. Beebe
(Address) Salmon Ida,

20. FILED June 20, 1933 Lena Z. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193..., to , 193...

I last saw h... alive on , 193...: death is said to have occurred on the date stated above, at 3-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Drowning	
C	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 15, 1933

Where did injury occur? near May Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Lake.

Manner of injury

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. J. Gilbert Coroner, M.D.

(Address) Challis, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85298

PLACE OF DEATH
County of Elmore
near
City of Hill City

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Dina Henricka Malcomson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nels Malcomson

6. DATE OF BIRTH (month, day, and year): May 13th 1879

7. AGE: Years 54 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Houswife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Olof Hanson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Emma Isackson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Nels Malcomson, Hill City, Ida

18. [redacted] REMOVAL
Place: Boise, Ida. Date: 8-9-33, 193..

19. UNDERTAKER (Address): Schreiber & McCann, Boise, Idaho.

20. FILED Aug 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Aug 9, 1933
I last saw her alive on Aug 8, 1933; death is said to have occurred on the date stated above, at 6:35 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Aug 8-1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) M B Parkinson, M. D.
(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85299

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Elmore
City of Mt. Home.

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 13
(No. 197)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur W. Sullivan.

(a) Residence. No. Mt. Home 2 dah St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Sullivan

6. DATE OF BIRTH (month, day, and year) Jan 13 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheepshearer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER Claude Sullivan

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa.

12. MAIDEN NAME OF MOTHER Lue Owens.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wash.

14. Informant (Address) Thelma Ladd Mt. Home Idg.

15. Filed Aug 12, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 6- (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Jam Aug 6, 1933, to 8:30pm Aug 6, 1933
that I last saw him alive on Aug 6, 1933
and that death occurred, on the date stated above, at 8.30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Homicidal
Gunshot wound of abdom n with perforation of bowels and pukmin ing peritonitis. (duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis?
(Signed) Dr. Lee Knute Coroner
Aug 10th, 1933 (Address) Bellevue Carty Idaho Blaine County

19. Place of Burial, Cremation, or Removal	Date of Burial
Bruneau Idaho.	8/9 1933
20. Undertaker G. S. Barker.	Address Mt. Home Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85301

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 1
(No. General Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John Taylor Smellie

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mona Risks

6. DATE OF BIRTH (month, day and year): May 28,1863

7. AGE: Years 70 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (city or town) (State or country): Bathgate Scotland

PARENTS

10. NAME OF FATHER: David Smellie
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Mary Jame Anderson
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Scotland

14. Informant (Address): Athol R. Smellie, Salt Lake City

15. Filed Aug 8, 1933 E. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7/4/33 (Month) (Day) 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/15/33, 19...., to 7/4/33, 19....
that I last saw him alive on 7/4/33, 19....
and that death occurred, on the date stated above, at 11:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ulcer of Stomach partial
Gastrectomy 7 days ago Uremia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? Yes Date of 0-27-33
Was there an autopsy? No
What test confirmed diagnosis? Laboratory Examination
(Signed) A. R. Cutler M. D.
7-5, 1933 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal: Salt Lake City Ut. | Date of Burial: 19....

20. Undertaker: Desert Mortuary | Address: Salt Lake City Ut.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85302

PLACE OF DEATH
County of Franklin
City of Riverdale
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Elizabeth F. Mitchel

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Mitchel

6. DATE OF BIRTH (month, day, and year) Dec 15 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan Utah
(State or country)

FATHER

13. NAME Mathew Farnes

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann French

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT John Mitchel
(Address) Riverdale

18. BURIAL, CREMATION, OR REMOVAL
Place Riverdale Date July 10, 33

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Aug 8, 1933 T. M. Stalker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-8- 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1933, to July 8, 1933

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiotis decompensation.	1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Miller, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85303

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2711
Local Registrar's No. 4
(No.) 88
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carma C? Peterson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of 27

6. DATE OF BIRTH (month, day, and year) Apr 21 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Baltzer Peterson

14. BIRTHPLACE (city or town) (State or country) Morgan Co Utah

MOTHER

15. MAIDEN NAME Marinda Clayton

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Marinda Peterson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date July 13, 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Aug 8, 1933 G W States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1933, to June 25, 1933
I last saw her alive on June 10, 1933; death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	Oct 1932
Other contributory causes of importance:	
Chronic Endocarditis	Oct 1932

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Wendell Budge M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85304

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin

City of Bancroft

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. **FULL NAME** Ezra James Allen

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Allen

6. DATE OF BIRTH (month, day and year) April 9 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Logan Utah

PARENTS

10. NAME OF FATHER Alexander Almira Allen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Marie E Bowley

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Iowa

14. Informant (Address) Foster B Allen Bancroft Idaho

15. Filed Aug 8 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to July 17 1933
that I last saw him alive on July 13 1933
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) G. W. States, M. D.
July 17, 1933 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Logan Utah	July 20 1933
20. Undertaker	Address
Richards & Woodland John M Richards.	Logan Utah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85305

PLACE OF DEATH
County of Franklin
City of Fairview Idaho

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Delilia M Bodley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wm Bodley

6. DATE OF BIRTH (month, day, and year): Jan 5 1852

7. AGE: Years 81 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kaysville Utah

FATHER
13. NAME: Dimon McFerson
14. BIRTHPLACE (city or town) (State or country): New Hampshier

MOTHER
15. MAIDEN NAME: Mary Ann Neas
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): Dimon Bodley Fairview

18. BURIAL, CREMATION, OR REMOVAL
Place: Fairview Idaho Date: July 30 1933

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED Aug 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1933, to 7-28, 1933.
I last saw her alive on 7-28, 1933: death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease Decompensation	7-1-33

Other contributory causes of importance:

General arterio sclerosis	20 yrs ago

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) A. R. Cuiles, M. D.
(Address) Preston

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85306

PLACE OF DEATH
County of Franklin
City of Glendale
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Wanner Miller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Chld

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glendale

FATHER

13. NAME Joseph Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Erma C. Wanner

16. BIRTHPLACE (city or town) (State or country) Glendale

17. INFORMENT (Address) Fred Wanner Glendale

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date July 31 193

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Aug 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933, to July 29, 1933

I last saw h alive on July 29, 1933; death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tobar Pneumonia	July 27

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Foley M. D.

(Address) Preston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85307

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Ann Brown

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Brown

6. DATE OF BIRTH (month, day, and year) May 2 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Alfred Kershaw

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Hobertshire

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Wilson daughter Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Aug 3, 1933

19. UNDERTAKER M.W. Hendricks Preston
(Address)

20. FILED Aug 8, 1933 G. W. Stutz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1932, 1932 to July 30, 1933

I last saw her alive on July 30, 1933: death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Labar	July 27 1933
Chronic Myocardial Degeneration	1928

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orson L. Wagner, M. D.

(Address) Preston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85308

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2117

Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zelnora S. Henderson

131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of W. A. Henderson

6. DATE OF BIRTH (month, day, and year) Oct 10 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milville Utah

FATHER

13. NAME Thomas Stevenson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Zelnora Ann Weaver

16. BIRTHPLACE (city or town) (State or country) Provo Utah

17. INFORMENT (Address) Dora Henderson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date July 13 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Aug 8, 1933 G. W. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933, to July 10 1933.

I last saw h[illegible] alive on July 10 1933: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis & Apoplexy	Feb 1933
Diplegia cause Middle Turned Involving	Jan 10 1933
Other contributory causes of importance: Whole lower half of Body.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. P. Miller, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1933

Lyle.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85309

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

127

2. FULL NAME Ross Eversole Crone.

(a) Residence. No. St. Culdesac, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5th, 1852.

7. AGE: Years 81. Months 3. Days 15. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME ——— Crone.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME ——— Eversole.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) R. E. Crone. Culdesac, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Culdesac, Idaho. Date 7/22/33, 193

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to July 20, 1933
I last saw him alive on July 19, 1933 death is said to have occurred on the date stated above, at 7.40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perinectal abscess	

Other contributory causes of importance:
General debility -

Name of operation none Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 85310

Local Registrar's No. 89

188C

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Crystal Helena Robins

(a) Residence. No. St. Antnony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~XXXXXXXX~~
(or) WIFE of Emmett Robins

6. DATE OF BIRTH (month, day, and year) July 25-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salina, Utah

FATHER

13. NAME Charles M. Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Sorenson

16. BIRTHPLACE (city or town) (State or country) Gunnison, Utah

17. INFORMENT (Address) Emmett Robins, St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Salina, Utah Date 7/16/33, 193

19. UNDERTAKER (Address) M. M. Hansen St. Anthony, Idaho.

20. FILED July 18 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 11, 1933

I last saw h e alive on July 11, 1933; death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Shock	
from Lacerated	
Internal membranes	
Fractured Pelvis	
and other injuries	

Other contributory causes of importance:

Name of operation Resection of injured intestine Date of 7/11/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/10 1933

Where did injury occur? Madison Co. Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway

Manner of injury Automobile accident

Nature of injury Mesentery - fractured pelvis etc

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. A. Ellison M. D.

(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85311

PLACE OF DEATH

County of Fremont

City of St. Anthony, Idaho. Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 98

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Arlane Bullock

(a) Residence. No. Salina, Utah. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 21st, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salina, Utah.

FATHER

13. NAME Franklin O. Bullock

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Vera Jensen

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Mrs. Vera Bullock Salina, Utah.

18. BURIAL, CREMATION, OR REMOVAL Place Salina Utah. Date 7/14/33 193

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED 7/14/33 193 Sarah Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-10 193 3

22. I HEREBY CERTIFY, That I attended deceased from 7-10-'33, 193, to 7-10-'33, 193

I last saw h[illegible] alive on 7-10-'33, 193: death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Parietal Skull fracture (automobile accident)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? Teton Basin Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury automobile wreck

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. W. Daly, M. D.

(Address) Ashton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85312

PLACE OF DEATH
County of Fremont
City of St. Anthony, Ida.
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 92

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME William Leon Birch

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 20th, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony, Idaho

FATHER
13. NAME William R. Birch
14. BIRTHPLACE (city or town) (State or country) Coalville Utah.

MOTHER
15. MAIDEN NAME Elizabeth P. Leyton
16. BIRTHPLACE (city or town) (State or country) Kaysville, Utah.

17. INFORMENT (Address) W. R. Birch St. Anthony, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wilford Date 7/17, 33 193
19. UNDERTAKER (Address) St. Anthony, Idaho.
20. FILED 7/17/33, 193 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 193 3

22. I HEREBY CERTIFY, That I attended deceased from July 14, 193 3, to July 15, 193 3
Last saw h i alive on July 15 193 3: death is said to have occurred on the date stated above, at 2 h 5 m am
The principal cause of death and related causes of importance were as follows: Traumatic Shock from Severed Spinal Cord (6th cervical) from automobile accident injury. — Date of onset

Other contributory causes of importance:

Laminectomy (6 cervical)
Name of operation Date of 7/14/33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/14 193 3
Where did injury occur? Madison Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry — Public Highway
Manner of injury Automobile accident
Nature of injury Fracture 6th cervical vertebra and severed Spinal Cord

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Work required trips from one field to another

(Signed) , M. D.
(Address) St. Anthony Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85313

* PLACE OF DEATH
County of Fremont
City of St. Anthony, Idaho.
Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 94

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Evaline Riggs Leich

(a) Residence. No. Teton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 6th, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville, Utah.

FATHER

13. NAME William H. Riggs

14. BIRTHPLACE (city or town) (State or country) Wellsville, Utah

MOTHER

15. MAIDEN NAME Isbella Archibald

16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

17. INFORMENT (Address) Mrs Marvilla Welland Teton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date 7/13/33 193

19. UNDERTAKER (Address) St. Anthony, Idaho.

20. FILED Aug 10, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 10, 1933
I last saw her alive on July 10, 1933: death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1930
Other contributory causes of importance:	
Anemia	
Menorrhagia	

Name of operation none Date of
What test confirmed diagnosis? symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis S. Rich, M. D.
(Address) Rexburg, Idaho.

7-13-33.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Heman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2177

Primary Registration District No. 99

DO NOT WRITE IN THIS SPACE

State File No. 85314

Local Registrar's No. 93

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Maurice Ingram Stoddard

(a) Residence. No. Heman, Idaho. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 21/1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
One	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parker
(State or country) Idaho.

FATHER

13. NAME Leslie Stoddard

14. BIRTHPLACE (city or town) Parker Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Lucille Ingram

16. BIRTHPLACE (city or town) Nephi, Utah
(State or country)

17. INFORMENT (Address) Mrs Leslie Stoddard St. Anthony Route 3

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 8/2/33, 193

19. UNDERTAKER H. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Aug 10, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 193 3, to July 31, 193

I last saw him alive on Not at all!, 193: death is said to have occurred on the date stated above, at 9a m. about

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wallgren, M. D.

(Address) St. Anthony Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85315

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Samuel Francis

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-9-1856

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
77	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME ____

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMENT (Address) Edgar Francis Brownlee Ida

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Ida Date 7-8, 1933

19. UNDERTAKER Claude L. Lease (Address) Caldwell Idaho

20. FILED 7/8, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-6 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw him alive on ____, 193__, saw him after death only
to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death was Sudden	
Apoplexia	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED AUG 2 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 6

(No. St.)

State File No. 85316

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edna Hill 149

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: January (Month) 23 (Day) 1892 (Year)

7. AGE: 41 Yrs. 5 Mos. 15 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF Father: Vivan Bellus

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Mary Coston

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lawson Hill
(Address) Sweet Idaho

15. Filed 7-8 1933 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 8th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from I saw her June 28 1933, to 19, that I last saw her alive on June 28 1933, and that death occurred on the date stated above, at 6-15 P.M.

The CAUSE OF DEATH* was as follows:
Sudden death 10 days after the birth of a baby. Possibly a pulmonary blood Crot
(Duration) yrs. mos. Sudden ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. L. Reynolds M. D.
7/8 1933 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Born and reared in Idaho yrs. mos. days. State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence Sweet Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetary

DATE OF BURIAL: Boise 19

20. UNDERTAKER: Wm McGratney

ADDRESS: Boise Idaho.

...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ...ery important. See instructions on back of certificate.

...PERMANENT RECORD
...carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should

FORM V. S. No. 5-A-25M 1-19

RECEIVED AUG 2 1933

49

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 6

(No. St.)

State File No.

Local Registrar's No. 85317

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Hans Hendricks Hansen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Jan (Month) 4 (Day) 1868 (Year)

7. AGE: 65 Yrs. 6 Mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF Father: Nels Hansen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Augusta Christenson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Chas. Marlatt.
(Address) Boise. Idaho

15. Filed 7/18 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1927. to July 14 1933, that I last saw him alive on July 14 1933, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of bladder

(Duration) four yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J L Reynolds M. D.

7/18 1933 (Address) Emmett

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Idaho

DATE OF BURIAL: 7/18 1933

20. UNDERTAKER: C D Buckmann

ADDRESS: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85318

PLACE OF DEATH,

County of Gooding

City of Wendell

St Valentine Hospl

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1187

2. FULL NAME Louisa Weeks

(a) Residence. No. ..... Jerome Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Robert T. Weeks

6. DATE OF BIRTH (month, day, and year) Sept. 7-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Sawyer

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Cohen

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mary Stevens Jerome Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Idaho Date 4/20, 1933

19. UNDERTAKER D. A. Stevenson (Address) Jerome

20. FILED 4/20, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 18, 1933

I last saw her alive on April 18, 1933; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
from Gall Stone	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85319

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 234

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena R Reedy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 3-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding, Idaho

FATHER

13. NAME Lewis R Reedy

14. BIRTHPLACE (city or town) (State or country) Soldier Idaho

MOTHER

15. MAIDEN NAME Carey Myers

16. BIRTHPLACE (city or town) (State or country) Edgerton Kansas

17. INFORMENT (Address) Lena R Reedy

18. BURIAL, CREMATION, OR REMOVAL Place Fairfield Idaho Date June 15, 1939

19. UNDERTAKER H C Thompson
(Address) Gooding Idaho

20. FILED June 14, 1939 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-13-1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to June 13, 1939.
I last saw h alive on June 13, 1939; death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	May 1 1939

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M Hankinson, M. D.
(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85320

PLACE OF DEATH
County of Gooding
City of " "

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 237

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bert Harnett

(a) Residence. No. Gooding St. Ida
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Harnett

6. DATE OF BIRTH (month, day, and year) Oct. 14- 77

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hardware merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME David Harnett

14. BIRTHPLACE (city or town) (State or country) Cork Ireland

MOTHER

15. MAIDEN NAME Susan McCall

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mamie Harnett Gooding Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Gooding Date 7-10-, 1933

19. UNDERTAKER A. E. Thompson
(Address) Gooding Ida

20. FILED 7-30-, 1933 J. H. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-7- 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1933, to 7-7-, 1933
I last saw h~~—alive~~ on 7-6-, 1933 death is said to have occurred on the date stated above, at 7. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary occlusion	
Death Came Suddenly	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. H. Cromwell M.D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85321

PLACE OF DEATH
County of Gooding
City of ( )
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 236

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy Alexander

(a) Residence. No. Gooding Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Maud M Alexander

6. DATE OF BIRTH (month, day, and year) 7-16-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park City Utah

FATHER
13. NAME Warren Alexander
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Ethel King
16. BIRTHPLACE (city or town) (State or country) Mt Vernon Ill

17. INFORMENT (Address) Warren Alexander Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 7-7-, 1933

19. UNDERTAKER (Address) A. E. Thompson Gooding Idaho

20. FILED 7-10-, 1933 J V Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-5- 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-5-, 1933, to 7-5-, 1933

I last saw h alive on , 1933: death is said to have occurred on the date stated above, at 11 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Knife wound to heart	
Self inflicted	
Suicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J V Cromwell M. D.
(Address) Gooding Idaho

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85322

PLACE OF DEATH
County of Gooding
City of Gooding R.F.D.
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 235

(No. 117) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William J. Nutt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy J. Nutt.

6. DATE OF BIRTH (month, day, and year) Jan 8- 69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newton Co Mo

FATHER
13. NAME Thomas Nutt
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Lucy Boyd
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs Nancy Nutt Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL Place Date 7-10, 1933

19. UNDERTAKER A. E. Thompson Gooding Ida
(Address)

20. FILED 8-30, 1933 J. A. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jul. 8- 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1933, to 7-8, 1933
I last saw h- alive on 7-8, 1933; death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis - Gangrenous	6-28
Genl Peritonitis	6-30

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-1
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Cromwell, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 8

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85323

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. St Valentines Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John E. Morse

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Morse

6. DATE OF BIRTH (month, day, and year) Feb 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Frank E. Morse

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Ruth MacKenzie

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs Minnie Morse Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date July 31, 1933

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED 7/26, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to July 28, 1933.
I last saw him alive on July 27, 1933.: death is said to have occurred on the date stated above, at 7:55 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	July 25
Cerebral edema	July 25

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 25 1933
Where did injury occur? Jerome, Jerome Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Hay field at home
Manner of injury Fell from top of hay stack
Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85324

PLACE OF DEATH
County of Idaho
City of Whitebird

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 31

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Jane Cain

(a) Residence. No. Whitebird Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Anthony Cain

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Isac Alexander

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Hardy Cain Whitebird Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Idaho Date 7-6, 1933

19. UNDERTAKER Glenn Arlos (Address) Grangeville Idaho

20. FILED Aug 5, 1933 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to June 26, 1933

I last saw her alive on June 26, 1933; death is said to have occurred on the date stated above, at 12 m. midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Don't know
Other contributory causes of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J D Summers, M. D.

(Address) Grangeville Idaho

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85325

PLACE OF DEATH
County of Idaho
City of Greencreek

CERTIFICATE OF DEATH
Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 26
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Trautman
(a) Residence No. Greencreek St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Maud Trautman

6. DATE OF BIRTH (month, day and year) July 3d 1864

7. AGE Years 69 Months Days 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10. NAME OF FATHER Jacob Trautman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Kathrine Freistiller
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Anthony Trautman Greencreek, Ida.

15. Filed July 14, 1933 W. F. Orr Registrar. per J. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 5:00 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cause unknown
No doctor in attendance.
Cardiac Embolus
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Endocarditis
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Nealy F. Orr, M. D.
July 14, 1933 (Address) Cottonwood, Ida.

19. Place of Burial, ~~Cremation, or Removal~~ Greencreek
Date of Burial 7-14 1933

20. Undertaker Glenn Ailor
Address Grangeville Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED AUG 3 1933

DO NOT WRITE IN THIS SPACE

State File No. 85326

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Lula Agnes Carruman

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured 3 yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Clyde R. Carruman

6. DATE OF BIRTH (month, day and year) Feb. 8- 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	5	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Accents Wis.

PARENTS

10. NAME OF FATHER Pat Bryck

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Sarah Young

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Clyde R. Carruman

15. Filed July 11, 1933. W. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 10th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar - 13, 1933, to July 10, 1933, that I last saw her alive on July 10, 1933 and that death occurred, on the date stated above, at 0:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon - Colon

Originated in Sigmoid

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Exploratory,

Did an operation precede death? Yes Date of Mar 13 33

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wesley F. Orr, M. D.

July 11, 1933 (Address) Cottonwood

19. Place of Burial, Cremation, or Removal Cottonwood — Date of Burial July 12th 1933

20. Undertaker Glenn Dilars — Address Grangeville Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUL 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85327

PLACE OF DEATH
County of Idaho
City of Clearwater

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 349

(No.) 57
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Baker

(a) Residence. No. St. Clearwater Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fada A Baker

6. DATE OF BIRTH (month, day, and year) Oct 23 1859

7. AGE Years 73 Months 7 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fargo Minn.
(State or country)

FATHER
13. NAME John Baker
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Sarah ?
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Fada A Baker
(Address) Clearwater

18. BURIAL, CREMATION, OR REMOVAL
Place Date June 3, 1933

19. UNDERTAKER Frank Blewett
(Address) Clearwater

20. FILED June 3, 1933 J M Verbeckmers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1930, to June 2, 1933
I last saw him alive on June 2, 1933: death is said to have occurred on the date stated above, at 10.05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	

Other contributory causes of importance:

Coma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) H. W. Wentworth, M. D.
(Address) Stites Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85328

PLACE OF DEATH

County of Idaho

City of Stites

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Aaron Wimpy

(a) Residence. No. St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Catherine Wimpy

6. DATE OF BIRTH (month, day, and year) Feb 16th 1856

7. AGE Years 77 Months 3 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) July 1929

11. Total time (years) spent in this occupation 15 Years

12. BIRTHPLACE (city or town) (State or country) Benton County Arkansas

FATHER

13. NAME Major Richard Head Wimpy

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Lydia Louisa Smether

16. BIRTHPLACE (city or town) (State or country) So Carolina

17. INFORMENT (Address) Mary C Wimpy Stites

18. BURIAL, CREMATION, OR REMOVAL Place Harpster Date June 25 1933

19. UNDERTAKER (Address) Geo Trenary Kopskia Ida

20. FILED June 25, 1933 J M Verbeckmoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th, 1932, to June 10, 1933.

I last saw him alive on About June 9 1933: death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gradually failed since July 1929 - No disease apparent - Heart secondary	
Other contributory causes of importance: Mitral regurgitation, Mild brain hemorrhage	July 1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wentworth, M. D.

(Address) Stites Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85329

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 352

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Sumner Rackliff

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna A. Hedgpeth

6. DATE OF BIRTH (month, day, and year) Aug-11-1857

7. AGE Years 75 Months 10 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta - Me

FATHER
13. NAME John Sumner Rackliff
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Mary Cordis
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Cora McLean

18. BURIAL, CREMATION, OR REMOVAL
Place Kooskia Cemetery Date June 24 1933

19. UNDERTAKER (Address) Geo. Trenary Kooskia - Idaho

20. FILED June 24 1933 J M Verbeekmans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 23, 1933.
I last saw him alive on June 22, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular	
Heart-disease	
Arterio sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J M Verbeekmans, M. D.
(Address) Kooskia - Idaho

FORM V. S. No. 5-25 M. 1-19.

RECEIVED AUG 11 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jefferson

City of Hamer

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 98

Primary Registration District No. 2176.

(No. ..... St.)

File No. 85330

Registered No. 29

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Shupe 161a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: July (Month) 5 (Day) 1933 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 5 hrs. or 40 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hamer, Idaho

10. NAME OF FATHER: Wm Lyle Shupe

11. BIRTHPLACE OF FATHER (State or Country): Ogden Utah

12. MAIDEN NAME OF MOTHER: Alice Mae Wade

13. BIRTHPLACE OF MOTHER (State or Country): Jone, Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs R K Wade

(Address) Hamer Idaho

15. Filed July 25 1933

A B Eckersell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/5 1933, to 7/5 1933, that I last saw her alive on 7/5 1933, and that death occurred on the date stated above, at 7.40P M.

The CAUSE OF DEATH* was as follows:

Cellulose

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary): Prematurely (7 mo)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Earl D James M. D.

19..... (Address) Roberts Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gamas, Ida

DATE OF BURIAL: 7/6 1933

20. UNDERTAKER: None

ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85331

PLACE OF DEATH

County of Jefferson

City of Roberts.

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Henry McDermott. 45

(a) Residence. No. 3 Miles So of Roberts on Hiway.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary McDermott.

6. DATE OF BIRTH (month, day, and year) July 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria Ill.

FATHER

13. NAME Lawrence McDermott.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Anna Maher.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs Mary McDermott Roberts Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date 7/31, 1933

19. UNDERTAKER (Address) E. F. McFarland Idaho Falls Ida

20. FILED July 31, 1933 A. E. Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1933, to July 28, 1933

I last saw h alive on Jan., 1933; death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July-33

Other contributory causes of importance:

Name of operation Exploratory Date of Jan 7-33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C W Chris, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85332

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson
City of Hamer

Registration District No. 98
Primary Registration District No. 2174 Local Registrar's No. 31
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** May Telford.

(a) Residence. No. ..... St. West Weber, Utah.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ... yrs. ... mos. 2 ds. How long in U. S. if of foreign birth? ... yrs ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.W.	W	Married.

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of George Telford.

6. DATE OF BIRTH (month, day and year) March 10. 1885.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Preman, Idaho.

PARENTS

10. NAME OF FATHER George Eames.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Ann Elizabeth Stephens.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ogden, Utah.

14. Informant (Address) George Telford Ogden Utah. Rt.

15. Filed Aug 7, 1933 C W Eckwall Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1933, to Aug 7th, 1933, that I last saw her alive on Aug 7th, 1933, and that death occurred, on the date stated above, at 3:45 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Occlusion
(duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (Secondary) Post Influenza of Tonsilitis (duration) abaut 2 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Earl D Ford, M. D.
8/7, 1933 (Address) Roberts Ida

19. Place of Burial, Cremation, or Removal: West Weber Utah. Date of Burial: 8/9 1933

20. Undertaker C W Eckwall Address Rigby.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85333

PLACE OF DEATH

County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME Arthur Raymond Young.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Dora Young.

6. DATE OF BIRTH (month, day, and year) Aug 13 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
54	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME William W. Young.

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Harriett Willis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Roy Young Linden Monte.

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date 8-1, 1933

19. UNDERTAKER (Address) D. L. Thompson Jerome Ida

20. FILED 8/1, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929, 193__, to July 29, 1933

I last saw him alive on July 29, 1933; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Anemia	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Chas. H. Zeller, M. D.

(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85334

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No.
Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Ellen Case Warn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of J H Warn

6. DATE OF BIRTH (month, day, and year) Dec 11, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louville New York.

FATHER

13. NAME Geo Case

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Elizabeth Chase

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) J H Warn Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date July 17, 1933

19. UNDERTAKER J A Willey
(Address) Jerome, Idaho

20. FILED 7/15, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to July 13, 1933
I last saw him alive on July 13, 1933; death is said to have occurred on the date stated above, at 12:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Colon	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. F. Zeller, M. D.
(Address) Jerome, Ida.

RECEIVED JUL 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85335

PLACE OF DEATH

County of Jerome
City of Hagelton

Registration District No. 23
Primary Registration District No. 2017

Local Registrar's No.

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marjorie Claire Baisch

(a) Residence. No. Hagelton, Idaho, St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 11 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 2 - 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	7	5 -	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work school girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hagelton Idaho.

PARENTS

10. NAME OF FATHER Arthur G. Baisch
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Palisade Colo.
12. MAIDEN NAME OF MOTHER Beulah Claire Baisch
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Los Animas Colo

14. Informant Arthur G. Baisch
(Address) Hagelton Ida

15. Filed 8-1, 1933 L. Hopper Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1933, to July 7th, 1933
that I last saw h[illegible] alive on July 7th, 1933
and that death occurred, on the date stated above, at 6-10 P m.

The CAUSE OF DEATH* was as follows:
Sarcoma of left shoulder
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Sarcoma of left leg
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms

(Signed) H. E. Dunn M. D.
July 8th, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	7-10 1933
20. Undertaker White Mortuary	Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85336

PLACE OF DEATH
County of Latah
City of South of Potlatch
Registration District No. 60
Primary Registration District No. 2145
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Ernest H.Hull

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarice Hull

6. DATE OF BIRTH (month, day, and year) Jan, 20. 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Owner
10. Date deceased last worked at this occupation (month and year) July 1933
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Pomeroy (State or country) Ohio

FATHER
13. NAME Charles H.Hull
14. BIRTHPLACE (city or town) Pomeroy (State or country) Ohio

MOTHER
15. MAIDEN NAME Ida Proctor
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Vern Hull Viola Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Viola Ida. Date Aug 7, 1933

19. UNDERTAKER D.D.Kimball (Address) Palouse Wash.

20. FILED Aug 8th, 1933. J. Jos. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Aug 5th, 1933
I last saw him alive on Aug 5th, 1933: death is said to have occurred on the date stated above, at 4.50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

Burial

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85337

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael J. O'Reilly

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine F. O'Reilly

6. DATE OF BIRTH (month, day, and year) March 13, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Toronto Ontario Canada

FATHER

13. NAME John O'Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Horne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Katherine O'Reilly Potlatch, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash Date 7-29, 1933

19. UNDERTAKER (Address) D. D. Kimball Palouse, Washington

20. FILED July 27, 1933 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h...alive on ✓, 193...: death is said to have occurred on the date stated above at 5:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died Suddenly.	
Acute dilatation of heart.	
Other contributory causes of importance:	
Melanchelia (recurrent)	June 1933

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J. W. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85338

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Elma Cox

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John F. Cox

6. DATE OF BIRTH (month, day, and year) June 7, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) March 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercer, Mo.

FATHER

13. NAME James C. Gladden

14. BIRTHPLACE (city or town) (State or country) Mercer, Mo.

MOTHER

15. MAIDEN NAME Mary Ann Fuget

16. BIRTHPLACE (city or town) (State or country) Mercer, Mo.

17. INFORMENT (Address) John F. Cox

18. BURIAL, CREMATION, OR REMOVAL Place May, Idaho Date June, 20 1933

19. UNDERTAKER W. C. Doebler
(Address) Salmon, Idaho

20. FILED 8/9, 1933 Alice E. Bellomy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to June 14, 1933
I last saw h alive on June 14, 1933: death is said to have occurred on the date stated above, at 8-15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas F. Hamme, M. D.
(Address) Salmon

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85340

PLACE OF DEATH
County of Lemhi
City of [redacted] Registration District No. 41
Primary Registration District No. 2-16 Local Registrar's No.
(No. 284)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel A. Goddard

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Live Stock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Samuel A. Goddard
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Wm R Goddard Cornucopia Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 7/26, 1933

19. UNDERTAKER Wm C Goeller
(Address) Salmon Ida.

20. FILED 8/9, 1933 Clio C. Mallamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to May, 1933.
I last saw him alive on May 10 1933; death is said to have occurred on the date stated above, at 11-P- m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial chronic	
Several years	
Other contributory causes of importance:	
Arteria Sclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Hammer, M. D.
(Address) Salmon Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85341

PLACE OF DEATH

County of Lemhi

City of Hat Creek (No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

182

2. FULL NAME John W Floh

(a) Residence. (Usual place of abode) No. May Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Floh

6. DATE OF BIRTH (month, day, and year) Nov 25th

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT Mrs Mable M Floh (Address) 1056 N Buchanan Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Elkhorn Date , 193

19. UNDERTAKER H. C. Doubler (Address) Salmon

20. FILED July 8, 1933 Alice E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 9-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental drowning in Salmon River	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Doubler Coroner, M. D.

(Address) Salmon

RECEIVED AUG 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85342

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 32

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74A

2. FULL NAME Mert Almer Weaver

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Irene H Weaver

6. DATE OF BIRTH (month, day, and year): Aug 2 1860

7. AGE: Years 72, Months 11, Days 13, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lafayette Ind

FATHER
13. NAME: Almer Weaver
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Harriett Oyler
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Irene H Weaver

18. BURIAL, CREMATION, OR REMOVAL Place: Shoshone Ida Date: 7-19, 1933

19. UNDERTAKER (Address): C E Hickok, Shoshone, Idaho

20. FILED 7/17, 1933 J. L. Fuller Registrar.
By A D Mahon Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 15, 1933, I last saw him alive on July 15, 1933: death is said to have occurred on the date stated above at 43 o'c p m.
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset July 3

Other contributory causes of importance: Arterio Sclerosis.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Shoshone Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85343

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. V16
Primary Registration District No.
Local Registrar's No. 31

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

200

2. FULL NAME x x

(a) Residence. No. x x St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Ida Date July 7 1933

19. UNDERTAKER C. E. Hickok
(Address) Shoshone, Idaho

20. FILED July 7, 1933 J. L. Fuller Registrar.
By A. W. Mahon

Coroner's Inquest resulted in finding recorded.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May or June 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h alive on Found Dead , 193 : death is said to have occurred on the date stated above, at July 7, 1933
The principal cause of death and related causes of importance were as follows:
Newborn baby found dead in River.
Hemorrhage or Drowning could not be determined

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? O.K. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident, suicide~~, or homicide? Homicide Date of injury , 193
Where did injury occur? unknown
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Barrett, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85344

County of Madison
City of Sugar City Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Infant Roberts -

(a) Residence. No. ..... Sugar City Idaho -
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-6-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sugar City

FATHER

13. NAME Alpha Jeffries Roberts

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Dora Mildred Brown

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMENT (Address) Alpha Jeffries Roberts Sugar City

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date 8-6-, 1933

19. UNDERTAKER None
(Address)

20. FILED Aug 6, 1933 J Ryoung
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8 6 1933

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1933, to August 6, 1933

I last saw him alive on August 6, 1933: death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Foetus not viable	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

August 6-1933

(Signed) Louis A. Rich, M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Madison

City of Hibbard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85345

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Ralph Parker

(a) Residence. No. Rexburg R. 7 D #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg

FATHER

13. NAME Parley Parker

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Minnie Muer

16. BIRTHPLACE (city or town) (State or country) Cache Valley Utah

17. INFORMENT (Address) Parley Parker (Father) Rexburg Idaho R.D.3

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Cem. Date Aug. 5, 1933

19. UNDERTAKER Vern J. Keller
(Address) Rexburg Idaho

20. FILED aug 5, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1933, to Aug. 3, 1933

I last saw h[illegible] alive on Aug. 3, 1933: death is said to have occurred on the date stated above, at 3:a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Pneumonia	
Right Lung	
Liver to be left.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Rigby, M. D.

(Address) [illegible] Rexburg

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85347

PLACE OF DEATH
County of Madison
City of Archer.

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rokey Lucina Blackburn Jeppson. 17

(a) Residence. No. (Usual place of abode) Thornton Ida R.F.D. St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles O Jeppson.

6. DATE OF BIRTH (month, day, and year) Feb. 28-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nephi. Utah.

FATHER

13. NAME Thomas H Blackburn.

14. BIRTHPLACE (city or town) (State or country) Broxstowe England.

MOTHER

15. MAIDEN NAME Rokey Lucina Bigler.

16. BIRTHPLACE (city or town) (State or country) Nephi. Utah.

17. INFORMENT (Address) Charles O Jeppson. Thornton R 4 D. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Auction Ida. Date Aug 1st 1933.

19. UNDERTAKER (Address) Virgil Keller. Rexburg Idaho.

20. FILED Aug 5, 1933 W R Young. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 28 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Chronic Myocarditis	
Arteric Sclerosis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N.D. Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) W R Rigby, M. D.

(Address) W R Young

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85348

PLACE OF DEATH

County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

103

2. FULL NAME Robert Brown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Koock Bros. Island Park, Idaho.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME A Brown

14. BIRTHPLACE (city or town) Broomhills (State or country) Scotland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) W. F. Southerland Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date July 31 1933

19. UNDERTAKER Veda & Keller (Address) Rexburg Ida.

20. FILED Aug 5, 1933 J Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1933, to 7-27, 1933
I last saw him alive on 7-27, 1933: death is said to have occurred on the date stated above, at 5A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	7-27-33
Other contributory causes of importance: Abces of Lung	7-21-33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W F Southerland M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85349

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 37

(No.) 92

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive Saurey

(a) Residence. No. St. Hibbard Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Saurey

6. DATE OF BIRTH (month, day, and year): April 6 1895

7. AGE: Years 38 Months 3 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Own Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hibbard Idaho

FATHER

13. NAME: Joseph E. Rigby

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Mary Beck

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Mrs. Mattie Rigby Hibbard Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: July 29 1933

19. UNDERTAKER (Address): A B Eckersell Rigby Ida.

20. FILED Aug 3, 1933 J Rigby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to July 26, 1933

I last saw her alive on July 26, 193 : death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism
Child birth

Date of onset

Other contributory causes of importance:

Traumatic Injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fell down basement

Nature of injury & bruised thigh & arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H B Rigby M. D.

(Address) Rexburg Ida

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85351

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Brigham C. Ricks

31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 18 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
51	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Brigham Ricks

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Clara Larsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Brigham Ricks Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date July 10 1933

19. UNDERTAKER (Address) A B Echorsell Rigby Idaho

20. FILED Aug 5, 1933 J R Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to July 7, 1933

I last saw him alive on July 7, 1933; death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis of the Lungs	May 1st

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Parley Nelson, M. D.

(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO Kelley
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85354

Registration District No. 19

Primary Registration District No. 20-13 Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josie Margetts 101a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 12 1885

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) Dont Know
(State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMENT Fred Margetts
(Address) Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date June 3, 1933

19. UNDERTAKER W. G. Goodman
(Address) Rupert Idaho

20. FILED 7-10, 1933 W. E. Emmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to May 31, 1933

I last saw h[illegible] alive on May 31, 1933: death is said to have occurred on the date stated above, at 9 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. N. Kelly, M. D.

(Address) Rupert Ida.

RECEIVED AUG 11 1933

STATE OF IDAHO Kelley
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85355
State File No.

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 12

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carolina Schultz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER
13. NAME Christ Aetenburger
14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMENT Ed Schultz
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Paul Date May 26 1933

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 7-10, 1933 Ella Ehman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1933, to May 23, 1933.
I last saw her alive on May 22, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	
Other contributory causes of importance:	
Ca of Liver?	
Hepatitis Arthritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. M. Kelly, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO Kel
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85356

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack Comoford 88b

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 73 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dont Know

FATHER
13. NAME " " "
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address): Mrs Julia Comoford

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Com Date June 4, 1933

19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho

20. FILED 7-10, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 3, 1933.
I last saw him alive on June 2, 1933: death is said to have occurred on the date stated above, at — m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Ch.	

Other contributory causes of importance:
Ca. of Liver. Indany
Ca. Intestine.

Name of operation Date of
What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. M. Kelly, M. D.
(Address) Rupert Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85357

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2013
Local Registrar's No. 14 Kelly

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fanney Agatha Marby 92

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John O Marby

6. DATE OF BIRTH (month, day, and year) Nov 4

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Johan Heyerdahl

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Arthur Marby

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rupert Date Mar 25 1933 Cem

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 7-10, 1933 Effie Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 20 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 193 3, to Mar 20, 193 3

I last saw her alive on Mar 15, 193 3: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Ch. Valvular Heart disease
Myocarditis

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. M. Kelly, M. D.

(Address) Rupert Ida.

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85358

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pearl Opal Honsinger 14

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Leslie J. Honsinger

6. DATE OF BIRTH (month, day, and year) Oct 18-1910

7. AGE Years 22 Months 8 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls Ida.

FATHER

13. NAME John Wagner

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Fanny Reader

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) P. O. Wagner Rupert Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) W. A. Goodman Rupert Ida

20. FILED 7-7, 1933 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1933, to July 6, 1933

I last saw her alive on July 6, 1933: death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Hemorrhage due to Placenta Praevia	
In Seventh month of Pregnancy	

Other contributory causes of importance:

Name of operation Emptying of Uterus Date of 7-6-33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) E. H. Elmore, M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85359

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 29
(No. 74 E)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred W. Jones

(a) Residence. No. (Usual place of abode) St. RFD Rupert Ida.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMENT (Address) From Records

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Ida Date 2-23, 1933

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 7-28, 1933 Ed T. Ehmsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Feb 6, 1933
I last saw him alive on Feb. 6, 1933: death is said to have occurred on the date stated above, at 4:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 4 33

Other contributory causes of importance:

Arterio-Sclerosis & Hypertension	5 yrs.

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ed T. Ehmsen, M. D.
(Address) Rupert, Ida.

RECEIVED AUG 11 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85360

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kate C Dailly 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 26 1837

7. AGE: Years 96 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Jelina Bouch Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date June 9, 1933

19. UNDERTAKER (Address) W. A. Goodman Rupert Idaho

20. FILED 7-16, 1933 Ett Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1930, to June 6, 1933
I last saw her alive on June 6, 1933: death is said to have occurred on the date stated above, at 6-40 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency
Senility

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ett Elmore, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85361

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2017
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 b

2. FULL NAME Martha F Rennell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE Cauchate
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4 1849

7. AGE Years 83 Months 3 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER
13. NAME Samuel Harbaugh
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Amelia ~~Harbaus~~ Seaman
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMENT Alleyene Anderson
(Address) Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cemetery Date Jan 30, 1932

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 7-16, 1933 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Jan. 27, 1933
I last saw her alive on Jan. 16, 1933: death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	years
Other contributory causes of importance:	
Arteriosclerosis	years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E H Elmore M.D.
(Address) Rupert, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO E
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85362

PLACE OF DEATH
County of Minnidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. ~~33~~ 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kathrine E Kerbs 1016

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gottfried Kerbs

6. DATE OF BIRTH (month, day, and year) Dec 14 1875

7. AGE Years 58 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hwf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME George Rush
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Kathrine Rush
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Mollie Moser Heyburn

18. BURIAL, CREMATION, OR REMOVAL Place Paul Cemet Date Jan 17 1933

19. UNDERTAKER (Address) W. A. Goodman

20. FILED 7-16, 1933 Elt Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Jan 15, 1933
I last saw her alive on Jan 14, 1933 death is said to have occurred on the date stated above, at 7:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1 week

Other contributory causes of importance: Cardiac Insufficiency and Occlusion of Posterior Tibial artery

Name of operation Amputation of knee Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Elt Elmore, M.D.
(Address) Rupert Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

3 E

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85363

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

29

2. FULL NAME Anna Christ

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 31 1921
7. AGE: Years 11 | Months 11 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: John Christ
14. BIRTHPLACE (city or town) (State or country): Greece

MOTHER
15. MAIDEN NAME: Maruma Petenany
16. BIRTHPLACE (city or town) (State or country): Greece

17. INFORMENT (Address): John Christ
18. BURIAL, CREMATION, OR REMOVAL Place: Rupert Cem Date: June 15, 1933
19. UNDERTAKER (Address):
20. FILED 7—16, 1933 E. B. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 13 1933
22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 13, 1933.
I last saw her alive on June 13, 1933: death is said to have occurred on the date stated above, at 6:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	
(Season started June 11-33)	
Other contributory causes of importance:	
Nail wound sur foot	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 11, 1933
Where did injury occur? at home Rupert Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) E. B. Elmore, M. D.
(Address) Rupert Ida

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85364

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

154

2. FULL NAME Lottie I Creasey

(a) Residence. No. Rupert Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 68 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hwf

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Edwin Lindsey

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Wesley Acuff Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date June 7, 1933

19. UNDERTAKER (Address) W. G. Goodman Rupert Idaho

20. FILED 7-13, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to June 5, 1933

I last saw her alive on June 5, 1933: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eczema	

Other contributory causes of importance:

Pulmonary oedema
Dilatation of the heart

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fayre H. Kenagy, M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO Kelley
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85365

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2216 Local Registrar's No. 15
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Christiansen 90

(a) Residence (Usual place of abode) No. St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 3 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cal.

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Margaret Christensen Rupert Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cemetery Date Mar 30 1933
19. UNDERTAKER W. G. Stedman (Address) Rupert Idaho
20. FILED 7-10, 1933 E. E. Edmond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 28 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933, to Mar 28, 1933
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 1.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. J. Kelley, M. D.
(Address) Rupert Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 31 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 85367

Local Registrar's No.

162

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Luelle Worley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonners Ferry
(State or country) Idaho.

FATHER

13. NAME David Michael Worley,

14. BIRTHPLACE (city or town)
(State or country) W. Virginia

MOTHER

15. MAIDEN NAME Beulah Woodward.

16. BIRTHPLACE (city or town)
(State or country) Minn.

17. INFORMENT Mrs. Beulah Worley
(Address) Bonners Ferry,

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date July 1, 1933

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED July 30, 1933. S E Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to June 29, 1933

I last saw her alive on June 29, 1933; death is said to have occurred on the date stated above, at 6: P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal indigestion with convulsions.	6/29/33.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) S E Fry, M. D.

(Address) Bonners Ferry, Ida.

RECEIVED JUL 31 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85368

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Michael Guilfoyle

(a) Residence. No. St. Eileen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date July 3, 1933

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED June 30, 1933. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1933, to June 29, 1933
I last saw him alive on June 29, 1933: death is said to have occurred on the date stated above, at 2: P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6/8/33

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) , M.D.
(Address) Bonners Ferry, Ida.

RECEIVED JUL 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85369

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME George Trotch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 30, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hokah
(State or country) Minn.

FATHER

13. NAME George Trotch

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Moore,

16. BIRTHPLACE (city or town) Essenland
(State or country) Germany

17. INFORMENT (Address) Wm. Gerkey, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date June 26 1933

19. UNDERTAKER H.R.Crouch
(Address) Bonners Ferry, Idaho.

20. FILED June 25, 1933. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 24, 1933
I last saw him alive on June 23, 1933; death is said to have occurred on the date stated above, at 11. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 31 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85370

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No. 182)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry A. Henderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Henderson

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jasper County, Iowa.

FATHER

13. NAME E. R. Henderson

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Martha Jane Jefferies

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMENT (Address) Mrs. Myrtle Henderson, Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date June 20 1933

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED June 21, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning (accidental)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. E. Fry, M. D.

(Address) Bonners Ferry, Ida.

RECEIVED JUL 21 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85371

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irvin Mackey 117

(a) Residence. No. City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cass Lake Minnesota.

FATHER

13. NAME William Mackey

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Beulah Woodward

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMENT (Address) Mrs. Beulah Worley Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Date June 17 1933

19. UNDERTAKER H.R. Crouch, (Address) Bonners Ferry, Idaho

20. FILED June 17, 1933. E.E. Fry. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13-, 1933, to June 16-, 1933.
I last saw him alive on June 16, 1933; death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicial abscess	6/10/33
General peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 6/14/33.
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) E.E. Fry, M.D.
(Address) Bonners Ferry, Ida.

RECEIVED JUL 31 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85372

PLACE OF DEATH
County of Boundary
City of Moravia

Registration District No. 79
Primary Registration District No. 3156
Local Registrar's No.

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Arthur Brown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moravia, Idaho.

FATHER

13. NAME Arthur Norman Brown

14. BIRTHPLACE (city or town) (State or country) Lilly, Pa., Minn.

MOTHER

15. MAIDEN NAME Florence Belknap

16. BIRTHPLACE (city or town) (State or country) Eagle, Montana.

17. INFORMENT (Address) Arthur Norman Brown, Moravia, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moravia, Ida. Date June 17, 1933

19. UNDERTAKER (Address) L. K. Brown, Moravia, Ida.

20. FILED June 17, 1933 L. K. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16 1933, to June 16, 1933
I last saw him alive on June 16 1933: death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mos)	
Other contributory causes of importance:	
Mother sustained a fall	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. K. Fry, M. D.
(Address) Bonners Ferry, Ida.

RECEIVED JUL 31 1933

188a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85373

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2956 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyle Hudson MacDonald.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. H. MacDonald

6. DATE OF BIRTH (month, day, and year): Dec. 28-1907

7. AGE: Years 25 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Republic Wash.

FATHER
13. NAME: W. H. Cooley
14. BIRTHPLACE (city or town) (State or country): Cooper Iowa

MOTHER
15. MAIDEN NAME: Mabel Morton
16. BIRTHPLACE (city or town) (State or country): Buffalo N.Y.

17. INFORMENT (Address): Morton Cooley Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL: Cremation Date , 193

19. UNDERTAKER: N. P. Crouch
(Address) Bonners Ferry, Ida

20. FILED June 11, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 5:20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death.	
Struck by railway Train	
Crushing injury of skull & chest	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/10, 1933
Where did injury occur? near Bonners Ferry Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at railway grade crossing
Manner of injury Struck by Train
Nature of injury Mutilation of head & chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. M. Bowell M. D.
(Address) Bonners Ferry Idaho

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85374

PLACE OF DEATH
County of Boundary
City of Naples

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Will J. Sarff. 44

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 5-1855

7. AGE Years 77 Months 8 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME M. Sarff.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) A. Hilfliker Naples, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Eagle Bend Mine Date 193

19. UNDERTAKER (Address) R. R. Crough Bonners Ferry Ida.

20. FILED May 21, 1933 E. St. Eng. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1933, to May 20, 1933
I last saw him alive on Apr 29, 1933: death is said to have occurred on the date stated above, at 7:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1932

Other contributory causes of importance:
Cancer of Liver-Secondary
Jaundice
Myocardial failure

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Cur Bowell, M.D.
(Address) Bonners Ferry Idaho

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85375

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Simpson Hopper

(a) Residence. No. ..... St. Bonners Ferry, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) ~~WIFE~~ of: Ellen Hopper

6. DATE OF BIRTH (month, day, and year): Aug 5, 1857

7. AGE: Years 75, Months 9, Days 15, If LESS than 1 day, 16 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Mill hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: sawmill
10. Date deceased last worked at this occupation (month and year): June 1920
11. Total time (years) spent in this occupation: ~~3 mo.~~

12. BIRTHPLACE (city or town) (State or country): Springbrook, Jackson Co. Iowa

FATHER
13. NAME: Billitha Hopper
14. BIRTHPLACE (city or town) (State or country): unknown, Kentucky

MOTHER
15. MAIDEN NAME: Winnie Yoachum
16. BIRTHPLACE (city or town) (State or country): unknown, Taney Co. Missouri

17. INFORMENT (Address): Winnie E. Hopper, Bonners Ferry, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry Date: May 23 1933

19. UNDERTAKER (Address): H. R. Crough, Bonners Ferry, Ida.

20. FILED: May 21, 1933. E. S. Try, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1921, to May 20, 1933
I last saw him alive on May 20, 1933: death is said to have occurred on the date stated above, at 3:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	15 years ago

Other contributory causes of importance:
Respiratory Paralysis

Name of operation: Physical Examination Date of .....
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Rm Bowree, M. D.
(Address) Bonners Ferry Idaho

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85376

PLACE OF DEATH
County of Boundary
City of ~~Bonners Ferry~~ Port Hill
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Logan McAteer 89

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8-1887

7. AGE: Years 45 | Months 11 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Insurance Benefit Policy

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date May 10 1933

19. UNDERTAKER (Address) R. R. Crouch Bonners Ferry, Ida

20. FILED May 8, 1933. E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1933, to May 7, 1933
I last saw him alive on May 1, 1933: death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1932
Sudden death	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Fry, M.D.
(Address) Bonners Ferry, Ida

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85377

PLACE OF DEATH
County of Boundary
City of Copeland

Registration District No. 79
Primary Registration District No. 2154 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Eliza Hadley. 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of M. N. Hadley, deceased

6. DATE OF BIRTH (month, day, and year) Dec. 2-1857

7. AGE Years 75 Months 5 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER
13. NAME James Edwards
14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER
15. MAIDEN NAME Claisse Mashburn
16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMENT (Address) Y. F. Johnson, Bonners Ferry, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date May 8, 1933

19. UNDERTAKER (Address) H. R. Oronsh, Bonners Ferry, Ida

20. FILED May 6, 1933 E. E. Ivy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1933, to May 5, 1933
I last saw her alive on March 1, 1933: death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. E. Ivy, M.D.
(Address) Bonners Ferry, Ida

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85378

PLACE OF DEATH
County of Boundary
City of Moyie Springs
Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Emma L. Perry
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: N. J. Perry
6. DATE OF BIRTH (month, day, and year): Apr 5-1866
7. AGE: Years 67 | Months | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: White
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): N. J. Perry, Moyie Springs Ida
18. BURIAL, CREMATION, OR REMOVAL Place: May 6-33 Date: Bonners Ferry
19. UNDERTAKER (Address): R. R. Crouch, Bonners Ferry Ida
20. FILED May 5, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 4 1933
22. I HEREBY CERTIFY, That I attended deceased from , 1931, to May 4, 1933
I last saw her alive on April 15, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1931

Other contributory causes of importance: Myocardial degeneration.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida.

RECEIVED JUL 31 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85379

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

143(a)

2. FULL NAME Mrs. Evelyn Mercer

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur Mercer

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte, Mont.

FATHER
13. NAME J. F. Hameron,
14. BIRTHPLACE (city or town) (State or country) Clinton, Iowa

MOTHER
15. MAIDEN NAME Huldah Edwards
16. BIRTHPLACE (city or town) (State or country) Correctionville Iowa

17. INFORMENT (Address) Mrs. Huldah Hameron, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date May 2, 1933

19. UNDERTAKER H. R. Crouch,
(Address) Bonners Ferry, Idaho.

20. FILED May 1, 1933. E. B. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933, to Apr. 30, 1933
I last saw her alive on Apr. 24, 1933: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	April 8-1933
Other contributory causes of importance: Self induced abortion	

Name of operation Thyroidectomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. M. Bowles, M. D.
(Address) Bonners Ferry Idaho

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85380

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME Oleander Luce

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Roy Luce

6. DATE OF BIRTH (month, day, and year) June 23, 1886

7. AGE: Years 46 | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Neola
(State or country) Iowa

FATHER
13. NAME H.G.Hood
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT R.E.Luce,
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry, Date Apr. 17, 1933

19. UNDERTAKER H.R.Crouch
(Address) Bonners Ferry, Ida.

20. FILED Apr. 15, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from February, 1933, to April 14, 1933.
I last saw her alive on April 13, 1933: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anaemia	1928

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Blood Ex. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) [signature], M. D.
(Address) Bonners Ferry, Idaho.

RECEIVED JUL 31 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85381

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Milton Oliver Reed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emma Reed

6. DATE OF BIRTH (month, day, and year): Aug. 10, 1864

7. AGE: Years 68, Months 7, Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Indianapolis Indiana

FATHER
13. NAME: James Reed
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): L.N.Reed Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry Date: Apr. 5, 1933

19. UNDERTAKER (Address): H.R.Crouch, BOnners Ferry, Idaho.

20. FILED: Apr. 3, 1933. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1931, to Apr. 2, 1933.
I last saw him alive on Apr. 2, 1933: death is said to have occurred on the date stated above, at 6:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1928

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify
(Signed) E. E. Fry, M.D.
(Address) Bonners Ferry, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85382

PLACE OF DEATH
County of Nez Perce
City of Lapwai
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. 31
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ambrose Wheeler

(a) Residence. No. Ahsahka, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Indian	S

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~6/29/33~~ 9/30/26

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ahsahka
(State or country) Idaho

FATHER

13. NAME Harry Wheeler

14. BIRTHPLACE (city or town)
(State or country) Oregon

MOTHER

15. MAIDEN NAME Ida James

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Sanatorium Records
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ahsahka, Idaho. Date July 1st, 1933

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED June, 1933 George Gaymard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/29/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933, 193..., to June 29, 33, 193...

I last saw him alive on June 29, 33, 193..., death is said to have occurred on the date stated above, at 7:07 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
Other contributory causes of importance: Pulmonary tuberculosis	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph M. Alley, M. D.

(Address) Lapwai, Idaho

RECEIVED JUL 20 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85383

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Francis Samuels

(a) Residence. No. Slickpoo, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Indian
5. Single, Married, Widowed, or Divorced (write the word) S
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day, and year) 8/12/15
7. AGE Years 17 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Slickpoo, Idaho

FATHER
13. NAME Lewis Samuels
14. BIRTHPLACE (city or town) (State or country) Ahsahka Idaho

MOTHER
15. MAIDEN NAME Beatrice Thomas
16. BIRTHPLACE (city or town) (State or country) Slickpoo Idaho

17. INFORMENT (Address) Sanatorium Records Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Slickpoo Idaho Date [illegible] 193

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED June, 1933 George Grigmard M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/27/33, 193..., to 6/28/33, 193...
I last saw him alive on June 28, 33, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Pulmonary Hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? Tab. X-Ray, physical finding Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

RECEIVED JUL 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85384

PLACE OF DEATH

County of Big Bree
City of Culdesac Idaho

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Cleaches Joshaway Watkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Mall	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Culdesac
(State or country) Idaho

FATHER

13. NAME Tommy Watkins

14. BIRTHPLACE (city or town) .....
(State or country) Washington

MOTHER

15. MAIDEN NAME Alies Pools

16. BIRTHPLACE (city or town) Bates
(State or country) Idaho

17. INFORMENT Tommy Watkins
(Address) Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Culdesac Idaho Date 6-23-33

19. UNDERTAKER Hamby
(Address) Culdesac

20. FILED June, 1933 George Gaignard Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-22-33, 193..., to 6-22-33, 193...
I last saw him alive on 6-22-, 1933: death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85385

PLACE OF DEATH
County of Nez Perce
City of Lapwai
Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____

(No. Fort Lapwai Sanatorium) 31
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augustus Corbett

(a) Residence. No. Ahsahka, Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Indian	S

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/22/18

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
15	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ahsahka,
(State or country) Idaho

FATHER
13. NAME Warren Corbett
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Susie Moody
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT (Address) Sanatorium records, Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ahsahka Ida. Date 6/5, 1933

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED June 1, 1933 George Geismeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/1/33 193

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1933, to June 1, 1933, 193
I last saw him alive on June 1, 1933; death is said to have occurred on the date stated above, at 3:35 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, far advanced	
Other contributory causes of importance: Spontaneous pneumothorax	

Name of operation. Date of
What test confirmed diagnosis? X-ray Was there an autopsy?
phy. findings-lab-symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Ralph M. Abbey, M. D.
(Address) Lapwai, Idaho.

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85386

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 117
(No. St. Josephs Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Jeter Brown.

(a) Residence. No. St. Culdesac, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 3rd, 1913.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20.	5.	1.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thouns. Tenn.

FATHER
13. NAME C. W. Brown.
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Jennie Huggins.
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) C. W. Brown Culdesad, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date July 6th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 1, 1933 Jay McLyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3rd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to July 3, 1933.
I last saw h[illegible]ive on July 3rd, 1933.: death is said to have occurred on the date stated above, at 7:00P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	about June 28th 33
Other contributory causes of importance:	
Ruptured Appendix	6/27/33

Name of operation Drainage Date of 6/29/33
What test confirmed diagnosis? Pus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Carrasco, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

Dr EL. White

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85387

PLACE OF DEATH

County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack A. Freeborn

(a) Residence. No. 203 15th Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Freeborn

6. DATE OF BIRTH (month, day, and year) Dec 2 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery

10. Date deceased last worked at this occupation (month and year) Mar 1933

11. Total time (years) spent in this occupation 24Yrs

12. BIRTHPLACE (city or town) (State or country) Tara Canada

FATHER

13. NAME Andrew Freeborn

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Emily

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Ella Freeborn Lewiston Ida.

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Spokane Wash Date 8/1/33, 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Aug 1, 1933 J M Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to July 30, 193...
I last saw him alive on July 30, 1933: death is said to have occurred on the date stated above, at 5.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism Cirrhosis of Liver	1 Yr.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. White, M. D.
(Address) Lewiston Ida

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85388

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Adeline Randall.

(a) Residence. No. 2006 10th, Avenue.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) Oct. 2nd, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.	9.	25.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Nathen P. O'Haver.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Mary Wires.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMENT (Address) W. Randall Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville, Idaho Date July 30th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 3, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to July 27, 1933
I last saw her alive on July 27, 1933; death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia (Large)	July 25- 1933
Other contributory causes of importance: Toxemia	July 25- 1933

Name of operation Herniotomy Date of July 26-33
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. L. Beardsley, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85389

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary Francis Mitchell

(a) Residence. No. Lewiston, Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
--~~Husband~~
(or) WIFE of Dan W. Mitchell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryville Missouri

FATHER

13. NAME Steven Mitchell

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Dan W. Mitchell Lewiston Orchards

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Idaho Date July 26, 193 1933

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED Aug 1, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 33, 193, to July 24, 1933
I last saw h e alive on July 24, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension
Chronic Valvular heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W O Clark M.D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. W.O.Clark

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85390

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack H. Anderson

(a) Residence. No. St. Webb, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME H.A. Anderson.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Zula Swearingen.

16. BIRTHPLACE (city or town) (State or country) Oregon.

17. INFORMENT (Address) W.A. Anderson Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date July 26, 1933

19. UNDERTAKER (Address) Brower-Wann Company Lewiston, Idaho

20. FILED Aug 1, 1933 Jay M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1933, to July 24, 1933

I last saw h.e alive on July 23, 1933: death is said to have occurred on the date stated above, at 1:40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cerebro-Spinal meningitis.	July 20 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ely Broadwick, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85391

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME George Sidner.
(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE Ethiopian.
5. Single, Married, Widowed, or Divorced (write the word) Single ?
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Not known.
7. AGE Years 60. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Circus side show performen.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known.

FATHER
13. NAME " "
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) E. M. Brower Lewiston, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date July 24th, 1933.
19. UNDERTAKER (Address) Brower-Wann Company. Lewiston, Idaho.
20. FILED Aug. 1, 1933 J. M. Lyle by E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20. 1933
22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 20, 1933
I last saw him alive on July 20, 1933, death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas -	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Lyle M.D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85392

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

133

2. FULL NAME Jens Johnson

(a) Residence. No. 1325 14th, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27th, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48.	1.	23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Yard foreman.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Saw mill.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER
13. NAME ---------- Johnson.
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME ---------- Johnson.
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMENT (Address) Mrs. Jens Johnson Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date July 24th, 1933.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Aug 1, 1933 J. McLyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 20, 1933
I last saw him alive on July 20, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Bladder Stricture Post urethral	Jan 1932
Other contributory causes of importance: Pulmonary Embolism	July 20 1933

Name of operation Dilation Urethra Date of July 20-33
What test confirmed diagnosis? Microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Broadbent, M. D.
(Address) Lewiston, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

PLACE OF DEATH

County of Kootenai

City of C d A

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85393

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. 502)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Hutton

(a) Residence. No. St. Clarkston Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 1 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Powder Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davis Construction

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Ark

FATHER

13. NAME John Hutton

14. BIRTHPLACE (city or town) (State or country) U S

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Bob Hutton Clarkston Wn

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date July 22 1933

19. UNDERTAKER Mowery Mortuary
(Address) C d A Idaho

20. FILED Aug 1, 1933 J M Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to ....., 193..

I last saw him alive on July 18, 1933: death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion	
Compression	
Fracture of brain due to skull fracture	

Other contributory causes of importance:

Name of operation Decompression Date of 7-18-33

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-18-, 1933

Where did injury occur? Harrison Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Explosion

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify Powder man

(Signed) Harold J Sturgis, M. D.

(Address) C d A Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85394

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ina Elizabeth Taggart.

(a) Residence. No. St. LaCrosse, Washington.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of David Taggart.

6. DATE OF BIRTH (month, day, and year) Oct. 14th, 1900.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32.	8.	28.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Farmington.
(State or country) Washington.

FATHER
13. NAME Peter R. Culp.
14. BIRTHPLACE (city or town)
(State or country) W. Va.

MOTHER
15. MAIDEN NAME Armenta Owsley.
16. BIRTHPLACE (city or town)
(State or country) California.

17. INFORMENT V. Clements
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Farmington, Wash. Date July 14th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 1, 1933 Jay E. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933, to July 12, 1933
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:
Pneumonia - Toxemia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 10 1933

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85395

Registration District No. 10a9
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maureen Gayhe Grimm.

(a) Residence. No. 121 Prospect Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10th, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
----.	----.	----.	3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER
13. NAME Lester T. Grim.
14. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Helena A. Hamley.
16. BIRTHPLACE (city or town) California,
(State or country) Missouri.

17. INFORMENT
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date July 11th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 1, 1933 J. Mc Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to Same, 1933
I last saw her alive on July 10, 1933: death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Premature-Rupture of Amniotic sac.	

Name of operation ——— Date of ———
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) William P. Hall, M. D.
(Address) Lewiston, Idaho.

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED AUG 10 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Nez Perce
City of Lewiston Idaho Rout

Registration District No. 1009
Primary Registration District No. 96
(No. White's Hosp St.)

File No. 85396
Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME ✓ Wilfrid William Waters Jr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH. ✓ November 10 1924 (Month) (Day) (Year)

7. AGE ✓ 8 Yrs. 6 Mos. 29 ds.

IF LESS than 1 day how many.....hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE ✓ (State or Country) Idaho

10. NAME OF FATHER ✓ Wilfrid Waters

11. BIRTHPLACE OF FATHER ✓ (State or Country) Oregon

12. MAIDEN NAME OF MOTHER ✓ Jolly

13. BIRTHPLACE OF MOTHER ✓ (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) ✓ Wilfrid Waters
(Address) ✓ Nez Perce Idaho

15.
Filed Aug 1 1933 J. M. Lyle Local Registrar

MEDICAL CERTIFICATE OF DEATH

117

16. DATE OF DEATH June 9 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1933, to June 9th 1933, that I last saw him alive on June 9 1933, and that death occured on the date stated above, at 2 o'clock M.

The CAUSE OF DEATH* was as follows: Peritonitis with paralytic ileus.

(Duration) Yrs. mos. 2 ds.

Contributory (Secondary) Appendicitis with abscess

(Duration yrs. mos. 10 ds.

(Signed) E. L. White M. D.

6-9 1933 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nez Perce Idaho
DATE OF BURIAL: June 11 1933

20. UNDERTAKER: Albert Huff
ADDRESS: Nez Perce Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 24853

RECEIVED AUG 10 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85397

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 314 15th, street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

194

2. FULL NAME Loretta Jane Lyons.

(a) Residence. No. 314 15th, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23rd, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-----	-----	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.

FATHER

13. NAME Chester Lyons.

14. BIRTHPLACE (city or town) (State or country) Stites, Idaho.

MOTHER

15. MAIDEN NAME Ula Skinner.

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Chester Lyons Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho. Date July 27th, 1933.

19. UNDERTAKER Brower-Wann Company, (Address) Lewiston, Idaho.

20. FILED Aug. 7, 1933 Eug M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 25, 1933

I last saw her alive on July 25, 1933: death is said to have occurred on the date stated above, at 7:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration	July 24th

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston, Idaho.

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85398

PLACE OF DEATH
County of Nez Perce.
City of Lewiston.

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Mabel Puyear.

(a) Residence. No. 12th & 21. st Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of T. W. Puyear

6. DATE OF BIRTH (month, day, and year) Feb. 14th, 1884.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	5.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walla Walla,
(State or country) Washington.

FATHER

13. NAME C. T. Walker.

14. BIRTHPLACE (city or town)
(State or country) Texas.

MOTHER

15. MAIDEN NAME Sally Suggs.

16. BIRTHPLACE (city or town)
(State or country) Oklahoma.

17. INFORMENT T. W. Puyear.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Aug. 2nd, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 3, 1933 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to July 31, 1933.
I last saw him alive on July 31, 1933: death is said to have occurred on the date stated above, at 10:15 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis R Kidney	1925
Other contributory causes of importance: Surgical Shock	July 31 1933

Name of operation R. Nephrectomy Date of July 1st
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible], M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85399

PLACE OF DEATH

County of Oneida

City of Holbrook

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Silas Franklin Thompson Jr.

(a) Residence. No. Holbrook Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Etta May Higley

6. DATE OF BIRTH (month, day, and year): Nov 7 1873

7. AGE: Years 59 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Brigham Utah

FATHER

13. NAME: Silas Franklin Thompson

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Mary Caroline Palmer

16. BIRTHPLACE (city or town) (State or country): Brigham Utah

17. INFORMENT (Address): Etta Thompson Holbrook Ida

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Brigham Utah Date: July 16 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 7/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932 to July 14, 1933

I last saw him alive on July 5, 1933: death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85400

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 19

(No. Community Hospital, Bannock St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME R. Halford John 114

(a) Residence. No. Portage Utah St. Portage Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 23 1932

7. AGE Years | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portage Utah

FATHER
13. NAME William Arthur John
14. BIRTHPLACE (city or town) (State or country) Portage Utah

MOTHER
15. MAIDEN NAME Grace Victoria Halford
16. BIRTHPLACE (city or town) (State or country) Portage Utah

17. INFORMENT (Address) [signature] Portage Utah

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Portage Utah Date Aug 2, 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 7/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933 to July 30, 1933
I last saw him alive on July 30, 1933 death is said to have occurred on the date stated above, at 9:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	July 27
following	
ingestion of	
green apple	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85401

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

102

2. FULL NAME John Winters Lusk

(a) Residence. No. R. F. 2. # 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Annie E Thomas

6. DATE OF BIRTH (month, day, and year): March 22 1859

7. AGE: Years 74 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: Active Life

12. BIRTHPLACE (city or town) (State or country): Pleasantgrove Utah

FATHER
13. NAME: John W Lusk
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Ester Park
16. BIRTHPLACE (city or town) (State or country): Tennesse

17. INFORMENT (Address): Mrs. F. M. Deschamps Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Malad Idaho Date: July 23 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 7/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..... after death only 193..... I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion (Serus)	?

Other contributory causes of importance:
Possibly cardio-renal

Name of operation: no Date of .....
What test confirmed diagnosis? tracer Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. W. Maley M. D.
(Address) Malad Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Samaria

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 85402

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas L. Richards

(a) Residence. No. Samaria Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

103

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Morse

6. DATE OF BIRTH (month, day, and year) April 22 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME William Richards

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Margaret Morgan

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) Mrs Thos L. Richards Samaria Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Samaria Idaho Date July 13 1933

19. UNDERTAKER (Address) Malad Idaho

20. FILED 7/31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933, to July 11, 1933

I last saw him alive on July 8, 1933: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung infarct	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify none

(Signed) V. A. Garst, M. D.

(Address) Malad, Ida.

RECEIVED AUG 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85403

PLACE OF DEATH
County of Kootenai
City of Kennedale

Registration District No. 107
Primary Registration District No. 3185
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Uria

(a) Residence. No. ..... Kennedale St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day 11 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER
13. NAME Joe Uria
14. BIRTHPLACE (city or town) .....
(State or country) Spain.

MOTHER
15. MAIDEN NAME Evelay Corele
16. BIRTHPLACE (city or town) .....
(State or country) Washington

17. INFORMENT .....
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Wilder, Ida. Date 8-13, 1933

19. UNDERTAKER .....
(Address)

20. FILED 8-13, 1933 F. A. Marsh
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/31 a.m. 8-12, 1933, to 11 a.m. 8-12, 1933

I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	
Dropsy.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) F. A. Marsh, M.D.
(Address) Kennedale, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85404

PLACE OF DEATH
County of Owyhee
City of Grand View

Registration District No. 74
Primary Registration District No. 2151
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 83

182

2. FULL NAME Elaine Violet Berney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 11 yrs. 65 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 17 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Walla Walla, Wash.

PARENTS

10. NAME OF FATHER Arthur Berney

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Walla Walla Washington

12. MAIDEN NAME OF MOTHER Josephine Noland

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Waynesville North Carolina

14. Informant Arthur Berney
(Address) Grand View

15. Filed Aug. 13, 1933 W J Eikenbeck
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 10th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Accidental drowning
(Snake River)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Wm. J Eikenbeck, M. D.
Aug. 12, 1933 (Address) Grand View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or Removal	Date of Burial
Walla Walla, Wash	Aug 15 1933
20. Undertaker ~~Fisher~~ Marshall & Calloway	Address ~~Mountain Home~~ Walla Walla, Wash.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 11 1933

IDAHO

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
85405

1. PLACE OF DEATH

County Owyhee State Idaho Registered No. _____

Township ------ or Village Bruneau (Near) or

City ------ No. ---------- St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. -- mos. -- ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME HUMPY, John ((#68, Idaho, 1933 Census roll.)

(a) Residence: No. Bruneau, town, Idaho. St., --- Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

205 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Shoshone Full	Wd.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	66	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farming

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT George Riddle, Sheriff, Owyhee
(Address) Co., Silver City, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Near Bruneau, Idaho, Date Apl. 22, 1933.

19. UNDERTAKER _____
(Address)

20. FILED _____, 19___ _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 22, 1939.

22. I HEREBY CERTIFY, That I ~~attended deceased since~~ _____, 19___, to _____, 19___

~~I last saw him alive on~~ _____, 19___, death is said to have occurred on the date stated above, at ~~noon~~.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Not known. Date shown above is date body was discovered. From the condition of the body, the Indian had died some days previously. No other information obtainable.	

Other **contributory causes** of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. E. McNeilly, Capt. and S.D.A., M. D.

(Address) Owyhee, Nevada.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2069 f
V. S. No. 98

ECH

c11—3184

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85406

PLACE OF DEATH

County of Payette

City of Payette

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Thomas Earnest Hogg.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Laura C. Hogg.

6. DATE OF BIRTH (month, day, and year) April 13. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59.	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Gold Mine.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cherryvale (State or country) Kansas

FATHER

13. NAME Robert Hogg.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Mary Irasell.

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMENT (Address) Mrs. Laura C. Hogg Payette Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho. Date July 24 1933

19. UNDERTAKER Glenn C. Landon. (Address) Payette Idaho.

20. FILED July 22, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jly. 11, 1933, to July 21, 1933

I last saw him alive on July 21, 1933; death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance:	

Name of operation Laparotomy Date of Jly 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Merrill R. [illegible], M. D.

(Address) Payette Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

PLACE OF DEATH

County of Canyon

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85407

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pierce Wannemaker

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Nov 8 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albert Lea
(State or country) Minn

FATHER

13. NAME Samuel Wannemaker

14. BIRTHPLACE (city or town)
(State or country) N. Y.

MOTHER

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town)
(State or country) Wis.

17. INFORMENT
(Address) Payette Idaho
Mrs. Walter Pierce

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Ida. Date July 18, 1933

19. UNDERTAKER Glenn C. Hamilton
(Address) Payette Idaho

20. FILED July 22, 1933 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11 -, 1933, to July 16, 1933

I last saw h alive on July 16, 1933.: death is said to have occurred on the date stated above, at 10:57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
	Not known

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

RECEIVED AUG 7 1933

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85408

PLACE OF DEATH
County of Bingham
City of Paysette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gustavus Thomas Woodward.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Gladys Woodward

6. DATE OF BIRTH (month, day, and year) Aug 16 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Telephone Line Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montana State Tel. Co.

10. Date deceased last worked at this occupation (month and year) Feb 1933.

11. Total time (years) spent in this occupation 5 1/2 yrs

12. BIRTHPLACE (city or town) Pumpkin Creek
(State or country) Washington Co.

FATHER

13. NAME Carlos Henry Woodward.

14. BIRTHPLACE (city or town) .....
(State or country) Conn.

MOTHER

15. MAIDEN NAME Sarah Charlotte Morris

16. BIRTHPLACE (city or town) .....
(State or country) Missouri

17. INFORMENT Gladys Woodward
(Address) Payette Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Idaho Date July 9, 1933

19. UNDERTAKER Glenn C. Gardner
(Address) Payette Idaho.

20. FILED July 8, 1933. J. O. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 1931, 193..., to July 5, 1933.
I last saw h~~im~~ alive on July 5, 1933.: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercular peritonitis	Apr 1932

Other contributory causes of importance:

Name of operation Colostomy Date of 2/9/33
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I R Woodward, M. D.
(Address) Payette, Idaho.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85109

PLACE OF DEATH
County of Payette
City of New Plymouth
Registration District No. 21
Primary Registration District No. 1008
Local Registrar's No. 31

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank H. Dane

(a) Residence. No. New Plymouth, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Frank H. Dane.

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME William L. Dane
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Godfrey.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs Frank H. Dane, New Plymouth, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date July 19 1933
19. UNDERTAKER (Address) Ontario Ore.
20. FILED July 19, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1933
22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to —, 193—
I last saw h— alive on —, 193—: death is said to have occurred on the date stated above, at —m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Disease	1929

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) C. M. Topsma, M.D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85410

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ray Edward Carpenter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Idabel C. Carpenter

6. DATE OF BIRTH (month, day, and year): Jan 27 - 1902

7. AGE: Years 31 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Fruit Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: for State
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Geltner Neb.

FATHER
13. NAME: John Carpenter
14. BIRTHPLACE (city or town) (State or country): Texas

MOTHER
15. MAIDEN NAME: Cora Richard
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Idabel C. Carpenter New Plymouth Ida

18. BURIAL, CREMATION, OR REMOVAL Place: New Plymouth Ida. Date: July 20 1933

19. UNDERTAKER (Address): Glenn C. Gordon Payette Idaho

20. FILED July 22, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 18 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18 -, 1933, to July 18 -, 1933.
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Some heart disease	
I never saw him	
till he was dead.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Payette Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85411

PLACE OF DEATH
County of Payette
City of Fruitland
Registration District No. 4-1008
Primary Registration District No. 1008
Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Wesley Stephens

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
June			5 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fruitland
(State or country) Idaho

FATHER

13. NAME George Charles Raymond Stephens

14. BIRTHPLACE (city or town) Acme
(State or country) Washington

MOTHER

15. MAIDEN NAME Ulah Lenore Geiger

16. BIRTHPLACE (city or town) Enid Rock
(State or country) Nebraska

17. INFORMENT C. R. Stephens
(Address) Payette R R 1 Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED July 29, 1933 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 -, 193 3, to June 2 -, 193 3.
I last saw h alive on June 2, 193 3: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death	
not known	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Payette R R 1 Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85413

County of Bonner
City of Ponderay Idaho
Registration District No. 2V
Primary Registration District No. 2012
Local Registrar's No. 20

(No. 187)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Junior Oswell Hess

(a) Residence. No. ____ St. Rockland, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) April 23, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) ____

FATHER

13. NAME Oswell F. Hess

14. BIRTHPLACE (city or town) Utah (State or country)

MOTHER

15. MAIDEN NAME Millie Rudd

16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMENT Mrs. O. F. Hess (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Idaho Date June 23 1933

19. UNDERTAKER ____ (Address)

20. FILED July 31, 1933 Genevieve Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h— alive on ____, 193...: death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) V. G. Logan, M. D.

(Address) Ponderay, Idaho

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85414

PLACE OF DEATH

County of Shoshone

City of Avery

Registration District No. 127

Primary Registration District No. 2400

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Unnamed

(a) Residence. No. ..... St. Avery - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 20-1933

7. AGE — Years — Months — Days — If LESS than 1 day, — hrs. or 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Avery
(State or country) Idaho

FATHER

13. NAME Earl H. Walters

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth M Collins

16. BIRTHPLACE (city or town) Ontario
(State or country)

17. INFORMENT Above named
(Address) Avery - Idaho

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Avery, Idaho Date July 21, 1933

19. UNDERTAKER None
(Address)

20. FILED July 22, 1933 C O Busey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 20, 1933, to —, 193—

I last saw him alive on July 20, 1933: death is said to have occurred on the date stated above, at 11:39 p.m. (about)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	Unknown

Other contributory causes of importance:
Maternal hydramnios

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) C O Busey, M. D.

(Address) Avery - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85415

PLACE OF DEATH
County of Shoshone
City of Dorsey

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 17C

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Warren Miller

(a) Residence. No. ..... St. Missoula, Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29" 1869

7. AGE Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cons. Foreman for N. P. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 17, 1933
11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) New York N.Y.
(State or country)

FATHER
13. NAME Frank Miller
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT N. P. Railway Co.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Missoula, ~~Mont.~~ Date July 18 1933

19. UNDERTAKER None, shipped to.
(Address) Marsh & Powell, Missoula, Mont.

20. FILED July 18, 1933 C S Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on July 17, 1933 death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently, heart failure. as found had droppeddead while undressing for bed.	Instant

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) [signature]
(Address) Wallace, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85416

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Krantz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 24 1896

7. AGE Years 36 Months 10 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lansberg
(State or country) Kansas

FATHER
13. NAME Mr. Krantz
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Edna McPhail
16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMENT Edna McPhail
(Address) Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Wash Date Aug 8 1933

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg, Ida

20. FILED Aug 10, 1933 Mrs. Hilen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1933, to Aug 7, 1933
I last saw him alive on Aug 7 1933: death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basilar skull fracture	

Other contributory causes of importance:
Pneumonia
Odema and compression of Brain.

Name of operation None Date of .....
What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury } automobile
Nature of injury } accident

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) [signature], M. D.
(Address) Kellogg, Idaho

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85417

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 43

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert A. Panchery 183

(a) Residence. No. 226 Louisiana Ave, Wash DC St.
(Usual place of abode) Camp F-15 CCC Linton, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced. (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1905

7. AGE Years 28 Months 5 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sgt. U.S. Army
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt.
10. Date deceased last worked at this occupation (month and year) Aug. 1933
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Antwerp Belgium

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Service Record U.S. Army.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Spokane Wash. Date Aug 4, 1933

19. UNDERTAKER (Address) Mt Thornhill Kellogg Idaho

20. FILED Aug. 10, 1933 Mrs. Arlene McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Aug 4, 1933: death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound head accidental Instant

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Aug 4, 1933

Where did injury occur? Rooming house (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Rooming house

Manner of injury Gunshot wound head

Nature of injury Gunshot.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Howard Cosone

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85418

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 42

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Grenfell 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Henry Grenfell

6. DATE OF BIRTH (month, day, and year) May 21 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Richard Grenfell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Nicholas

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John Grenfell Kellogg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date July 29, 1933

19. UNDERTAKER M. C. Thornquist (Address) Kellogg, Idaho

20. FILED Aug. 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to July 26, 1933
I last saw him alive on July 24, 1933: death is said to have occurred on the date stated above, at 10.17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. A. Nuson, M. D.
(Address) Kellogg, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPAC
State File No. 85419

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 41

(No. Elizabeth)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ella E. Riners

(a) Residence. No. Wardner Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ira Curtis Riners

6. DATE OF BIRTH (month, day, and year) Feb 7-1870

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER
13. NAME John Rvane
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Saint Kinney
16. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

17. INFORMENT (Address) Ira Curtis Riners

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date ....., 193

19. UNDERTAKER (Address)

20. FILED Aug 10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1933, to July 25, 1933
I last saw her alive on July 25, 1933: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble	
(Mitral)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) T. R. Masons, M. D.
(Address) Kellogg. Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85420

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Henry Hamilton Hoffman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Elisha B. Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nancy Currey

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) HOMER HOFFMAN KELLOGG, IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date July 15, 1933

19. UNDERTAKER M. Thornton (Address) Kellogg, Idaho

20. FILED Aug 10, 1933 Mrs. Ellen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to July 13, 1933
I last saw h alive on July 13, 1933: death is said to have occurred on the date stated above, at 5-17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1 wk

Other contributory causes of importance:

Bronchial Asthma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold T Erickson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85421

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 186

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Terrence J. McCann

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bella McCann

6. DATE OF BIRTH (month, day, and year) Aug 15-1865

7. AGE Years 67 Months 11 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Thomas McCann
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Mulqueene
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Bella McCann Wallace, Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Murray Ida Date July 18, 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und. Co.) Wallace, Ida.

20. FILED July 16, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1933, to 6/21, 1933

I last saw him alive on 6/21, 1933: death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	?

Other contributory causes of importance:

1) Syphilis	20 yrs
2) Spondylitis	" "

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Fitz Gerald M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED AUG 9 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85422

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 183

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

88b

2. FULL NAME Catherine Armstrong

(a) Residence. No. Burke Ida St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Lewis Armstrong

6. DATE OF BIRTH (month, day, and year) Nov 25 1875

7. AGE Years 55 Months 7 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME Benjamine Thomas

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Nash

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Lewis Armstrong Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date July 15 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Und Co.) Wallace Ida.

20. FILED July 14, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...; death is said to have occurred on the date stated above, at 9 45 A m.

The principal cause of death and related causes of importance were as follows: Myocarditis Chr. Several Mo. — Date of onset

Other contributory causes of importance: Adenosis General Fibroma Uterus Several Yrs

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. M. W. Wells

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

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RECEIVED AUG 9 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85423

Registration District No. 76

Primary Registration District No. 1011

Local Registrar's No. 185

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME J M Stanton

(a) Residence. No. Osborn St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
70	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpentar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pendleton Ore

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) H N Aldrich. Osburn

18. BURIAL, CREMATION, OR REMOVAL Place Milton Ore. Date 7/16/33, 193

19. UNDERTAKER (Address) Worstell Co. Wallace. Idaho.

20. FILED July, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jul 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Jul 15, 1933

I last saw him alive on Jul 15, 1933: death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr	Several years
Arteriosclerosis	
General	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr S Mowery M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

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RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85424

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 75
Primary Registration District No. 1011
Local Registrar's No. 152

(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elesta Pearl Casebeer

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Chas Casebeer

6. DATE OF BIRTH (month, day, and year) Dec 17-1881

7. AGE: Years 51 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Chas Casebeer Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date July 16 1933

19. UNDERTAKER (Address) J. A Bower (Ward Undertaking Co) Wallace Ida

20. FILED July 17, 1933 C O Bloom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion Edema of Lungs & Nephritis Severe (2) MD	
Other contributory causes of importance: None	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Dr. M. Ward M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85425

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 181
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100 a

2. FULL NAME Thomas Caprila
(a) Residence. No. Blackbear, Idaho St. Black Bear Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Hospital Records Wallace Ida
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date July 13, 1933
19. UNDERTAKER (Address) J. A. Bever (Ward and Co) Wallace Ida.
20. FILED July 13th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Encephalitis Lethargica several days
Other contributory causes of importance:
Pneumonia Bron Chia Alcoholism 2 wks
Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Wallace Ida

RECEIVED AUG 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85426

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 180

(No. C.O. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Eric McCaley. 31

(a) Residence. No. Mullan Idaho St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) April 29-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) C. A. McMurray Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida Date July 7, 1933

19. UNDERTAKER (Address) J. H. Burns (Ward Und. Co.) Wallace, Ida

20. FILED July 6th, 1933 C. E. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1933, to July 4th, 1933.
I last saw h... alive on ..., 193..; death is said to have occurred on the date stated above, at 6.50 p.m.
The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis - T

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho
County Physician.

RECEIVED AUG 9 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85427

PLACE OF DEATH

County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Mrs. Lulu Fisher

(a) Residence. No. Mullan, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Guy Fisher, Mullan

6. DATE OF BIRTH (month, day, and year) Apr. 13, 1887

7. AGE 46 Years | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cove, Oregon.

FATHER
13. NAME W. E. Martin
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Blevins
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Guy Fisher

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation, Spokane Date July 7 1933

19. UNDERTAKER (Address) Worstell Funeral Home
Wallace, Ida.

20. FILED July 6th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Head Instant Suicide	
Other contributory causes of importance: Brooding over family troubles	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Own Home Mullan Ida
Manner of injury Gunshot wound
Nature of injury of head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Monroe Corone
(Address) Wallace Ida

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85428

PLACE OF DEATH

County of Shoshone
City of Eagle

Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 178

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME Laura Blackstock

(a) Residence. No. Eagle Creek, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Blackstock

6. DATE OF BIRTH (month, day, and year) June 24, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME W. Paul

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Evans

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Geo. Blackstock
(Address) Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace, Ida. Date July 6, 1933

19. UNDERTAKER Forstell Funeral Home
(Address) Wallace, Idaho.

20. FILED July 6th, 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193... ; death is said to have occurred on the date stated above, at 5P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Poisoning	Long Stand

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193..

Where did injury occur? at Home Eagle Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. W. Forstell Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85429

PLACE OF DEATH

County of Shoshone

City of Murray

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 177

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Wilhelmina Kincannon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1860

7. AGE Years 73 Months 4 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Germany~~ Wisconsin
(State or country)

FATHER

13. NAME Frederick Kuhnhnn

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME — — Schaefer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT (Address) Mrs. M. E. Phee Murray, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Idaho Date July 1, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg Idaho

20. FILED July 6th, 1933 E. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1933, to ....., 193...

I last saw h.....alive on June 17th, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinoma of abdomen

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85430

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME George Washington Pleysinger

(a) Residence. No. 318 Maple Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 22nd Feb 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Caretaker, Veterans
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Memorial Hall
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Republic, Washington

FATHER
13. NAME Dennis Pleysinger
14. BIRTHPLACE (city or town) (State or country) Budrow, Indiana

MOTHER
15. MAIDEN NAME Sadie Ebberts
16. BIRTHPLACE (city or town) (State or country) Minneapolis, Minnesota

17. INFORMENT (Address) Sadie Pleysinger, Kellogg, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Idaho Date Aug 2, 1933
19. UNDERTAKER (Address) M. C. Thorngate, Kellogg, Ida.
20. FILED Aug 4th, 1933 L. D. Storm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to July 31, 1933
I last saw h.. alive on July 31, 1933: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis with Effusion	
Broncho Pneumonia	

Other contributory causes of importance:

Paracentesis Pericardii

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. T. Smith, M. D.
(Address) Wallace Idaho

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85431

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 193

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Olson

(a) Residence. No. MurrayIdaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ////////

6. DATE OF BIRTH (month, day, and year) June 24, 1885

7. AGE Years 48 Months 1 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mimer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER
13. NAME Oscar Olson
14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER
15. MAIDEN NAME Anna Tural
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Dave Sellers

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) Worstell Funeral Co Wallace Ida.

20. FILED Aug 4th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jul 31 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to Jul 31, 1933

I last saw him alive on Jul 31, 1933, death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis Pul
Monary bath
Lungs fall Labor
Several mo

Other contributory causes of importance:
Cold exposure
& work in mine
Several yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Not Definitely
If so, specify .....
(Signed) D S Mowers M. D.
(Address) Wallace Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85432

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 192

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Goldie Heldegard Ristau

(a) Residence. No. Mullan, Idaho St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas Ristau

6. DATE OF BIRTH (month, day, and year) Feb 11 - 1894

7. AGE Years 39 Months 4 Days 19 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ironwood Mich.

FATHER
13. NAME Chas Bloom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Hilda Oberg
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Chas Ristau Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Yokane Wn Date ..., 193..

19. UNDERTAKER (Address) J. A. Beer (Ward Und Co) Wallace Ida.

20. FILED July 5th, 1933 O. G. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 30 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933, to June 31, 1933
I last saw her alive on about June 28, 1933; death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) F. W. Rolfs, M. D.
(Address) Mullan Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Shoshone

City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85433

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 191

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

186

2. FULL NAME James A Bowden

(a) Residence. No. Mullan Ida St. Mullan, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Alice Bowden

6. DATE OF BIRTH (month, day, and year) March 27 - 1888

7. AGE Years 45 Months 4 Days 2 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining

10. Date deceased last worked at this occupation (mo. and yr.) July 29 - 1933

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry Bowden

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Martin

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs Alice Bowden Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Aug 1, 1933

19. UNDERTAKER (Address) J. A. Bwer (Ward and Co) Wallace, Ida

20. FILED Aug 1st, 1933 C. Sstone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Comp. Commin.	
Wt. Fro. of	
Entire Skull & Instant	
Neck	
Other contributory causes of importance:	
Fall down	
Chale	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 29 1933
Where did injury occur? Mammoth Mullan Ida
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place? Mill
Manner of injury Fall down Shaft
Nature of injury Fro. Skull & Neck

24. Was disease or injury in any way related to occupation of deceased? If so, specify Sudden while working
(Signed) H. M. Moore Coroner
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85434

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 190

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Florence Richey

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Feb 23 - 1868

7. AGE Years 65 Months 5 Days 6 If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco Calif.

FATHER

13. NAME Joseph Ware

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Rowe

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT (Address) Mrs John Bohman Mullan, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Spokane Wash Date July 31, 1933

19. UNDERTAKER (Address) J. A. Bower Ward Bend Co. Wallace Ida.

20. FILED July 29th, 1933. C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 29, 1933 last saw her alive on July 28 1933 death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coma Diabetes	2 days

Other contributory causes of importance: Arteriosclerosis Thrombosis, Sivera Syph

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Howard M. D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85435

Registration District No. 76

Primary Registration District No. 1011 Local Registrar's No. 189

(No. Providence Hospital)

(If death occurred in a hospital, or institution, give its name instead of street and number)

2. FULL NAME Harry Lewis Holmes

177

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) Aug 21 - 1897

7. AGE Years 35 Months 11 Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining

10. Date deceased last worked at this occupation (mo. and yr.) May 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Lewis A. Holmes

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Lemon

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMANT (Address) Mrs. Stella Knott Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date July 26 1933

19. UNDERTAKER (Address) J. A. Biver (Ward Und Co) Wallace Ida

20. FILED July 26, 1933. C. A. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw him alive on July 22, 1933: death is said to have occurred on the date stated above, at 2:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

Heart Block
Overdose Veronal

Date of onset

Other **contributory causes** of importance:

Alcoholism

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193.

Where did injury occur? Home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) A. R. Mowery Coroner

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85436

Registration District No. 78

Primary Registration District No. 1011

Local Registrar's No. 188

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Frank Wieland

(a) Residence. No. Mullan, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Wieland

6. DATE OF BIRTH (month, day, and year)

7. AGE: 54 Years | Months | Days | If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Worstell Funeral Home Wallace, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace, Ida. Date ....., 193

19. UNDERTAKER (Address) Worstell Funeral Home Wallace, Idaho

20. FILED July 1st, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to June 27, 1933

I last saw him alive on June 27, 1933, death is said to have occurred on the date stated above, at 2 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	several days
Gall	
Pneumonia	
Bronchial	

Other contributory causes of importance:

abscess prostate
alcoholism several yrs

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Des Mowery, M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85437

County of Shoshone
City of Osborne
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 187

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wallace Ralph Hand 70

(a) Residence. No. Osborne Idaho St. Osborne Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida.

FATHER

13. NAME Ralph Hand

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Vera Adams

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMENT (Address) Ralph Hand Osborne Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Osborne Ida. Date July 22, 1933

19. UNDERTAKER (Address) J. A. Brown (Wardlaw Co) Wallace, Ida.

20. FILED July 21st, 1933 C. E. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to July 19, 1933
I last saw him alive on July 15, 1933; death is said to have occurred on the date stated above, at 4:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Hydrocephalus	

Other contributory causes of importance:
Infection following encephalography

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Paul Mellis, M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85438

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 184

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clyde Howard Lavooge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ted Lavooge

6. DATE OF BIRTH (month, day, and year) Jan 23-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 17-33

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Livingston Mont.

FATHER

13. NAME Chas H. Lavooge

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Cofer

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Ted Lavooge Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date July 17, 1933

19. UNDERTAKER J. A. Bower (Ward und Co.) (Address) Wallace Ida.

20. FILED July 17th, 1933 Dineen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 15, 1933

I last saw him alive on July 13, 1933; death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Furunculosis Left Arm	3 Wks
Carbuncle Left Arm	1 Wk
Cellulitis Left Arm	1 Wk
Lymphangitis Left Arm	1 Wk
Edema Left Arm	1 Wk

Other contributory causes of importance:

Name of operation ..... Date of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. J. Bower M.D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85439

PLACE OF DEATH
County of Teton
City of Clawson

Registration District No. Driggs
Primary Registration District No. Driggs. Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Wm Miller Peacock

(a) Residence. No. Driggs Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ~~Husband~~ Louisa Mathews

6. DATE OF BIRTH (month, day, and year) 1858 Nov 22.

7. AGE: Years 74 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer +
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

FATHER
13. NAME Wm. Miller Peacock
14. BIRTHPLACE (city or town) (State or country) ~~Salt Lake City~~ England.

MOTHER
15. MAIDEN NAME Marg. Ann Miller.
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Una Jensen, daughter Driggs Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Clawson cache Date July 12, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 7-11-, 1933 Abie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-Jan, 1933, to July 9-, 1933
I last saw her alive on July 8th, 1933: death is said to have occurred on the date stated above, at 3.20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fa Mitral Insufficiency	

Other contributory causes of importance:
Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) G. T. Parkinson, M. D.
(Address) Driggs Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85440

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Teton
City of Driggs, Idaho Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 2
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orphia Dilwold Kelly
(a) Residence. No. St. Driggs, Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 5 yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Ann J. Kelly

6. DATE OF BIRTH (month, day and year) June 6, 1863.

7. AGE: 69 Years | Months: 10 | Days: 6 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Sheboygon Wis.

PARENTS

10. NAME OF FATHER: Henry Dilwold
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Charlotte Depping
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Germany

14. Informant (Address): Ann J. Kelly, Driggs, Idaho

15. Filed 8-9-, 1933 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 12, (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1930, to April 12, 1933 that I last saw her alive on April 11, 1933 and that death occurred, on the date stated above, at 7 00 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronia Dropsy
Pulmonary Edema.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) L. F. C. Tesner M. D.
April 12, 1933 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal: Jackson, Wyo. | Date of Burial: April 13, 1933
20. Undertaker: Roy Van Vleck | Address: Jackson, Wyo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED AUG 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8544

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

PLACE OF DEATH
County of Twin Falls
City of Buhl

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank T. Miller

(a) Residence. No. ~~14 Ave~~ 324-14 St. Buhl.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Bachelor
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Dec 9 1869
7. AGE: Years 63 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Unknown

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant: W. M. Eldridge
(Address) Buhl

15. Filed July 19, 1933. J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 15 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1933 to July 15, 1933
that I last saw him alive on July 15, 1933
and that death occurred, on the date stated above, at 12:30 P m.
The CAUSE OF DEATH* was as follows: Cancer of stomach.
(duration) about yrs. 4 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of June 7 1933
Was there an autopsy? No
What test confirmed diagnosis? Pathology Laboratory
(Signed) J. T. Murphy M. D.
July 19, 1933 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Buhl Cemetery	7-18 1933
20. Undertaker	Address
Evans & Johnson	Buhl Ida

YES!

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85442

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls,

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 91

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Thomas Brackenbury

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 9Th. 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho.

FATHER

13. NAME Geo. H. Brackenbury

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Margrette Walters

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) GeO. H. Brackenbury Hansen, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Filer, Idaho. Date July 29, 1933

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED 7/1, 1933 Geo. C. Talley Mgr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to July 26, 1933

I last saw him alive on July 25, 1933: death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Organic Heart Disease	May 1 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Davis, M. D.

(Address) Kimberly Idaho

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 85443

Local Registrar's No. 90

(No. 1219--8Th Ave., East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Mrs. Patince C. Tewalt,

(a) Residence. No. 1219--8Th Ave, East City. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	---	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

FATHER

13. NAME Benjamin Carman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Martha Allison,

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMENT (Address) Mrs. Martha Klug, Challis, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Challis, Ida Date July 28, 1933

19. UNDERTAKER S.C. Phillis, (Address) Twin Falls, Ida.

20. FILED 7/28, 1933 George C. Talley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26Th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to July 26th, 1933
I last saw h[illegible] alive on July 24th 1933: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver & Stomach	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. L. Lemley, M. D.
(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85444

PLACE OF DEATH
County of Twin Falls
City of Hansen
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 89
(No. Hansen, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

14a

2. FULL NAME Della A. Babcock

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 10Th 1860

7. AGE			
73 Years	3 Months	15 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wabash, Ind.

FATHER

13. NAME William Huff

14. BIRTHPLACE (city or town) (State or country) Virg.

MOTHER

15. MAIDEN NAME Elizabeth McGuff

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs M.A. Robinson, Hansen, Ida. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Ida Date July 28, 1933

19. UNDERTAKER (Address) S.C. Phillips, Twin Falls, Idaho.

20. FILED 7/28, 1933 George C. Talley Registrar
acd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July, 25Th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to July 25, 1933.
I last saw him alive on June 17, 1933: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis & Brain Hemorrhage with Hemiplegia	5 yrs ago
Other contributory causes of importance: Arteriosclerosis. Chronic Interstitial Nephritis	June 17 5 years

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
M.D. Signed) Dr John R. Morgan, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85445

PLACE OF DEATH

County Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 87
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME V. H. Buster

(a) Residence. No. Hospital St.
(Usual place of abode.) 1/4 mi E
(If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Buster

6. DATE OF BIRTH (month, day and year) Aug 26 1879

7. AGE 53 Years Months 10 Days 30 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER S. P. Buster
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Eva Naylor
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kansas

14. Informant (Address) Mrs Eva Buster Twin Falls

15. Filed 7/27 1933 George C. Halley acts Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 23 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/16/33, 19, to 7/23/33, 19
that I last saw him alive on 7/23/33, 19
and that death occurred, on the date stated above, at 6:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of the heart; Nephritis acute.
(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? at home.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Lab.
(Signed) Duncan L Hearn M. D.
7/26/33, 19 (Address) Twin Falls, Ida.

19. Place of Burial, Cremation, or Removal Twin Falls
Date of Burial July 23 1933

20. Undertaker M.D. J. E. Drake
Address Twin Falls

RECEIVED AUG 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85446

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
2 mi E. on Addison Ave

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 8 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman Alexander Wailes 188C

(a) Residence. No. Hazelton Ida RFD St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Florence R. Wailes

6. DATE OF BIRTH (month, day, and year) Oct 2-1898

7. AGE Years 34 Months 9 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Eaton Colo.

FATHER
13. NAME David Wailes
14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER
15. MAIDEN NAME Margaret MacManus
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) .....

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Twin Falls Date 7/27, 1933

19. UNDERTAKER Evans & Johnson (Address) Twin Falls

20. FILED 7/28, 1933 George E. Halley M.D. Registrar
act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1933, to 7-24, 1933
I last saw him alive on 7-24, 1933; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows: Extreme shock, Internal hemorrhage, Fractured spine, Fractured ribs, punctured lung, ruptured spleen — Auto accident

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy as there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-24, 1933
Where did injury occur? 2 miles East of Twin Falls, Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto accident
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify No.
(Signed) E. L. Berry, M. D.
(Address) Buhl, Idaho

RECEIVED AUG 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85447

PLACE OF DEATH
County of Twin Falls
City of 9¾ Mi West of Buhl
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry David Hines Died on way to Hospital.

(a) Residence. No. Salt Lake City St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edith Nudgett Hines

6. DATE OF BIRTH (month, day, and year) Feb. 28/1873

7. AGE Years 60 Months 4 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 13/33
11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

FATHER
13. NAME David Hines
14. BIRTHPLACE (city or town) (State or country) New York State ~~Utah~~ ~~Knaw~~

MOTHER
15. MAIDEN NAME Mary Stevens
16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMENT (Address) Edith Hines Salt Lake City Utah

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salt Lake City Date 7/20 1933

19. UNDERTAKER (Address) Evans & Johnson Twin Falls By L. J. Johnson

20. FILED 7/24, 1933 George C. Halley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him ~~alive~~ on July 17, 1933: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	—

Other contributory causes of importance:

Internal hemorrhage 3:3 P.M.

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 7-17, 1933

Where did injury occur? 9¾ Miles west of Buhl (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury accidental

Nature of injury Auto accident

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.

(Signed) F. A. Dwight, M. D.
(Address) Coroner of Twin Falls County Filer

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85448

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 85
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Mrs. Helen Green
(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence Green

6. DATE OF BIRTH (month, day and year): Nov 21 - 1911

7. AGE: Years 21, Months 7, Days 25. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Mizpah Mont

PARENTS
10. NAME OF FATHER: Harvey Watkins
11. BIRTHPLACE OF FATHER (city or town) (State or Country): ✓
12. MAIDEN NAME OF MOTHER: Laura Hill
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Miles city Mont

14. Informant: Clarence Greene
(Address): Ismay Montana

15. Filed 7/21, 1933 George C. Halley M.D. acts. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/26/33, 19..., to July 16, 1933
that I last saw her alive on 7/16/33, 1933
and that death occurred, on the date stated above, at 8:30 P. m.
The CAUSE OF DEATH* was as follows:
Septicemia - staphlococcus, nephritis acute. Pyelitis acute.
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary): Myo-carditis toxic.
(duration) about yrs. mos. 14 ds.

18. Where was disease contracted if not at place of death? Unknown.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical, Lab. blood cultures.
(Signed) Duncan & Alexander M. D.
7/21/33, 19... (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~: Twin Falls Cemetery
Date of Burial: July 21, 1933

20. Undertaker: White Mortuary Inc.
Address: Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85449

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 84

1. No. 536 3rd E St.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME O. S. Strobeck (Oscar S. Strobeck) 44

(a) Residence. No. 536 3rd E St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 25 1866
7. AGE: Years 67 Months 5 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Builder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pers Port Sweden

FATHER
13. NAME: Per Strobeck
14. BIRTHPLACE (city or town) (State or country): Pers Port Sweden

MOTHER
15. MAIDEN NAME: Helena —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs Strobeck Twin Falls

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Twin Falls Date: July 5 1933

19. UNDERTAKER: F E Drake Twin Falls
(Address)

20. FILED 7/7, 1933 George C. Hadley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14 193

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to July 13, 1933.
I last saw h— alive on July 13, 1933: death is said to have occurred on the date stated above, at 12:30 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & bowels	1 year

Other contributory causes of importance:

Name of operation: 0 Date of —
What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wilson M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85450

PLACE OF DEATH
County of Twin Falls
City of Hansen
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 83
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Beatrice Loya

(a) Residence. No. (Usual place of abode) St. Hansen Idaho (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 0 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Loya

6. DATE OF BIRTH (month, day and year) Aug 21-1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	10	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Llano New Mexico

PARENTS

10. NAME OF FATHER Emanuel Padilla
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New Mexico
12. MAIDEN NAME OF MOTHER Adelphenia Martinez
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Llano New Mexico

14. Informant Joseph Loya
(Address) Hansen Idaho

15. Filed 7/17, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1933, to July 14, 1933, that I last saw her alive on July 14, 1933, and that death occurred, on the date stated above, at 2:00 P m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) H. C. Sanchez, M. D.
July 14, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Provo Utah	7-20 1933

20. Undertaker White Mortuary Inc Address Twin Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85451

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 82

(No. 536--5Thn Ave, No. City)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Mary) Marry F. Elam

(a) Residence. No. 536--5Th Ave, No. City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femanl	White	Widowed,

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed 9

6. DATE OF BIRTH (month, day, and year) Mar. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME James Mickelberry
14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Fred A. Elam 536--5Th. ave. No City

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Ida Date July 14, 1933

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Ida

20. FILED 7/14, 1933 George C. Walby MD Registrar. and

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12Th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 0, to July 12, 1933
I last saw h-e alive on July 12, 1933: death is said to have occurred on the date stated above, at 7.45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	10 Years
Other contributory causes of importance:	

Name of operation O Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harrison, M. D.
(Address) Twin Falls, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85452

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 80

(No. Twin Falls County Gen. Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Sarah Newton Deake

(a) Residence. No. 156 - 10th Ave. E. St.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Col. J. W. C. Deake

6. DATE OF BIRTH (month, day and year) Nov. 10, 1850

7. AGE	Years	Months	Days	If LESS than 1 day,
	82	7		hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Courtland Co. New York

PARENTS

10. NAME OF FATHER James Bice
11. BIRTHPLACE OF FATHER (city or town) (State or Country) New York
12. MAIDEN NAME OF MOTHER Mary Decker
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown.

14. Informant Col. J. W. C. Deake
(Address) Twin Falls, Ida.

15. Filed 7/13, 1933 George C. Talley M. D. Registrar
act.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 11 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
3-4-33, 1933, to July 11, 1933
that I last saw her alive on 7-14-, 1933
and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:
Obstruction recurrent terminal ilium,
~~due~~ inflamatory adhesions, chronic
(duration) 20 yrs. mos. ds.
CONTRIBUTORY (Secondary) acute peritonitis localized right lower quadrant.
(duration) yrs. 4 mos. ds.

18. Where was disease contracted if not at place of death? Home.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) Duncan L. Alexander M. D.
7/12/33, 1933 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Twin Falls, Ida.	7/13- 1933
20. Undertaker	Address
White Mortuary Inc.	Twin Falls Ida.

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85453

PLACE OF DEATH

County of Twin Falls,

City of Murtaugh

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 79

(No. Murtaugh, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME George Herbert Skinner

(a) Residence. No. Murtaugh, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17-1933

7. AGE Years	Months	21 Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Murtaugh, Ida
(State or country)

FATHER

13. NAME Wilber C. Skinner,

14. BIRTHPLACE (city or town) Lamar Colo.
(State or country)

MOTHER

15. MAIDEN NAME Nora Whitney

16. BIRTHPLACE (city or town) Lakin
(State or country) Kans.

17. INFORMENT Wilber C. Skinner
(Address) Murtaugh, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ On Moyes farm
Place Murtaugh, Ida Date Julylo, 1933

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida

20. FILED 7/13, 1933 George C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to July 9, 1933

I last saw him alive on July 7, 1933: death is said to have occurred on the date stated above, at 6. a AM

The principal cause of death and related causes of importance were as follows:

Premature birth. 6½ mos (?)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85454

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 18

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

5900

2. FULL NAME Lewis Eikstead

(a) Residence. No. Calidonia Hotel City St.
(Usual place of abode)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15-1860

7. AGE					
72 Years	6 Months	24 Days	If LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) W.H. Eckles 309- 3Rd Ave, West City

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date July 11Th 33

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED 7/13, 1933 George C. Talley Registrar
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9Th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to July 9th, 1933
I last saw him alive on July 9th, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. Lewis M. D.
(Address) Twin Falls Idaho

RECEIVED AUG 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85455

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 7985
(No. Twin Falls County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 77

90

2. FULL NAME Ethel Lucille Fawcett
(a) Residence. No. R. 7. D - 3 - Buhl St.
(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) January - 1 - 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work waitress.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Orland, Calif.

PARENTS

10. NAME OF FATHER Amos Fawcett
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Centerville Utah.
12. MAIDEN NAME OF MOTHER Ellen Gengler.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denver, Colorado.

14. Informant Ellen Fawcett
(Address) R. 7. D. 3 - Buhl Idaho

15. Filed 7/11, 1933 George C. Dalby M.D. acting Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 9, 1933, that I last saw her alive on July 9, 1933, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

acute cardiac dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) bronchial asthma

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Charles R. Scott M. D.
July 11, 1933 (Address) Twin Falls - Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Buhl Cemetery	7 - 11 - 1933
20. Undertaker	Address
Evans & Johnson	Buhl, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED AUG 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85456

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William R. Neer 170

(a) Residence. No. Kimberly, Idaho. Route St. #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Maude Neer

6. DATE OF BIRTH (month, day, and year): Feb 20-1882

7. AGE: Years 51 Months 4 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: George S. Neer
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Mary S. Nyhart
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. Maude Neer Kimberly, Ida. R. #1

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date July 11, 1933

19. UNDERTAKER (Address): White Mortuary Inc. Twin Falls, Ida.

20. FILED 7/10, 1933 George C. Halley Registrar
acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 1933

I last saw h..... alive on ....., 1933: death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Chest.	Instant

Other contributory causes of importance:

Self inflicted with 4:10 shot gun.

Name of operation: None Date of .....

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury July 8 193

Where did injury occur? Twin Falls County Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In stand cellar on ranch.

Manner of injury: Gun shot wound

Nature of injury: Fatal

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) F. A. Dwight, M. D.
(Address) Coroner of Twin Falls County Filer

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 85457

Local Registrar's No. 75

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

684

2. FULL NAME Wilson Stephen Decker

(a) Residence. No. R.F.D. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna G. Decker

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc General Practice.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarion County Pa.

FATHER

13. NAME Wilson Decker.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Rhoda Smathers.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Wilson S. Decker Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Place T.F. Cemetery. Date July 6 1933

19. UNDERTAKER S.C. Phillips (Address) Twin Falls.

20. FILED 7/11, 1933 George E. Kelly M.D. Registrar. acs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to July 4, 1933

I last saw him alive on July 3, 1933: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic, inter-	about
stitial, with hypertension.	5 yrs.
Other contributory causes of importance:	
Secondary dilatation gradual.	2 months.

Name of operation none Date of

What test confirmed diagnosis? clinical lab. x-rays. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 193

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Duncan K. Alexander, M. D.

(Address) Twin Falls, Idaho

RECEIVED AUG 9 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2081

DO NOT WRITE IN THIS SPACE

State File No. 85458

Local Registrar's No. 14

(No.) 14a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horace Hillis,

(a) Residence. No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hillis

6. DATE OF BIRTH (month, day, and year) July 9, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Magnolia (State or country) Iowa.

FATHER

13. NAME Alexander Hillis,

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Indianna.

17. INFORMENT (Address) Mrs. Sarah Hillis, Kimberly, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Date July 5 1933

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho,

20. FILED 7/6, 1933 George C. Hally M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to ....., 1933

I last saw him alive on July 1, 1933: death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	July 1-33

Other contributory causes of importance:

Endocarditis	1923.

Name of operation None Date of .....

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 1933

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. Dwight M. D.

(Address) Coroner Twin Falls County Filer Ida.

RECEIVED AUG 4 1933

PLACE OF DEATH

County of Valley

City of Yellow Pine

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 85459

Local Registrar's No. 1

(No. 18)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Oliver Williams

(a) Residence. No. Yellow Pine St. Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar 6 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kuna Idaho Ada County

FATHER

13. NAME Thomas Oliver Williams

14. BIRTHPLACE (city or town) (State or country) Iowa City Iowa.

MOTHER

15. MAIDEN NAME Elsie L. Corey

16. BIRTHPLACE (city or town) (State or country) Meridian Idaho Ada Co.

17. INFORMENT (Address) Mrs Claude M Taylor Warren Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Thunder Mt Date June 12, 1933

19. UNDERTAKER None (Address)

20. FILED July 31, 1933 Gardner Brady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 11, 1933

I last saw him alive on June 8, 1933: death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mt Spotted Fever	June 3.
Was cared for over telephone	
100 miles away.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucas Lucas M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85460

PLACE OF DEATH
County of Valley
City of Warren Ida

Registration District No. 13
Primary Registration District No.
Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Crosby Brewer

(a) Residence. No. Warren Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 73 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Abner Brewer

18. BURIAL, CREMATION, OR REMOVAL
Place Yellow Pine Date July 10th 1933

19. UNDERTAKER (Address) A D Robb

20. FILED July 11, 1933 Gardner Ready. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9 July 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 July, 1933, to 8 July, 1933
I last saw him alive on 8 July, 1933: death is said to have occurred on the date stated above, at 2:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	1 week
Bilateral	previous

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr Chenault Lt (19) M.C. U.S.N. M.D.
(Address) Camp 763 Yellow Pine Idaho
C.C.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 1933

PLACE OF DEATH

County of Valley

City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. 2

DO NOT WRITE IN THIS SPACE
State File No. 85461

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie Grover Harp

(a) Residence. No. ____ St. Cascade Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1897

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) St, Joe Idaho

FATHER

13. NAME Jasper Harp

14. BIRTHPLACE (city or town) (State or country) Washington Co. Idaho

MOTHER

15. MAIDEN NAME Lillian May

16. BIRTHPLACE (city or town) (State or country) Camas Prarie Idaho

17. INFORMENT (Address) Jasper Harp

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Idaho Date July 27, 1933

19. UNDERTAKER (Address) A.D. Robb Cascade Idaho

20. FILED July 25, 1933 M. Gardner Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 24, 1933

I last saw her alive on July 24, 1933; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned in Payette River at Cascade Idaho	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ____, 1933

Where did injury occur? Cascade Co Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury Could not swim

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Roscoe C Ford, M. D.

(Address) Cascade

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85462

PLACE OF DEATH
County of Valley
City of Yellow Pine

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME Bert Fredrick Cox

(a) Residence. No. ..... Sweet Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Martha Cox

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Coffee Co. Kans.

FATHER

13. NAME Andrew Cox

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary Jane Cox

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Idaho Date ....., 193..

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED July 4, 1933 Gardner Ready. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull Caused by being struck by a horse	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/4, 193..
Where did injury occur? Near Yellow Pine (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Fractured Skull
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.

(Signed) W.S.Robb Coroner Valley Co. M. D.
(Address) Cascade Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JUL 12 1933

PLACE OF DEATH

County of Valley.

City of Near Smiths Ferry.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85463

Registration District No. 15

Primary Registration District No. ✓

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Frank Sherwood Fairchild.

(a) Residence. No. 117. S. 6 Street St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ada. H. Fairchild.

6. DATE OF BIRTH (month, day, and year) January. 26. 1890.

7. AGE Years 43 Months 5 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garden City.
(State or country) Minnesota.

FATHER
13. NAME Frank. P. Fairchild.
14. BIRTHPLACE (city or town) Minnesota.
(State or country)

MOTHER
15. MAIDEN NAME Hattie Sherwood.
16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT (Address) Mrs. Ada. H. Fairchild. 117. S. 6 th Street. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Removal to Boise. Idaho. June. 26. 33.

19. UNDERTAKER (Address) A.D. Robb. Cascade, Idaho.

20. FILED June 28, 1933 H. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Fractured skull, caused by over turning of automobile on what is known as Neeb hill near Smith Ferry Idaho.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/26 1933

Where did injury occur? Near Smith Ferry Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Skull fracture

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) A D Robb - Coroner Valley Co. M.D.

(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85464

PLACE OF DEATH

County of Washington

City of Cambridge

Registration District No. 88

Primary Registration District No. ____ Local Registrar's No. ____

(No. 88a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive Whitney-Watson

(a) Residence. No. Cambridge St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
		[redacted]

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Elken F Watson

6. DATE OF BIRTH (month, day, and year) May 29 - 81

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canfield Ohio

FATHER

13. NAME William Whitney

14. BIRTHPLACE (city or town) (State or country) Lyons N. Y.

MOTHER

15. MAIDEN NAME Nancy Hutchins

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Adonya Whitney-Kenny 335-14-St Parkersburg W. Va.

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery Date May 5, 1933

19. UNDERTAKER (Address) J. C. Anderson Cambridge Ida.

20. FILED 6-8-33 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1933, to May 2, 1933

I last saw her alive on May 2, 1933; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complication	
Endocarditis &	
Myocarditis	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) G. F. Hurst M.D., M.D.

(Address) Cambridge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85465

PLACE OF DEATH

County of Washington
City of Midvale
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No. 74 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Retta Walker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Walker

6. DATE OF BIRTH (month, day, and year) July 13 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boone City
(State or country) Iowa

FATHER

13. NAME Henry Barich

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country) unknown

17. INFORMENT George F Walker
(Address) midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Idaho Date July 23 1933

19. UNDERTAKER Glenn C Laidlaw
(Address) Payette Idaho

20. FILED 7-27-33 1933 Dr. R. T. WHITEMAN Registrar.
CAMBRIDGE IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16 1933 to July 22 1933

I last saw her alive on July 16 1933 death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation None Date of —

What test confirmed diagnosis? Clin., Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Woodward, M. D.

(Address) Payette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

✓ 85466

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85466

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 77

(No. U. S. Veterans Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HULL, Samuel N.

(a) Residence. No. ..... St. Hansen, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara P. Hull

6. DATE OF BIRTH (month, day, and year) Aug. 2, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Door Hull

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Eliz Wilson

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Fern Birch V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Idaho Date 8-18, 1933 Shipment

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 8-18, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Aug. 17, 1933

I last saw him alive on Aug. 17, 1933 : death is said to have occurred on the date stated above, at 2.15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	
Pyloric obstruction	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & autopsy Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

85467

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85467
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 219

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Konnick

(a) Residence. No. ..... St. Buhl Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Konnick

6. DATE OF BIRTH (month, day, and year) Nov 1st 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	71	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bohemia
(State or country)

MOTHER/FATHER

13. NAME John Konnick

14. BIRTHPLACE (city or town) Bohemia
(State or country)

15. MAIDEN NAME Sophie Krutina

16. BIRTHPLACE (city or town) Bohemia
(State or country)

17. INFORMANT Mrs. John Konnick
(Address) Buhl Idaho R# 5

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Ida Date 8-24 1933

19. UNDERTAKER Schreiber & McCausland
(Address)

20. FILED 8-24 1933 W. H. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/14, 1933, to 8/24, 1933
I last saw h[illegible] alive on 8/23, 1933. death is said to have occurred on the date stated above, at 4:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma	
head of	
pancreas	
Other contributory causes of importance:	
Obstructive	
jaundice	
Hypostatic pneumonia	

Name of operation Duodenostomy Date of 8/22/33

What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Ralph [illegible], M.D.

(Address) Buhl

RECEIVED AUG 28 1933

85468

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85468

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 V-0 Local Registrar's No. 1V-3
(No. Intermountain Fire Works Co.
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Roland Williams

(a) Residence. No. 127-2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Freida Williams

6. DATE OF BIRTH (month, day, and year): Aug 26 1896

7. AGE: Years 38 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Intermountain Fire Works Co.
10. Date deceased last worked at this occupation (month and year): Aug 5 1933
11. Total time (years) spent in this occupation: 6 yrs.

12. BIRTHPLACE (city or town) (State or country): Peterson Utah.

FATHER
13. NAME: Joshua Williams
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Hannah M Green
16. BIRTHPLACE (city or town) (State or country): South Africa.

17. INFORMENT (Address): Mrs Freida Williams Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 8/8, 1933

19. UNDERTAKER (Address): V F McHan Idaho Falls Ida

20. FILED: Aug 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8/5 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at 4:22 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Explosion	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 8/5, 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Explosion
Nature of injury Body Blown to pieces

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify While at work.
(Signed) Fred Foster Cameron, M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 21 1933

85469

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85469
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 . Local Registrar's No. 141

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clement H. Athas

(a) Residence. No. ..... St. Moore, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marvel

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Merker
(State or country) Utah

FATHER

13. NAME John Atha

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Anna Kent

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMENT Mrs. Marvel Atha
(Address) Moore, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Mackay, Idaho Date Aug. 19 1933

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 8-18, 1933 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Aug 17, 1933

I last saw him alive on Aug 16, 1933: death is said to have occurred on the date stated above, at 4:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	
Due to T.B. Kidney	
Rt Kidney Removed 1923	
for T.B.	
Other contributory causes of importance:	
Left T.B. Kidney	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1933

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. C. Jones, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 30 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85470

Registration District No.

Primary Registration District No. Local Registrar's No. 137

(No. Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert J. Rogers

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Grace Rogers

6. DATE OF BIRTH (month, day, and year) March 17, 1896

7. AGE Years 37 Months 5 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesmen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn New York

FATHER

13. NAME Charles Rogers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Grace Rogers Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL Place Bonal Loc Date Aug 23 1933

19. UNDERTAKER (Address) H. L. McCann Pocatello Idaho

20. FILED 10-22, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-12-, 1933, to Aug-22-, 1933

I last saw him alive on Aug-21-, 1933: death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

Brain hemorrhage from head injury auto accident

Date of onset

Other contributory causes of importance:

Name of operation Cerebral decompression Date of 8-16-33

What test confirmed diagnosis? Clinical and operative Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-14-1933

Where did injury occur? Near Downey Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Auto Accident

Nature of injury Head Injury

24. Was disease or injury in any way related to occupation of deceased? mo If so, specify

(Signed) W. J. Hartvigsen, M. D.

(Address) Downey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

85471

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85471

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 79

(No. Smith Ferry, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley J. Ferguson

(a) Residence. No. Camp S-227, CCC, Smiths Ferry, Idaho St. Owego, N.Y.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred — yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) (Date unknown) 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Member Civilian Conservation Corps.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 18/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Owego, (State or country) N Y

MOTHER/FATHER

13. NAME Harry Ferguson

14. BIRTHPLACE (city or town) Owego, (State or country) N Y.

15. MAIDEN NAME Gertrude Lull

16. BIRTHPLACE (city or town) Newark Valley, (State or country) N.Y.

17. INFORMANT George Ferguson, (Address) Owego, N.Y. Temp at Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL Shipped
Place Owego, N. Y. Date 8/20/33

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 8-24 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from did not attend, 193..., to ..., 193...
Not seen alive
I last saw him alive on ..., 193...; death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage, extensive, anterior mediastinal space, secondary to rupture, internal mammary artery left, caused by fracture of sternum.	
Other **contributory causes** of importance:	
Concussion, brain	
Fracture spinous process 4th cervical vertebrae.	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? Near Smiths Ferry, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Falling tree
Nature of injury Crushing injury of chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Sustained while (a)
(Signed) Chas G. Souder, M. D.
(Address) Major, M.C. Hq Boise Dist CCC

85472

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85472
State File No.

Place of Death
County of Valley
City of McCall
Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 81
(No. McCall, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Cassidy John A (CC2-21814)

(a) Residence. No. 356 Montgomery St., Jersey City St. New Jersey
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 25, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerical work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) Jersey City
(State or country) New Jersey

FATHER
13. NAME John Cassidy Sr.
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT (Address) Capt. Warren H. McNaught McCall, Idaho
18. BURIAL, CREMATION, OR REMOVAL Shipped
Place Jersey City, N. J. Date 8/29/33
19. UNDERTAKER McBratney
(Address) Boise, Idaho
20. FILED 8-28-1933 W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933, to August 27, 1933
I last saw him alive on Aug. 27, 1933: death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture right leg	8/25/33
H emorrhage	8/25/33
Traumatic shock	8/25/33
Gas bacillus infection	

Other contributory causes of importance:

Name of operation Debridment Date of 8/25/33
What test confirmed diagnosis? Physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/25 1933
Where did injury occur? McCall, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto accident
Nature of injury Compound fracture right leg

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) George H. Donnelly M. D.
(Address) George H. Donnelly, Capt. MC, USA. Headquarters Boise CCC.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85473

PLACE OF DEATH

County of Ada
City of Boise Idaho
Registration District No. 2004
Primary Registration District No. 8
Local Registrar's No. 83
(No. Veterans Administration)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter L. Lund

(a) Residence. No. Weiser Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Anna Lund

6. DATE OF BIRTH (month, day, and year) Wife

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	I	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Walter Lund
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date ....., 193..

19. UNDERTAKER Schriber and McCann
(Address) Boise Idaho.

20. FILED 9-5, 1933 W. S. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1933, to Sept. 2, 1933
I last saw him alive on Spet. 2, 1933: death is said to have occurred on the date stated above, at 8. 25P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis	

Other contributory causes of importance:

Cerebral Hemorrhage	

Name of operation None Date of
What test confirmed diagnosis? Laboratory and Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F.C.Smith, M. D.
(Address) Veterans Administration

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

✓ 85474

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 85474

Local Registrar's No. 84

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. Bruce WARR

(a) Residence. No. ..... St. Oakley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Annetta Warr

6. DATE OF BIRTH (month, day, and year) November 27, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley, Idaho
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Oakley, Idaho Date 9/9/33 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9/7, 193 3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1933, to September 6, 1933

I last saw him alive on September 6, 1933; death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 12th Dorsal Vertebra with injury to the spinal cord; Ileus Adynamic	

Other contributory causes of importance:

Pneumonia, lobar, bilateral; Fracture 4th Lumbar Vertebra; Paraplegia

Name of operation Laminectomy Date of 9-6-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Yes Date of injury 9-1, 1933

Where did injury occur? Arco, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Automobile accident

Nature of injury Injury to spine

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

RECEIVED SEP - 1933

85475

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 119

Primary Registration District No. 2198

DO NOT WRITE IN THIS SPACE

State File No. 85475

Local Registrar's No. 194

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Benjamin Lloyd

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5. If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth Lloyd

6. DATE OF BIRTH (month, day, and year) Nov. 17 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Prop. of Cafe

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Fork Utah

FATHER

13. NAME Thomas Lloyd

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Celia Thomas

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT X John Lloyd. (Address) malta Idaho

18. BURIAL, CREMATION OR REMOVAL Place Spanish Fork Utah Date 8-20, 1933

19. UNDERTAKER D. E. Johnson (Address) Burley Ida.

20. FILED ....., 193.... C. P. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from None, 193... to None, 193....

I last saw h...alive on Aug 14 1933; death is said to have occurred on the date stated above, at 4:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy due to Sunstroke	8/15/33

Other **contributory causes** of importance: None

Name of operation No Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. P. Sater M. D.

(Address) Malta Idaho

RECEIVED SEP 11 1933

85476

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clark

City of Dubois

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85476

Registration District No. 125

Primary Registration District No. 2203 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Henry Burnside

(a) Residence No. Small St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bernice Burnside

6. DATE OF BIRTH (month, day, and year) August 29, 1880

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
53		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beaver (State or country) Utah

FATHER

13. NAME James Burnside

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Bernice Burnside (Address) Small Idaho

18. BURIAL, CREMATION OR REMOVAL Place Dubois Idaho Date Sept. 7 1933

19. UNDERTAKER Jack O'Donnell (Address) Idaho Falls Idaho

20. FILED Sept. 8, 1933 C E Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6.30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide—hanging	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C E Jones M. D.

(Address) Dubois Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO 85477

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85477

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 213

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Frank Edward Beal

(a) Residence. No. Standard Rooms St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 29, 1855

7. AGE: 78 Years | Months: 6 | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norwalk Ohio

FATHER
13. NAME Edward Beal
14. BIRTHPLACE (city or town) (State or country) Marcellis N Y

MOTHER
15. MAIDEN NAME Lulenda Warren
16. BIRTHPLACE (city or town) (State or country) Huron Ohio

17. INFORMENT (Address) Cora L. Clark, Othello, Washington

18. BURIAL, CREMATION, OR REMOVAL Place Jackson Mich Date Aug. 16 1933

19. UNDERTAKER (Address) Summers & Krebs, Boise Idaho

20. FILED 2-16, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1933, to 8/12, 1933

I last saw him alive on 8/12, 1933; death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8/8/33
Broncho-pneumonia	

Other contributory causes of importance: Incision of Deltoid Bursa

Name of operation as above Date of 8/2/33

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Evans Lomb, M. D.

(Address)

RECEIVED SEP 15 1933

85479

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85479

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lars John Larson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Esther Larson

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 37 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER

13. NAME: August Larson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Tilda Larson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Mrs Esther Larson Troy Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Hesperia cem Date Aug 29 1933

19. UNDERTAKER: John J. Pickard
(Address) Troy Ida

20. FILED Aug 29, 1933 Lucy M. Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1928, to Aug 26, 1933.
I last saw him alive on Aug 26, 1933: death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis	
Other contributory causes of importance: Chronic nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leo A. Meyer, M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

8 5 4 80

RECEIVED SEP 5 1933

PLACE OF DEATH

County of Bonner

City of Dover, Idaho (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85480

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 55

(No. G.N. Tracks 3 Miles West of Dover 188 C

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Albert~~ W. Hohmann

(a) Residence. No. ALPHONSE St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 19 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Cloud
(State or country) Minn.

FATHER

13. NAME Peter Hohmann

14. BIRTHPLACE (city or town) St. Cloud
(State or country) Stearns Co. Minn.

MOTHER

15. MAIDEN NAME Magdalena Berger

16. BIRTHPLACE (city or town) St. Augusta
(State or country) Stearns Co. Minn.

17. INFORMENT (Address) George B. Hohmann Rice Minn

18. BURIAL, CREMATION, OR REMOVAL Place Rice Minnesota Date Aug 7, 1933 shipping

19. UNDERTAKER Funeral Co
(Address) Sandpoint Idaho

20. FILED Aug 7, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at about 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of cervical vertabrae	Aug 6, 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 6, 1933

Where did injury occur? Dover, Bonner Co, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at railroad track Hit by freight train

Manner of injury Hit by train

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

HOHMANN-~~SALZBRUN~~ AUTO CO.

Rice, Minnesota

Dec.14th.1936

DEC [illegible] 1936

Pearl Dillingham, State Registar,
Bureau of Vital Statistics,

Boise, Idaho,

In reply to your letter of Dec.11th.1936 please be informed that the certificate of death record referred to in that letter should read "Alphonse" instead of "Albert" and also that the records should be changed to read so. Also that the name "Hohman" is correctly spelled "Hohmann"

Hoping that this statement will suffice to allow your issueing the certified copy of death record at once, I beg to remain,

Very truly yours

Geo. B. Hohmann

GEO.B.HOHMANN

Adm.ALPHONSE W.HOHMANN EST.

RECEIVED SEP 14 1933

Fittingw C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of ~~Boise~~ Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85481

Registration District No. 9 T 10

Primary Registration District No. 9 T 10

Local Registrar's No. 11 r

(No. Eagle, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mrs. Emeline Doyle.

(a) Residence. No. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of D. Doyle.

6. DATE OF BIRTH (month, day, and year) Dec. 14-1840

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
92	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

FATHER

13. NAME John Townsend.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs. D. A. Stubblefield. Caldwell, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 7/16/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 7 [redacted], 1933 [redacted] Registrar.

8/2 -1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14/33

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933 to July 15 1933.

I last saw her alive on July 4 1933; death is said to have occurred on the date stated above, at 11:15 m P.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
None	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred A. Fittinger, M. D.

(Address) Boise, Idaho.

RECEIVED SEP 11 1900

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85482

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Lela B. Walters

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Ollie Walters

6. DATE OF BIRTH (month, day, and year) March 16, 1897

7. AGE Years 36 Months 5 Days 21 If LESS than 1 day.... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Seneca Kansas

FATHER
13. NAME Pete Bodesheim
14. BIRTHPLACE (city or town) (State or country) Montgomery Illinois

MOTHER
15. MAIDEN NAME Mary Jordan
16. BIRTHPLACE (city or town) (State or country) Batavia Illinois

17. INFORMANT (Address) Ollie Walters Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 9/9, 1933

19. UNDERTAKER (Address) B. W. Robison Meridian Ida

20. FILED 9/9, 1933. W. H. Rec. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933, to Sept 7, 1933.
I last saw her alive on Sept 7, 1933: death is said to have occurred on the date stated above, at 1:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary	
Embolism	
One hour	

Other **contributory causes** of importance:
pblebiter left leg

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) V. C. Bellhuf M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED SEP 8 1933

PLACE OF DEATH

County of Ada

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85483

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 92

(No. 8 mi. no. east Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Henry C. Creason

(a) Residence. No. 8 mi. no. east Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, and year) March 21 1855

7. AGE: Years 78 | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Park Co. Indiana

FATHER

13. NAME Wm. B. Creeson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eliza J. Willis

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Al J. Creeson Meridian, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery Boise Valley Date 8-15, 1933

19. UNDERTAKER (Address) Wm. D. Talley Nampa, Idaho

20. FILED Sept 1, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Aug 13, 1933.

I last saw him alive on Aug 13, 1933: death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	

Other contributory causes of importance:

Arteriosclerosis
Nephritis (Chronic)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O C Bellman Jr., M. D.

(Address) Nampa Idaho

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85484

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. ~~223~~ 222 153
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Arthur Payne

(a) Residence. No. ..... St. Star Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7th 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME George W. Payne

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Mary A. Rowlett

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address) Marie Kinney 1115 7th St Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Aug 30 1933

19. UNDERTAKER Schreiber & McCann,
(Address) Boise, Ida.

20. FILED 8-31, 1933 W. T. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6- 1933, to Aug. 27th 1933
I last saw him alive on Aug 27 1933: death is said to have occurred on the date stated above, at ~ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess (deep) Subclavicular	
Other contributory causes of importance:	
Spotted Fever	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. Calloway, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Stone

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85485

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 198

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Robert Vern Fowler.

(a) Residence. No. Boise, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) July 31st 1933

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 9 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Vern J. Fowler.

14. BIRTHPLACE (city or town) (State or country) Alberta Canada.

MOTHER

15. MAIDEN NAME Alberta Mae Brassfield

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT (Address) V. J. Fowler. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 8/1/33 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 8-1, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/1/33 193

22. I HEREBY CERTIFY, That I attended deceased from 7/31, 1933, to 8/1, 1933.

I last saw him alive on 7/31, 1933: death is said to have occurred on the date stated above, at 4 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
7 mos. fortus	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold W. Stone, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

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Cochran ✓

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85486

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 199

(No. 1114 N. 14th. St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Joseph B. Vermillion

(a) Residence. No. Boise, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July, 31, 1859

7. AGE Years 74 Months 0 Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Chiropractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME N. Vermillion.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Earl Vermillion. San Diego, Calif.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Cem. Date 8/5/33 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 8-4, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/1/33 193

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to Aug 1, 1933

I last saw him alive on Aug 1, 1933: death is said to have occurred on the date stated above, at 4 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of stomach - 2nd any in liver	(not known)

Other **contributory causes** of importance:

climb in high altitude brought on acute heart attack ending in dilatation and death

Name of operation none Date of

What test confirmed diagnosis? Sleeping copies physical signs Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E. Cochran D.O. ~~M. D.~~

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85487

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 200

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marshal W. Wood.

(a) Residence. No. 1215 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June - 3 - 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Army Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Watertown New York.

FATHER

13. NAME Benjamin Wood.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Augusta Grenley.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Ben Wood. 1215 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Aug 7, 1933

19. UNDERTAKER Summers & Peebler. (Address) Boise Idaho

20. FILED 8-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Aug 5, 1933

I last saw him alive on Aug 4, 1933; death is said to have occurred on the date stated above, at 7:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Falconer, M. D.

(Address) Boise Idaho

RECEIVED SEP 1 1933

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PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85488

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 201

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. St. Lukes Hospital)

1010

2. FULL NAME Claus Johnson

(a) Residence. No. ✓ St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1878

7. AGE: Years: About 56 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Construction Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Highway Construction

10. Date deceased last worked at this occupation (mo. and yr.): June 1933

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: unobtainable

14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: ✓

16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT (Address): Woolpa

18. BURIAL, CREMATION OR REMOVAL: Boise
Morris Hill Cemetery Date 8-2, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise

20. FILED 8-7, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/29 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1933, to 7-29, 1933.
I last saw h— alive on 7-29, 1933: death is said to have occurred on the date stated above, at 9:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	7/26-33

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. S. Springer M. D.
(Address) Boise Idaho

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85489

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 202

(No. St Luke's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

88b

2. FULL NAME Warren Mace

(a) Residence. No. 29th and Good St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. ~~Single~~, ~~Married~~, ~~Widowed~~ or Divorced (write the word) ~~Single~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenne Mace

6. DATE OF BIRTH (month, day, and year) Oct 13 - 1870

7. AGE Years 52 Months 9 Days 23 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mines

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Jackson Co. Oregon

13. NAME ~~[illegible]~~ Mace

MOTHER

14. BIRTHPLACE (city or town) (State or country) ~~Jackson Co. Oregon~~ Ill.

15. MAIDEN NAME Henderson

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) 2120 - No 16th Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 8-8, 1933

19. UNDERTAKER (Address) P. Schreiber & McCann Boise, Ida

20. FILED 8-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1933, to Aug. 6, 1933.

I last saw him alive on Aug. 6, 1933: death is said to have occurred on the date stated above, at 3:25 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Failure of compensation	

Other **contributory causes** of importance:

Name of operation mine Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) McCalloway, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85490

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 203

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Robert W. Cahill

(a) Residence. No. 2504 Fairview Ave. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Cahill

6. DATE OF BIRTH (month, day, and year) July 27 1861

7. AGE Years 72 Months 0 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lager

10. Date deceased last worked at this occupation (mo. and yr.) 15 years

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Philip Cahill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) A. L. Cahill Placerville Ida.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 8-8-1933 Boise

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED 8-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Aug 6, 1933

I last saw him alive on Aug 6, 1933: death is said to have occurred on the date stated above, at 6:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Vascular	
Renal Disease	

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Chr. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury. ~~193~~.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Diver, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Diver

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85491

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 204

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Maria Jayo

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 5, 1933

7. AGE Years | Months | Days | If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Philip Jayo

14. BIRTHPLACE (city or town) (State or country) Mendata Spain

MOTHER

15. MAIDEN NAME Gloria Sabala

16. BIRTHPLACE (city or town) (State or country) Jordan Valley Oregon

17. INFORMANT (Address) Philip Jayo Barber Ida.

18. BURIAL, CREMATION OR REMOVAL Place St. Johns Date Boise, 193..

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 8-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933, to Aug 6, 1933.

I last saw her alive on Aug 6, 1933: death is said to have occurred on the date stated above, at 11.30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale.	

Other **contributory causes** of importance:

Name of operation ..... Date of ..

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Springer, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85493

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 218

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Duane Johnson

(a) Residence. No. Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) August 20th 1933

7. AGE Years Months Days If LESS than 1 day... hrs. or 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Cecil Johnson
14. BIRTHPLACE (city or town) (State or country) Eagle

MOTHER

15. MAIDEN NAME Ethyl Van Voorhis
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Cecil Johnson. Eagle, Idaho. R.#1

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 8/21/33, 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 8-23, 1933. W. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20/33, 193

22. I HEREBY CERTIFY, That I attended deceased from 8-20-, 1933, to 8-20-, 1933.
I last saw him alive on 8-20-, 1933: death is said to have occurred on the date stated above, at 10.45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis of respiratory nerve center - heart beat was fair was born 10.10 a.m.	

Other **contributory causes** of importance:
Hard labor - small pelvis and large baby.

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85494

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 220

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Lucy Ament Tremaine.

(a) Residence. No. 1415. Harrison Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10. 1862.

7. AGE: Years 70 Months 11 Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Artist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princeton, Ill.

FATHER
13. NAME Thomas Ament.
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Carrie Chappler.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Harmon Tremaine. M.D. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Webster City Iowa. Sept. 1 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 8-29, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-21-, 1925, to 8/26/, 1933
I last saw her alive on 8/26/, 1933: death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	8/26/33

Other contributory causes of importance:

Hypertension Heart Disease	1925
Generalized Arteriosclerosis	(?)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Ernest E. Lauberg, M. D.
(Address) Boise, Idaho

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85496

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 210

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Austeon

(a) Residence. No. Three Creek, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1833.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
100	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Haarlem
(State or country) New York.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT John W. Shore
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Aug. 15, 1933

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 8-14, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Aug 13, 1933.
I last saw him alive on Aug 12, 1933; death is said to have occurred on the date stated above, at 1P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Tick fever	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. F. Parker, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

Dr. Falk

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85497

PLACE OF DEATH

County of Ada.

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 211

(No. St. Luke's Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME William Herbert Randall.

(a) Residence. No. 1301 East State St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1931

7. AGE: Years 1 Months 8 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho.

FATHER
13. NAME Edward Randall
14. BIRTHPLACE (city or town) (State or country) London England.

MOTHER
15. MAIDEN NAME Gina S. Kortveldt
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Edward Randall 1301 East State St.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 8-16, 1933

19. UNDERTAKER (Address) Summers & Krebs Boise, Idaho

20. FILED 8-14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1933, to 8/13, 1933

I last saw him alive on 8/13, 1933; death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status lymphaticus	Birth
Persistent enlarged thymus, general cylandular enlargement	
Other contributory causes of importance: Subacute bronchitis	8/1-33

Name of operation ..... Date of 8/13-33

What test confirmed diagnosis? clinical & Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph Falk, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85498

PLACE OF DEATH

County of Ada
City of Barber

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 74

(No. Barber, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Dora B. Thayer.

(a) Residence. No. Barber, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. D. Thayer.

6. DATE OF BIRTH (month, day, and year)
April 4th 1871

7. AGE: Years 62 | Months 4 | Days 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Topeka, Kan.

MOTHER FATHER

13. NAME: Thomas Orcutt.
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: -----Scott.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: W. D. Thayer.
(Address) Barber, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 8/6/33

19. UNDERTAKER: Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 8-5, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/4/33

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4-, 1933, to Aug. 4, 1933
I last saw her alive on 8/4/33, 1933...: death is said to have occurred on the date stated above, at 10:30A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	8/4/33
Other **contributory causes** of importance: Arterio-sclerosis.	

Name of operation. None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....None.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. E. Gillum M. D.
(Address) Boise, Idaho.

RECEIVED SEP 1 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85499

Registration District No. 8

Primary Registration District No. 2064 Local Registrar's No. 75

(No. Boise, Idaho. R. #1 (Collister))
(If death occurred in a hospital or institution, give its name instead of street and number)

1877

2. FULL NAME Gladys Prohl.

(a) Residence. No. Nampa, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12th 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** In School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Billings, Mont.

MOTHER FATHER

13. NAME Peter Prohl.

14. BIRTHPLACE (city or town) (State or country) Fort Worth, Texas.

15. MAIDEN NAME Lucile Johnson.

16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMANT (Address) Peter Prohl. Nampa, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 8/13/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 8-15, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/11/33

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I ~~last saw him alive on ..., 193...~~ death is said to have occurred on the date stated above, at about 4:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned While Bathing	
In Irrigation Canal	
Accident	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J. McLaurin Coroner, M. D.

(Address) Boise, Idaho.

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Barber

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85500

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 76

(No. Barber, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Thomas Franklin Taber

(a) Residence. No. Barber, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6, 1855

7. AGE Years 78 Months 2 Days 6 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Harry Taber, Barber, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem Date 8/15/33

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 8-16, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1933, to Aug. 12, 1933

I last saw him alive on Aug. 10, 1933: death is said to have occurred on the date stated above, at 5:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pedema (Anasarca)	

Other **contributory causes** of importance:
Valvular heart lesions
Asthma and chronic
Bright disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lotus Bouk M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85501

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 78
No. 4 Mi. N. of Boise in hills
(If death occurred in a hospital or institution, give its name instead of street and number.)

205 f

2. FULL NAME Charles Anderson.
(a) Residence. No. St. Alphonsus St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE 77 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Truman Dragoo Boise Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 8-22, 1933
19. UNDERTAKER (Address) Summers & Krebs. Boise Idaho.
20. FILED 8-22 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 17 1933
22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ Aug 20, 1933, to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Causes unknown but natural.	
found dead in Hulls Gulch.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. S. McCann Coroner, ~~M. D.~~
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85502

County of Ada
near
City of Boise

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 80
(No. 6 mi. E. of Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Albert C. Konrad

(a) Residence. No. 510 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 20th. 1879

7. AGE: Years 54 | Months 4 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lacona, Iowa

MOTHER/FATHER

13. NAME: Henry Konrad
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Barbara Kessler
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMANT (Address): Edward Konrad Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Boise
Place: StM John's Cemetery Date: 8-17-33

19. UNDERTAKER (Address): Schreiber & McCann Boise, Idaho.

20. FILED 8-26 1933 W. A. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): About Aug. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide. By Attaching	
Garden Hose to exhaust	
Pipe and placing same	
beside himself in the Car	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) J. F. McCann Coroner, M. D.
(Address) Boise Idaho

RECEIVED AUG 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85503

PLACE OF DEATH

County of Adams

City of Fruitvale

Registration District No. 71

Primary Registration District No.

Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Dorothy May Cox

Dorothy / May / Cox

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. 11/12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb. 19 1932

7. AGE: Years 1 | Months 5 | Days — | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Payette. Idaho

PARENTS

10. NAME OF FATHER: L. D. Cox

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Colo

12. MAIDEN NAME OF MOTHER: Stella May Bronson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Mo.

14. Informant: L. D. Cox

(Address)

15. Filed Aug 10, 1933 Alvin S. Thurston M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 11, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Drowned by falling in a spring. Dead when called.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bruises on head

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W. M. Bronson, M. D.

July 11, 1933 (Address) Starkey

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Odd Fellow Cemetery.	7-14. 33 19
20. Undertaker: Family.	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85504

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 9
Primary Registration District No. 1004
Local Registrar's No. 205

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. St Alphonsus)

2. FULL NAME Gustave Frederick Redman

(a) Residence. No. 1103 Franklin St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Leone Redman
6. DATE OF BIRTH (month, day, and year): October 17 1881
7. AGE: Years 51 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Construction Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Electric Power Co
10. Date deceased last worked at this occupation (mo. and yr.): July 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Almont Michigan

MOTHER/FATHER
13. NAME: August Redman
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Bertha Rockell
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT (Address): Mrs R. F. Orchard 3418 Woodlawn
18. BURIAL, CREMATION OR REMOVAL
Place: Boise Date: Aug 6, 1933
19. UNDERTAKER (Address): Schaeffer & McCann Boise Idaho
20. FILED 8-7, 1933. W. T. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 2nd 1933
22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to Aug 2nd, 1933.
I last saw him alive on Aug 2, 1933. death is said to have occurred on the date stated above, at 7 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 31/33
Other **contributory causes** of importance:	
High blood pressure	

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...
(Signed) J. A. Sprague, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85505

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 206

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Dixson

(a) Residence. No. 1320 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dixson

6. DATE OF BIRTH (month, day, and year) August 31st 1852

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
80	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME Frances Dixson.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Martha Millet.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Donald Nixon. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 8/8/33 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 8-8..., 1933. W. A. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/7/33 93

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1928, to Aug 7, 1933.
I last saw him alive on Aug 7, 1933. death is said to have occurred on the date stated above, at 7:30 A M
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate.	

Other **contributory causes** of importance:

Name of operation. cystotomy Date of July 22/1933
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Bundy Jr., M. D.
(Address) Boise, Idaho.

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85506

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 208

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augustin Belaustegui

(a) Residence. No. 117 South 7th. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth 27 yrs. mos. ds.

13

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Francis~~ Francisca Belaustegui

6. DATE OF BIRTH (month, day, and year): May 16th. 1885.

7. AGE: Years 48 Months 2 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Raising

10. Date deceased last worked at this occupation (mo. and yr.) 22

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Jose Belaustegui

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Francisca Iturraspe

16. BIRTHPLACE (city or town) (State or country) Spain.

17. INFORMANT (Address) Petra Belaustegui Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Boise
Place St. John's Date 8-14-33

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida.

20. FILED 8-14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 11, 1933.
I last saw him alive on Aug 10, 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Parotitis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) Geo. Collister, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85507

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 209

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Vivian Pollard.

(a) Residence. No. 1205 North 22nd St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Lloyd Pollard

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decauter Arkansas.

FATHER

13. NAME A. J. Wilmouth

14. BIRTHPLACE (city or town) (State or country) Decauter Arkansas.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Leo Lloyd Pollard. 1205 North 22nd St.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Aug. 15 1933

19. UNDERTAKER Summers & Krebs (Address) Boise, Idaho.

20. FILED 8-14, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug - 7., 1933, to Aug 12, 1933
I last saw her alive on 12 - 4 Aug, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia.	
Septic pneumonia	

Other contributory causes of importance:

Liver.

Name of operation Laparotomy Date of 8/7/33

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Attorney, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85508

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 212

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

143 (f)

2. FULL NAME Mrs. Ethel Mallory

(a) Residence. No. 1606 N. 21st Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. S. Mallory

6. DATE OF BIRTH (month, day, and year) September 2nd 1895

7. AGE Years 37 Months 11 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cushing, Okla.

FATHER

13. NAME Charles Hook.

14. BIRTHPLACE (city or town) (State or country) Unknonw.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) L. S. Mallory Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 8/13/33, 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 8-15, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/11/33

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933, to Aug 11, 1933

I last saw her alive on Aug 6, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

Ectopic Gestation

Date of onset

Other **contributory causes** of importance:

Hemorrhage

Name of operation Coparatory Date of 8/6/33

What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dutorney, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85509

Registration District No. 6

Primary Registration District No. 1004 Local Registrar's No. 214

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mike Popovich.

(a) Residence. No. Cascade, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race:

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Don't Know.

7. AGE — Years: 60 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):

MOTHER / FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: County Cem. Date: 8/16/33

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho

20. FILED 8-16 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/14/33

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1933, to 8/14, 1933
I last saw him alive on 8/14, 1933 death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wounds of Chest & Spine	8/11/33
Other **contributory causes** of importance:	
Pneumonia	

Name of operation Laminectomy Date of 8/14/33
What test confirmed diagnosis? V Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/11 1933
Where did injury occur? Warren Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. B. Lane-Lantz M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
8551C
State File No.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 215

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Will Wescott

(a) Residence. No. 1153½ River St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hondsfield
(State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Francis Fitzpatrick
(Address) 633 Ash St. Boise.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Aug. 17, 1933

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 8-17, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Aug. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1933, to August 15, 1933
I last saw him alive on 8/15, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
aortic incompitency	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo Calvert, M. D.
(Address) 500 Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Hamilton

DO NOT WRITE IN THIS SPACE

State File No. 85511

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 216

1010

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Lanis Boner

(a) Residence. No. 1815 Broadway St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Walter Boner

14. BIRTHPLACE (city or town) (State or country) Chadion Nebr.

MOTHER

15. MAIDEN NAME Pearl Banning

16. BIRTHPLACE (city or town) (State or country) Brinkley Ark.

17. INFORMENT (Address) Walter Boner 1815 Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date Aug. 18 1933

19. UNDERTAKER Summers & Krebs (Address) Boise Idaho

20. FILED 8-17, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1933, to 8-15, 1933
I last saw h alive on 8-15, 1933: death is said to have occurred on the date stated above, at 5-15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-12-33
all lobes Lungs ex cept right middle lobe were involved.	
Other contributory causes of importance:	
Lobular Pneumonia with several crisis last one	7-30-33
	8-9-33

Name of operation ..... Date of .....
What test confirmed diagnosis? Laborstory Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) O. F. Hamilton, M. D.
(Address) Boise, Idaho

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85512

PLACE OF DEATH
County of Adams
City of Council
Registration District No. 21
Primary Registration District No.
Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick William Beier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or ~~Divorced (write the word)~~: Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Snow Beier

6. DATE OF BIRTH (month, day, and year): Nov. 15th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year): Sept 1, 1933
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Erie County New York

FATHER
13. NAME: Wm. Beier
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs Amelia Beier

18. BURIAL, CREMATION, OR REMOVAL Place: Weiser, Ida. Date: Sept 3 1933

19. UNDERTAKER (Address): Lloyd Markham

20. FILED Sept 10, 1933 Alan S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933, to Sept 1, 1933
I last saw him alive on Aug 31, 1933; death is said to have occurred on the date stated above, at 5:30 ~~A~~ p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8-31-33
Other contributory causes of importance:	
Pancarditis	2 yrs.
Hypertension	

Name of operation: 0 Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) Alan S. Thurston M.D., M. D.
(Address) Council, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85513

PLACE OF DEATH
County of Adams
City of Mesa

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 47

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10

2. FULL NAME Richard S. Elgin

(a) Residence. No. Mesa St. Pasadena, California
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~: Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Amanda Wrigley

6. DATE OF BIRTH (month, day, and year) Dec. 15th 1883

7. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 21, 1933
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Pasadena, Calif

FATHER
13. NAME Richard S. Elgin
14. BIRTHPLACE (city or town) (State or country) Los Angeles

MOTHER
15. MAIDEN NAME Elizabeth —
16. BIRTHPLACE (city or town) (State or country) Long Beach Calif.

17. INFORMENT (Address) Mrs Amanda Elgin

18. BURIAL, CREMATION, OR REMOVAL Place Council Odd Fellow Date Aug 23, 1933

19. UNDERTAKER (Address) Family (Mesa Arch)

20. FILED Sept 10, 1933 Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw him ~~alive~~ dead on Aug 21, 1933 death is said to have occurred on the date stated above, at 1:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	10-12
Asphixia	yrs.
Previously in	
bed 7 mo. Sudden	
attack while working	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alvin S Thurston MD, M. D.
(Address) Council Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED SEP 11 1933

185

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock

City of Downey Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 83

Primary Registration District No. 2160

(No. ....., ... St.)

File No. 85514

Registered No. 13

If death occurred in a hospital, institution or cam give its NAME instead street and number.

2. FULL NAME James Robert Sake

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word.)

6. DATE OF BIRTH: October (Month) - 26 (Day) - 1883 (Year)

7. AGE: 49 Yrs. 8 Mos. 30 ds.

IF LESS than 1 day how many..... hrs. or.....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Clarkston, Utah

10. NAME OF FATHER: John J. Sake

11. BIRTHPLACE OF FATHER (State or Country): London, England

12. MAIDEN NAME OF MOTHER: Sarah Cartwright.

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. James R. Sake

(Address) Downey Idaho

15. Filed Sept. 7 - 1933 Mary C. Coffin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) - 25 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19.....,

and that death occurred on the date stated above, at 8:00 A.M.

The CAUSE OF DEATH* was as follows:

Accidental Fracture of Dorsal Spine and Fracture of Skull Fell of Stack of Hay. Death Instant.

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Hartvigsen, M. D.

7-25 1933 (Address) Downey, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey (Cambridge) Ida

DATE OF BURIAL: July 28 1933

20. UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

RECEIVED SEP 8 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85515

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 156

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry L. McClintock ~~Clitock~~ Clintock 90

(a) Residence. No. Tie Plant west of Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9, 1890

7. AGE: Years 43 Months 4 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Superintendent of R.R. tie treating Plant at Pocatello

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow, Missouri

FATHER

13. NAME G. W. McClintock

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. H. L. McClintock Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mt View Cem. Date Sept 5, 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello, Idaho

20. FILED Sept 4, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1933, to 9-2, 1933

I last saw him alive on 9-2, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) [signature], M. D.

(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bannock State Idaho. Registered No. 28

Township ____ or Village ____ 8551 6 or

City Pocatello No. Pocatello Gen. Hospital. St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

736 8/N

2. FULL NAME Teddy Edmo.

(a) Residence: No. Fort Hall, Idaho. St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Shos. & Bann.	7/8 Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc School-boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res. Idaho.

FATHER

13. NAME Willie Edmo.

14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res. Idaho.

MOTHER

15. MAIDEN NAME Elsie Mink.

16. BIRTHPLACE (city or town) (State or country) Nevada.

17. INFORMANT Willie Edmo.
(Address) Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Episc. Mission Cem. Date July 22, 1933

19. UNDERTAKER H.L. McHan.
(Address) Blackfoot, Idaho.

20. FILED 8-10, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to July 20, 1933, 19____

I last saw him alive on July 20, 1933, 19____; death is said to have occurred on the date stated above, at 7:10 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Otitis Media.	1925
Brain Abscess	7/10/33

Other **contributory causes** of importance:

Name of operation None. Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) E. J. Cuttlesman, M. D.

(Address) Fort Hall, Idaho

011—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85517

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 138

(No. 676 West Lewis)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melissa Ann Haycraft. 127

(a) Residence. No. 676 W. Lewis St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rev. James A. Haycraft

6. DATE OF BIRTH (month, day, and year) Nov 21, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	80	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sparta Missouri

FATHER
13. NAME Milton Green Eldridge
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Jane Kissee
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Maud A. Haycraft 676 W. Lewis, Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho Date Aug 9, 1933

19. UNDERTAKER (Address) H. S. McHan Pocatello, Idaho

20. FILED 8-9, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 8 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Aug 8, 1933.
I last saw her alive on Aug 8, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stone in common (gallbladder) duct, with complete stoppage	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) D M Ray, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85518

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 142

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Peake

(a) Residence. No. 103 West Sublette St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Charles Peake

6. DATE OF BIRTH (month, day, and year): Feb. 18, 1850.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: Henry Ward

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Sussie Mathews

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Henry Peake, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho Date: Aug. 6, 1933.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED Aug. 4, 1933. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 2, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 1931, 193..., to ..., 1933
I last saw h.w alive on 8/1/33, 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Senility	

Other contributory causes of importance:

Senility - Uremia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) O. F. Hall, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85519

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 143

(No. 539 West Center St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Alice B. Madden

(a) Residence. No. 539 West Center St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: J. Frank Madden

6. DATE OF BIRTH (month, day, and year)

7. AGE: 72 Years: 72 Months: 11 Days: 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Orleans Lousiana

FATHER
13. NAME: Robert Montgomery
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Mrs. H. B. Scott Pocatello, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt View Cem. Date: Aug. 5, 1933

19. UNDERTAKER (Address): McHan Undertaking Co Pocatello, Idaho

20. FILED: Aug 5, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1932, to Aug. 3, 1933
I last saw her alive on Aug. 1, 1933: death is said to have occurred on the date stated above, at 3.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85520

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 144
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Darlene Hall

(a) Residence. No. McCammon, Idaho. St. McCammon, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1926.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Child At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER
13. NAME Royal A. Hall
14. BIRTHPLACE (city or town) (State or country) McCammon, Idaho.

MOTHER
15. MAIDEN NAME Lucile Curtiss
16. BIRTHPLACE (city or town) (State or country) Robin, Idaho.

17. INFORMENT (Address) Royal A. Hall McCammon, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place McCammon, Idaho Date Aug. 21, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Aug. 19, 1933. D Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 18, 1933
I last saw her alive on Aug 18, 1933: death is said to have occurred on the date stated above, at 3.15 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intussesption Ileum	Aug 16 1933
Other contributory causes of importance: Toxemia	Aug 17

Name of operation None Date of
What test confirmed diagnosis? Clin & X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) William J Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85521

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 146

(No. 446 North 11th Ave. Poca.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franklin Ace Hallbert

(a) Residence. No. Mackey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 9, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mackey, Idaho.

FATHER

13. NAME Perry F. Hallbert

14. BIRTHPLACE (city or town) (State or country) Williamsville, Missouri.

MOTHER

15. MAIDEN NAME Mabel M. Johnson

16. BIRTHPLACE (city or town) (State or country) Lawrence, Utah.

17. INFORMENT (Address) Perry F. Hallbert Mackey, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Aug. 20, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Aug. 19, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 16-th, 1933, to Aug 19, 1933.

I last saw him alive on Aug 19, 1933.: death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3 weeks
Other contributory causes of importance:	
Marasmus	5 days

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D C McDougall, M. D.

(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85522

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 447

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph L. Corbridge

(a) Residence. No. 1146 North Harrison St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Elviria Byington

6. DATE OF BIRTH (month, day, and year): Feb. 3, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Franklin, Idaho.

FATHER

13. NAME: William E. Corbridge

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Elizabeth Lee

16. BIRTHPLACE (city or town) (State or country): Massachusetts.

17. INFORMENT (Address): Mrs. Joseph L. Corbridge, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: Aug. 23, 1933.

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED: Aug. 21, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 21, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1933, to Aug 21, 1933
Last saw h alive on Aug 20, 1933: death is said to have occurred on the date stated above, at 4.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Heart & Kidneys Cardio-Renal	

Name of operation: — Date of: —
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1933
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank W. Lynn, M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85523

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 24
Primary Registration District No. 2161
Local Registrar's No. 148

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Baby Bassett

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. ____ mos. 3 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Fred G. Bassett
14. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER
15. MAIDEN NAME Avanelle Phelps
16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMENT
(Address) 405 N. Lincoln

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem. Date August 22 1933

19. UNDERTAKER McHan Undertaking Co.
(Address) Pocatello Idaho.

20. FILED 8-24, 1933 J C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1933, to 8/21, 1933.
I last saw him alive on 8/20, 1933; death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M.D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85524

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 149

(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Robert Ford

(a) Residence. No. 306 North 2nd. Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Allie Nichols

6. DATE OF BIRTH (month, day, and year) Sept. 2.1884.

7. AGE: Years 48 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Pool - hall
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER
13. NAME Andrew Ford
14. BIRTHPLACE (city or town) (State or country) Florida.

MOTHER
15. MAIDEN NAME Cora Ford
16. BIRTHPLACE (city or town) (State or country) Florida.

17. INFORMENT (Address) Mrs. Robert Ford Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date ....., 193

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Aug. 10, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 6, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to Aug 6, 1933
I last saw him alive on Aug 6, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uretitis Decompensated heart. arterial hypertension	

Other contributory causes of importance:
Chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho.

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85525

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 150
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Rice

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or 0 min.
Stillborn			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME George Rice Jr.
14. BIRTHPLACE (city or town) (State or country) Pocatello Ida.

MOTHER
15. MAIDEN NAME Jessie M. McKenzie
16. BIRTHPLACE (city or town) (State or country) Twinn Falls Ida.

17. INFORMENT (Address) George Rice Jr. Quinn Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Aug. 24, 1933

19. UNDERTAKER Downard Funeral Home (Address) Pocatello

20. FILED 8-30, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1933, to 8-24, 1933
I last saw h[illegible] alive on 8-24, 1933; death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurae	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W. W. Graham M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85526

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 151
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

206

2. FULL NAME Wesley Rice

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George Rice Jr.

14. BIRTHPLACE (city or town) Pocatello Ida. (State or country)

MOTHER

15. MAIDEN NAME Jessie M. McKenzie

16. BIRTHPLACE (city or town) Twinn Falls Ida. (State or country)

17. INFORMENT (Address) George Rice Jr. Quinn Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Aug. 24, 1933

19. UNDERTAKER Downard Funeral Home (Address) Pocatello Ida.

20. FILED 8-30, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1933, to 8-24, 1933

I last saw him alive on 8-24 1933; death is said to have occurred on the date stated above, at 10:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) W. W. Griffin M. D.

(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85527

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 152

(No. 667 West Lewis St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205

2. FULL NAME John Wesley Peter

(a) Residence. No. 667 West Lewis St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Terrell Peter

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Metropolis Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Elizabeth Peter 676 West Lewis St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Aug. 28th, 193 3

19. UNDERTAKER H. L. Ingram (Address) Pocatello Ida.

20. FILED 8-28, 193 3 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26 193 3

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, to ..., 193...
I last saw h...alive on..., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Presumably a Stroke	
Incerebro Hemorrhage	

Other contributory causes of importance:

Duct Rhoumatism
Cause unknown

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury //
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. C. Ingram, M. D.
(Address) Pocatello Idaho
County Physician

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85528

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2167
Local Registrar's No. 139

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Daniel Whipple Church

(a) Residence. No. 429 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Chloe

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. R.R. engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. & merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mankato Minnesota

FATHER
13. NAME James A. Church
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Minerva Johnson
16. BIRTHPLACE (city or town) (State or country) Paducah Ky.

17. INFORMENT (Address) Mrs D. W. Church 429 N. Garfield

18. BURIAL, CREMATION, OR REMOVAL Place Mount Marcah Date Aug. 11 1933

19. UNDERTAKER (Address) Dawnard's Funeral Home Pocatello Idaho

20. FILED 8-17, 1933 D C Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933, to Aug 9, 1933

I last saw h[illegible]e on Aug 9, 1933; death is said to have occurred on the date stated above, at 2 10 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Prostatism	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M.D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85529
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 140
(No. St. Anthonys Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

95

2. FULL NAME Anita Caccia

(a) Residence. No. 726 E. Hayden St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Carlo

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milan (State or country) Italy

FATHER
13. NAME Paul Lusetti
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Evelina Franscapane
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Carlo Caccia 726 E. Hayden

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date , 193

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello, Idaho

20. FILED 8-10, 193 3 L. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 193 3, to Aug 10, 193 3
I last saw her alive on Aug 10, 193 3 death is said to have occurred on the date stated above, at 7.25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bulbar Paralysis	Aug 7
Acute Encephalitis	
N.S.H.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) W. F. Howard, M. D.
(Address) Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING.

RECEIVED SEP 8 1933

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85531

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Clarence Melvil Dodson

(a) Residence. No. 327 9th St St. St. Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or WIFE of~~ Jeanette Murray Dodson

6. DATE OF BIRTH (month, day, and year) Apr 21 - 1863

7. AGE Years 70 Months 4 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Polo
(State or country) Ill.

FATHER

13. NAME James Melville Dodson

14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Mrs. J. M. Dodson
(Address) St. Maries

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Maries Ida Date Aug 22, 1933

19. UNDERTAKER Geo. E. Mitchell
(Address) St. Maries Ida

20. FILED 9-6, 1933 W. Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/19 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1933, to 8/19, 1933

I last saw ~~him~~ alive on 8/19/, 1933; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac bloc, Angina	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Owen J. Platt, M. D.

(Address) St. Maries Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

TION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85532

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Orson Thomas Day

(a) Residence. No. ..... St. St. Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Eneg Atwood

6. DATE OF BIRTH (month, day, and year): Aug 8-1871

7. AGE: 62 Years: 68 Months: 10 Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Milwaukee RR
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs Grace C Blake, Los Angeles, Calif.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Maries Ida. Date Aug. 19, 1933

19. UNDERTAKER (Address): Geo. E. Mitchell, St. Maries Ida.

20. FILED 9-6, 1933 W. Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1933, to 8-17, 1933
I last saw him alive on 8-9, 1933: death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-7-33
Other contributory causes of importance: Diabetes Mellitus	1925

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical ~~Was there an autopsy?~~ No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C A Robins, M. D.
(Address) St Maries, Idaho

RECEIVED SEP 8 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85533

PLACE OF DEATH

County of Benewah

City of Peedee

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 3

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs L L Martin

(a) Residence. No. Pee Dee St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of L L Martin

6. DATE OF BIRTH (month, day, and year) Nov 21 1862

7. AGE Years 70 Months 8 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterville Alabama

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) W. W. Robinson St Maries

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date Aug 16 1933

19. UNDERTAKER (Address) Geo E Mitchell St Maries Ida

20. FILED 9-6, 1933 W Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Aug 14, 1933

I last saw her alive on Aug 9, 1933: death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9 days
Other contributory causes of importance: Senile dementia	2 weeks

Name of operation None Date of

What test confirmed diagnosis? Clinical ~~Was there an~~ autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? Not a violent death
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Robins, M.D.

(Address) ~~Coeur~~ St Maries, Ida

RECEIVED SEP 11 1933

Delayed.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85534

PLACE OF DEATH

County of Bingham

City of Ft. Hall Res. Registration District No. 121-R

Primary Registration District No. 2194-R Local Registrar's No. 112

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecil Edmo

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: 1/2 Sho. & Black.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Mar. 22, 1933

7. AGE: Years | Months | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

FATHER

13. NAME: William Edmo.

14. BIRTHPLACE (city or town) (State or country): Ft. Hall Res. Ida.

MOTHER

15. MAIDEN NAME: Helen Monroe.

16. BIRTHPLACE (city or town) (State or country): Browning, Mont.

17. INFORMENT (Address): William Edmo, Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Butte Cemetery Date: Apr. 2 193 3

19. UNDERTAKER (Address): Agency Carpenter. Ft. Hall, Idaho

20. FILED Aug. 18, 1933 Mrs Walter E. Sabine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 31 193 3

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 193 3, to Mar. 31, 193 3

I last saw him alive on Mar. 31, 193 3 death is said to have occurred on the date stated above, at 6 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage (Meningeal)	3/22/33
Prolonged 2nd stage labor	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Dinsterman, M.D.

(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO Delayed

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85535

PLACE OF DEATH

County of Bingham

City of Ft. Hall Res.

Registration District No. 121-R

Primary Registration District No. 2194-R. Local Registrar's No. 111

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Appenay.

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: 4/4 Sho. & Bann
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Dec. 31, 1932

7. AGE: Years 1 | Months | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

FATHER

13. NAME: Asa Appenay

14. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

MOTHER

15. MAIDEN NAME: Nina Pingoah

16. BIRTHPLACE (city or town) (State or country): Ft. Hall Idaho.

17. INFORMENT (Address): Nina Pingoah, Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: At Home Date: Jan 5, 1933

19. UNDERTAKER (Address): None

20. FILED Aug. 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in, 193..., to Attendance, 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar.	1 week

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M.D.

(Address) Ft. Hall - Idaho

RECEIVED SEP 11 1933

Delayed

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85536

PLACE OF DEATH

County of Bingham

City of Ft. Hall Res.

Registration District No. 121-R

Primary Registration District No. 2194-R. Local Registrar's No. 110

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Naomi Hope.

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: 3/4 Sho.&Bann
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Feb. 19, 1932

7. AGE: Years | Months: 10 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

FATHER

13. NAME: Lee Hope

14. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

MOTHER

15. MAIDEN NAME: Clara Punkin

16. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

17. INFORMENT (Address): Lee Hope, Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Putnam Cemetery Date: Jan. 4, 1933

19. UNDERTAKER (Address): Agency Carpenter, Ft. Hall, Idaho

20. FILED: Aug 18, 1933 Mrs Dalus E. Gatine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in, 193..., to Attendance, 193...

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	1 week
Pneumonia Lobar	1 week

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Mintzmann M. D.

(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

Delayed

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85537

PLACE OF DEATH
County of Bingham
City of Ft. Hall Res.

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 109

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

34

2. FULL NAME Wannush Danielson
(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Bannock 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charlie Danielson

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE: Years 61; Months No Record; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Dec. 1, 1932
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Ft. Hall Res. Ida.

FATHER
13. NAME Teton.
14. BIRTHPLACE (city or town) (State or country) Ft. Hall Res. Ida

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Charlie Danielson. Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Cemetery Date Jan 3, 1933

19. UNDERTAKER (Address) Agency Carpenter Ft. Hall, Idaho.

20. FILED Aug. 18, 1933 Mrs Walter E. Gatwick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1932, to Jan. 1, 1933, 193..
I last saw her alive on Jan 1, 1933: death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
T.B. Adenitis Neck	1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. J. Muttermann M. D.
(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85540

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 118

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME George Melbourne Potter

(a) Residence. No. 695 So. Shilling St. Bancroft, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Rebecca Sowards

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1867

7. AGE: Years 65 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Sept. 1932.
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Payson, Utah.

FATHER
13. NAME Amasa Potter
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Cecelia Parsons
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Mrs Geo M. Potter Bancroft, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Payson, Utah Date Aug. 6, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello Idaho

20. FILED Aug 3, 1933 Mrs Helen E. Fabre Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933, to Aug 3, 1933
I last saw him alive on Aug 3, 1933: death is said to have occurred on the date stated above, at 1:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Abo~~	
Cardiac Insufficiency	1920

Other contributory causes of importance:
Miner's Consumption
One lung gone

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85541

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. ~~72~~ 2194 Local Registrar's No. 117
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME BENJAMIN F. GILLETTE
(a) Residence. No. ..... St. Teton City
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Minnie L. Gillette
6. DATE OF BIRTH (month, day, and year): Nov 11, 1976
7. AGE: 56 Years, Months: 6, Days: 21, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: garage
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: Carlos N. Gillette
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Celesta Pendleton
16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Fetor Date: 8/4, 1933
19. UNDERTAKER (Address): W. M. Hansen St. Anthony Idaho
20. FILED: Aug 3 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 2nd 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1933, to Aug. 2nd, 1933
I last saw him alive on Augist 2nd, 1933: death is said to have occurred on the date stated above, at 10:10AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
EXHAUSTION, IN THE COURSE OF INVOLUTION MELANCHOLIA	May 1932

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85542

PLACE OF DEATH
County of Ft. Hall
City of Reservation.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. II6

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wishwop

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Shoshone 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Nahvowo

6. DATE OF BIRTH (month, day, and year) I843

7. AGE: Years 90 | Months - - - | Days - - - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year) - - - - -
11. Total time (years) spent in this occupation - - - -

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Matilda Cosgrove Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Butte Cem. Date Aug. 23 1933

19. UNDERTAKER (Address): None - - - -

20. FILED Sept. I., 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to Aug. I7, 1933
I last saw him alive on Aug. I7, 1933: death is said to have occurred on the date stated above, at II:A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Prostatitis,	I9Io
Other contributory causes of importance: Uramia	8¾IO

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

115

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85543

PLACE OF DEATH

County of Ft. Hall

City of Reservation

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 115

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Utse Lipps

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shoshone 4/4

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Beets Lipps

6. DATE OF BIRTH (month, day, and year): 1866

7. AGE: Years 67 | Months - - - | Days - - | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Aug. 2, 1933

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Beets Lipps Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lipps Cem. Date: Aug. 15 1933

19. UNDERTAKER (Address): --Downvard--- Pocatello, Idaho.

20. FILED Sept. 1, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1933, to Aug. 12, 1933

I last saw her alive on Aug. 12, 1933: death is said to have occurred on the date stated above, at 8:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction.	8/10/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85544

PLACE OF DEATH

County of Bingham
City of Ft. Hall Res.

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 114

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lincoln Schoolboy.

(a) Residence. No. Ft. Hall Reservation, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Bannock 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Pohe.

6. DATE OF BIRTH (month, day, and year): 1860

7. AGE: 73 Years | Months: No Record | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Minnie Le Sieur, Ft. Hall, Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Butte Cemetery Date: July 17 1933

19. UNDERTAKER (Address): Brown-Eldredge. Blackfoot, Idaho.

20. FILED Aug 18, 1933 Mrs Helen E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in, 193..., to Attendance, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/14 1933

Other contributory causes of importance:

Name of operation: None Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. J. [illegible], M. D.
(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85545

PLACE OF DEATH

County of Bingham

City of Ft. Hall Res.

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 113

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nanneatse Stone

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone 4/4
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 75 | Months No Record | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Frank Smart. Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Presb. Miss. Cem Date July 16 1933

19. UNDERTAKER (Address): Brown-Eldridge Blackfoot, Idaho

20. FILED Aug 18, 1933 Moro Otaleu E. Falone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in 193..., to Attendance, 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Whittemore, M. D.

(Address) Ft. Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85546

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Weaver (Elmer Weaver.) 880

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Pearl L. Weaver

6. DATE OF BIRTH (month, day, and year): April 25 1894

7. AGE: Years 39 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bennington Idaho

FATHER
13. NAME: Harace Weaver
14. BIRTHPLACE (city or town) (State or country): Mill Vill Utah

MOTHER
15. MAIDEN NAME: Adelaide Wright
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Pearl L. Weaver R.7 D2. Blackfoot

18. BURIAL, CREMATION, OR REMOVAL
Place: Bennington Idaho Date: Aug 27, 1933

19. UNDERTAKER (Address): E. J. Peck Blackfoot, Idaho

20. FILED: Aug 26, 1933 Mrs Walter E. Petrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1932 to 8-26, 1933
I last saw him alive on 8-20, 1933: death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	2 yrs.
Other contributory causes of importance:	
Chronic nephritis	3 yrs.

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Clinical Judgment Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓
(Signed) J. O. Hamblin M. D.
(Address) Blackfoot Idaho

RECEIVED SEP 11 1933

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85547

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Lottie Ann Morris

(a) Residence. No. Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 22, 1932.

7. AGE Years | Months 8 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Ida.

FATHER

13. NAME Lavon Morris

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Lela Hanks

16. BIRTHPLACE (city or town) (State or country) Shelley Ida.

17. INFORMANT (Address) Lavon Morris Shelley Ida.

18. BURIAL, CREMATION, OR REMOVAL

Place Shelley Date Aug 27 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED Aug 27 1933 Mrs. Helen E. Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 26 193

22. I HEREBY CERTIFY, That I attended deceased from on Aug 25 to 1933

I last saw her alive on 8-25, 1933: death is said to have occurred on the date stated above, at 3:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Entero-Colitis	8-24-33

Other **contributory causes** of importance:

Food Toxication

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin Cutter M. D.

(Address) 13 ex 86 Shelley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85548

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 127

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Thorpe Jensen

(a) Residence. No. R 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 24 1859

7. AGE: Years 73 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1913
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Anders Jensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Andrea Thorup
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) George A Jensen Shelley Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Logan Ut. Date 8/28, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED Aug 28, 1933 Mrs Melvin E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1933, to Aug 26th, 1933
I last saw him alive on Aug 19, 1933: death is said to have occurred on the date stated above, at 7 45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
and	

Other contributory causes of importance:
Malnutrition refused food 5 wks

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? N

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? N
If so, specify
(Signed) J. Roberts, M. D.
(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85550

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 125

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

112

2. FULL NAME ARCHIE FLEMING

(a) Residence. No. ..... St. Swan Valley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): Sept 10 1884

7. AGE: 49 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: XXXXXXXXX
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Sumner County Kansas

FATHER
13. NAME: Thomas Fleming
14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER
15. MAIDEN NAME: Agnes Brodrick
16. BIRTHPLACE (city or town) (State or country): --- Penna.

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL: Removal
Place: Idaho Falls Date: Aug. 20, 1933

19. UNDERTAKER (Address): V. F. McKenna 342 C. Street Idaho Falls

20. FILED: Aug 20, 1933 Mrs Valeria E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28th 1932, 193 , to Aug. 20th, 1933
I last saw him alive on Aug 19th, 1933: death is said to have occurred on the date stated above, at 4:25 m AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of The Stomach — 1929	L

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury --, 193
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho State Hosp. South

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

PLACE OF DEATH

County of Bingham

City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85551

Registration District No. 121

Primary Registration District No. 219d

Local Registrar's No. 12d

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Beverly Etta Ellis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months: 1 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ✓

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Moreland Idaho

FATHER

13. NAME: Robert Ellis

14. BIRTHPLACE (city or town) (State or country): Moreland Idaho

MOTHER

15. MAIDEN NAME: Etta Johnson

16. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

17. INFORMENT (Address): Robert Ellis

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Moreland Idaho Date: Aug 21, 1933

19. UNDERTAKER (Address): Robt. Ellis

20. FILED: Aug 21, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Baby seemed to strangle was dead in 20 min after attack.

Date of onset

Other contributory causes of importance:

Hare lip & cleft palate probable cause of strangling.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

✓ If so, specify ✓

(Signed) J. O. Humphrey, M. D.

(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85552

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wallace Crooks

(a) Residence. No. Shelley St. 162
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) 8-16-33

7. AGE Years | Months | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Shelley

PARENTS
10. NAME OF FATHER Don Crooks
11. BIRTHPLACE OF FATHER (city or town) (State or Country) American Fork Utah
12. MAIDEN NAME OF MOTHER Edith Crooks
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Am. Fork Utah

14. Informant John Crooks
(Address) Shelley Ida.

15. Filed Aug. 19, 1933 Mrs Nathan E. Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 - 18 - 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-16-, 1933, to 8-18, 1933
that I last saw him alive on 8-17, 1933
and that death occurred, on the date stated above, at 10:30 P. m.
The CAUSE OF DEATH* was as follows:
Probable congenital absence or obstruction of common bile duct
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Early Jaundice
(Signed) Edwin Cutler, M. D.
8-19-, 1933 (Address) Shelley Ida Box 86

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~ Shelley Cemetery | Date of Burial 8-19-1933

20. Undertaker none employed. | Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85553

County of BINGHAM
City of BLACKFOOT
Registration District No. 12
Primary Registration District No. 2194
Local Registrar's No. 122

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME THERON L. RAGSDALE

(a) Residence. No. ... St. Boise, Ada County, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 4-27-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME James F. Ragsdale

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION,~~ OR REMOVAL
Place Bair Idaho Date Aug 15 1933

19. UNDERTAKER E. J. Peck
(Address) Blackfoot Idaho

20. FILED Aug 15, 1933 Thos Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12th, 1933, to August 14, 1933
I last saw him alive on Aug. 14, 1933: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	April 1933
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ..., 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) State Hospital South
Blackfoot, Idaho

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85554

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 121

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Oborn Sr.

(a) Residence. No. West Bridge West of Bridge St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lessatta Oborn

6. DATE OF BIRTH (month, day, and year) April 5, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. General Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mill Creek
(State or country) Utah

FATHER

13. NAME John Oborn

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Annie Warlton

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT John Oborn Jr.
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Grove City Cem. Date Aug. 6, 1933

19. UNDERTAKER E. J. Funk
(Address) Blackfoot, Idaho

20. FILED Aug. 4, 1933 John Walter E. Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug - 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July - 15, 1933, to Aug - 4, 1933.
I last saw h- alive on Aug - 4, 1933: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 15 1933
Other contributory causes of importance:	
Hypertension	3 yrs

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓
(Signed) J. O. Humphreys M.D.
(Address) Blackfoot Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85555

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 219
Local Registrar's No. 120

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esta Taylor

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Aug 3, 1933
7. AGE: Years — Months — Days — If LESS than 1 day, 8 hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

FATHER
13. NAME: Leland Taylor
14. BIRTHPLACE (city or town) (State or country): Harmony Utah

MOTHER
15. MAIDEN NAME: Esta Belle Smith
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Leland Taylor Blackfoot Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Riverside Date: Aug 4, 1933
19. UNDERTAKER: Edmund Taylor
(Address): Blackfoot Idaho Box 83
20. FILED: Aug 4, 1933 Mrs Hale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 3 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933, to Aug 3, 1933
I last saw her alive on Aug 3, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
End of 6th mo	

Other contributory causes of importance:
Premature detachment of Placenta

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Beck M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85556

PLACE OF DEATH

County of Bingham
City of Bone

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 119
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Lynn Howe
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 2, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Bone
(State or country) Idaho

PARENTS

10. NAME OF FATHER Richard L. Howe
11. BIRTHPLACE OF FATHER (city or town) Rigby
(State or Country) Idaho
12. MAIDEN NAME OF MOTHER Lela ~~Howe~~ Hawker
13. BIRTHPLACE OF MOTHER (city or town) Menan
(State or County) Idaho

14. Informant (Address) Richard L. Howe Bone Idaho

15. Filed Aug. 5, 1933 Mrs Nature E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 3 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1933, to Aug 3, 1933
that I last saw him alive on Aug 2, 1933
and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Prematurity & Congenital heart disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) N. R. West, M. D.
8/4 33, 1933. (Address) Rigby Idaho

19. Place of Burial, Cremation, or Removal Rigby, Idaho
Date of Burial August 3 1933

20. Undertaker [illegible] Eckersell
Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85557

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner
City of Priest River — Registration District No. 85
Primary Registration District No. 2185 — Local Registrar's No. 12
(No. Priest River Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Sheridan

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 14 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 14 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Sheridan

6. DATE OF BIRTH (month, day and year) Sept 8, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	11	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer L. W. Jones

9. BIRTHPLACE (city or town) (State or country) Lethbridge Alta Canada

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant (Address) Mrs. Mary E. Sheridan Priest River, Ida

15. Filed Aug 30, 1933 — R. E. Wessa, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Aug 28th, 1933, to ..., 19..., that I last saw him alive on Aug 28, 1933, and that death occurred, on the date stated above, at 9:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fracture, compound comminuted of pelvis with bladder rent due to trauma from industrial accident. (duration) 5½ hours ... mos. ... ds.
CONTRIBUTORY (Secondary) Log rolled from load while he was unloading logs. (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Leslie J. Stauffer, M. D.
Aug. 30, 1933 (Address) Priest River, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
I. O. O. F. Cemetery	Aug. 31 1933

20. Undertaker — Address
R. E. Wessa — Priest River

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85558

PLACE OF DEATH

County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
(No. .....)
Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Floyd Irvin Gugler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) May 5, 1919

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
14	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Priest River Idaho

PARENTS

10 NAME OF FATHER H. H. Gugler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Abeline Kans.

12 MAIDEN NAME OF MOTHER Eva F. Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Madison S. D.

14 Informant H. H. Gugler
(Address) Priest River, Idaho

15 Filed aug 15, 1933 R. E. Wessa
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 13th 1933
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...,
that I last saw him ~~alive~~ on after death Aug. 13, 1933,
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Accidental drowning in Pend Oreille River. About two miles east of Newport
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Not known
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? none

(Signed) A. R. Schlotthauer M. D.
Aug. 13, 1933 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
I. O. O. F. Cemetery	Aug. 15 1933
20. Undertaker	Address
R. E. Wessa	Priest River Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 2 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85559

PLACE OF DEATH

County of Bonner

City of Clark Fork

Registration District No. 80

Primary Registration District No. 7-157

Local Registrar's No.

(No. Clarkfork Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Mrs Sarah P Kells

(a) Residence. No. Clarkfork Id St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Logan Teague

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary Ann Reed

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMENT (Address) Ben J Teague Clarkfork

18. BURIAL, CREMATION, OR REMOVAL Place Hope Ida Date aug 4, 1933

19. UNDERTAKER Tumbull Co. (Address) Sandpoint

20. FILED June 4, 1933 John Larson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 3, 1933

I last saw her alive on July 14, 1933: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931

Other contributory causes of importance:

Chronic Myocarditis	1931

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85560

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 60

(No. 601 N. Ella)

(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Joyce Lee Norman.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2, 1933

7. AGE Years Months 2 Days 22 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME Guy Becker

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Susan Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT (Address) Wm Johnson Sagle Idaho

18. BURIAL, CREMATION OR REMOVAL Sandpoint Ida

Place Pinecrest Corner Date 8/26 1933

19. UNDERTAKER (Address) L. G. Moon Sandpoint Idaho

20. FILED Aug 26, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sawyer Case	
Heart Failure	
Last of my knowledge	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry,** in **home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify

(Signed) [signature] M. D.

(Address) Sandpoint Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 85561

Local Registrar's No. 61

(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Seders

(a) Residence. No. 3rd Ave St. Sandpoint Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Seders

6. DATE OF BIRTH (month, day, and year) Aug. 16. 1846

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
87	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newtown Indiana

MOTHER

13. NAME John Ducan

14. BIRTHPLACE (city or town) (State or country) Newtown Ind.

FATHER

15. MAIDEN NAME Sarah Griffith

16. BIRTHPLACE (city or town) (State or country) Newtown Indiana

17. INFORMANT (Address) Harry Seders Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL Place. Pinecrest Cemetery Sandpoint Date Aug 27 1933.

19. UNDERTAKER (Address) L. G. Moon Sandpoint Ida.

20. FILED Aug 26 1933. Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933, to Aug 24, 1933.

I last saw her alive on July 31, 1933.: death is said to have occurred on the date stated above, at 3.25 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Angina Pectoris	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) C. P. Strachauer, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85562

PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 59

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Hayford Campbell

(a) Residence. No. ..... St. Laclede, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 21, 1908.
7. AGE: Years 25 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lacleda Idaho.

MOTHER FATHER
13. NAME: Thomas Campbell
14. BIRTHPLACE (city or town) (State or country): Wisconsin
15. MAIDEN NAME: Edith E. Markham
16. BIRTHPLACE (city or town) (State or country): Albany Oregon

17. INFORMANT (Address): Alfred Campbell Lacleda, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sawyer, Idaho Date 8/28, 1933

19. UNDERTAKER (Address): L. L. Moon Sandpoint, Idaho

20. FILED Aug 28, 1933. Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1933, to Aug 22, 1933.
I last saw him alive on Aug 22, 1933; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	Aug 22 1933
Other **contributory causes** of importance:	
Alcoholism Chronic	

Name of operation Appendectomy Date of Aug 19, 1933
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm. F. Tyler, M. D.
(Address) Sandpoint Idaho

RECEIVED SEP 5 1933

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85563

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 58

(No. Cor. 5th & Church St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Lloyd Alvin Long

(a) Residence. No. ..... St. Dufort, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10, 1933

7. AGE Years | Months 2 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dufort
(State or country) Idaho

FATHER

13. NAME Roy Long

14. BIRTHPLACE (city or town) Rhodes
(State or country) Iowa

MOTHER

15. MAIDEN NAME Tessie Marie Lutzke

16. BIRTHPLACE (city or town) Little Falls
(State or country) Minn

17. INFORMANT Roy Long
(Address) Dufort, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Westmond, Idaho Date 8/19, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug 18, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/17 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 16, 1933.

I last saw him alive on Aug 16, 1933: death is said to have occurred on the date stated above, at 8:30pm

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pylora Obst.	1

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. D. Ross, M. D.

(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85569

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Vineen

(a) Residence. No. 243 - N. Ridge Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Vineen

6. DATE OF BIRTH (month, day, and year) April 11, 1857

7. AGE Years 76 Months 3 Days 28 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oshawa Canada

FATHER

13. NAME William Vineen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) William Vineen Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 12, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Aug 9, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to Aug 9, 1933

I last saw him alive on Aug 8, 1933: death is said to have occurred on the date stated above, at 7.5 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 20-1933

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85570

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 14-9

(No. L. A. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Norton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Norton

6. DATE OF BIRTH (month, day, and year) November 14, 1870

7. AGE Years 63 Months 4 Days 21 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oxford Idaho

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Sent

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) John F. Norton Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 9, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Aug 7, 1933. C. M. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933, to Aug 5, 1933.

I last saw her alive on Aug 5, 1933: death is said to have occurred on the date stated above, at 10-53 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 5, 33

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way ~~related~~ to occupation of deceased?.. No If so, specify .....
(Signed) H. Van Hatch, M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85571

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 15-8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME Lawrence Lyle Lambert

(a) Residence. No. 323 - Hill Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Hill Lambert

6. DATE OF BIRTH (month, day, and year) March 4, 1888

7. AGE Years 45 Months 5 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter + Cuicide

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME F. E. Lambert

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT (Address) Mrs. Harriett Williams Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug 13, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Aug 9, 1933 Wm Kimmond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cuicide	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Shot self with shotgun
Nature of injury in skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Fred Porter Cormer M.D.
(Address) Idaho Falls.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85573

Registration District No. 23

Primary Registration District No. 21-D Local Registrar's No. 11-6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eda Lucille Williams 202

(a) Residence. No. 225-9th Street - St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26, 1917

7. AGE Years 16 Months 3 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Temporarily employed at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire-Works factory

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2 months

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho.

FATHER

13. NAME E. Lyle Williams

14. BIRTHPLACE (city or town) (State or country) Hyrum Utah

MOTHER

15. MAIDEN NAME Eda Blaser

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) E. Lyle Williams Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Aug. 8, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Aug. 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4:24 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental	
Explosion	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (~~violence~~) fill in also the following:
Accident, ~~suicide, or homicide~~? Aug. Date of injury 5, 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Explosion
Nature of injury Blown to pieces

24. Was disease or injury in any way related to occupation of deceased? yes ~~no~~, specify while at work
(Signed) Fred Dutton Coroner
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85574

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 155

(No. L. D. S. Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

202

2. FULL NAME Thomas Roland Williams

(a) Residence. No. 127-2nd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None.

6. DATE OF BIRTH (month, day, and year): April 1 1921

7. AGE: Years 12 Months 3 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None.

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Idaho.

FATHER

13. NAME: Roland Williams

14. BIRTHPLACE (city or town) (State or country): Peterson. Utah.

MOTHER

15. MAIDEN NAME: Frieda Blaser

16. BIRTHPLACE (city or town) (State or country): Berne Switzerland

17. INFORMENT (Address): Mrs. Frieda Williams Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 8/8, 1933

19. UNDERTAKER (Address): V. F. McHan. Idaho Falls Ida.

20. FILED: Aug 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8/5 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933, to Aug 5, 1933

I last saw him alive on Aug 5, 1933: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Explosion in Manufacture of Fireworks	

Other contributory causes of importance:

Entire Body Burned.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/5, 1933

Where did injury occur? Idaho Falls Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Manufacture of Fireworks.

Manner of injury: Explosion

Nature of injury: Entire body Burned.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify: No

(Signed) A. R. Godwinsk M. D.

(Address) Idaho Falls Ida.

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85575

PLACE OF DEATH
County of Bonn.
City of Idaho Falls.

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 1 v-4
(No. Inter Mountain Fire Works Co.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Blaser. 202
(a) Residence. No. 128 - 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hazel Garn Blaser.

6. DATE OF BIRTH (month, day, and year) Oct 22 1906

7. AGE: Years 26. Months 9 Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Chemist &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman. Inter Mtn Fire works Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho.

FATHER
13. NAME Robert Blaser.
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Emma Stauffigger
16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMENT (Address) Mrs Freida Williams Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 8/8, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Aug 7, 1933 C. Fernand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/5 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 4.22 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental -	
Explosion	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5, 1933
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Explosion
Nature of injury Body Blown to pieces

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While at work
(Signed) Fred Porter Corner M.D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85576

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 21 V-0 Local Registrar's No. 1 V-2
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Doyle J. Fisher
(a) Residence. No. Swan Valley St. 100 a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 1 1931
7. AGE: Years 2 Months 1 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Lewis A Fisher
14. BIRTHPLACE (city or town) (State or country) Annis Idaho

MOTHER
15. MAIDEN NAME Margarette Butler
16. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

17. INFORMENT (Address) Lewis A Fisher Swan Valley Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Irwin Ida. Date 8/6, 1933
19. UNDERTAKER (Address) W. F. McHan Idaho Falls Ida.
20. FILED Aug 1, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 4 1933
22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to Aug. 4, 1933
I last saw him alive on Aug. 4, 1933; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	July 21

Other contributory causes of importance: Chronic cerebro-spinal ailment from birth probably traumatic origin
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno. O. Mellar, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85577

Registration District No. 73
Primary Registration District No. 2 1 V 0 Local Registrar's No. 1 V 7
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Theodore Hegwer 129
(a) Residence. No. Vital Power & Light Plant St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha McCarr Hegwer
6. DATE OF BIRTH (month, day, and year) February 22, 1885
7. AGE Years 48 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Power Plant Supt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Goffs Kansas

FATHER
13. NAME Charles Hubert Hegwer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Margaret Richardson
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. B. F. Hegwer
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Charles Idaho Date Aug 6, 1933

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls Idaho

20. FILED Aug 3, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Aug 3, 1933.
I last saw him alive on Aug 3, 1933: death is said to have occurred on the date stated above, at 7:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis (Parenchymatous) Chronic	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature] M. D.
(Address) August 3, 1933
Idaho Falls, Idaho

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85578

PLACE OF DEATH
County of Bonneville
City of Ida Fall.

Registration District No. 73
Primary Registration District No. 21 V-0 Local Registrar's No. 169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Elizabeth Anderson

(a) Residence. No. Thornton, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

60

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11-1909.

7. AGE Years 23. Months 9 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) May 12 1933.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thornton, Ida.

FATHER
13. NAME Neil A. Anderson.
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah.

MOTHER
15. MAIDEN NAME Nettie Firth.
16. BIRTHPLACE (city or town) (State or country) Vinta, Utah

17. INFORMENT (Address) Neil A. Anderson. Thornton Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Butte Date Aug 23, 1933.

19. UNDERTAKER (Address) Vern J Keller Rexburg Ida.

20. FILED Aug 22, 1933 (Jay Fernand) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 20, 1933.
I last saw her alive on Aug 20, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative Thyrotoxacosis	

Other contributory causes of importance:
Post operative hemorrhage

Name of operation Thyroidectomy Date of Aug 9-33
What test confirmed diagnosis? sight Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Parley Nelson, M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85579

Registration District No. 73
Primary Registration District No. 21 J-0
Local Registrar's No. 172
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Janet Raye Thompson
(a) Residence No. Rt # 4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) April 21, 1933
7. AGE Years Months 4 Days 6 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

FATHER
13. NAME George W. Thompson
14. BIRTHPLACE (city or town) (State or country) Fountain Green Utah

MOTHER
15. MAIDEN NAME Sarah Warren Downs
16. BIRTHPLACE (city or town) (State or country) Nephi Utah

17. INFORMANT (Address) Mrs. G. W. Thompson Rt 4 Idaho Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Aug. 31 1933
19. UNDERTAKER (Address) John C. Sandberg Idaho Falls, Ida.
20. FILED Aug. 30, 1933 C. A. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1933, to Aug. 27, 1933.
I last saw her alive on Aug. 27, 1933: death is said to have occurred on the date stated above, at 11:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastro ~~Enteritis~~ enteritis	Aug. 24

Other **contributory causes** of importance: Food intoxication

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) Edwin [signature] M. D.
(Address) Box 86 Shelley

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8558

PLACE OF DEATH
County of Bonneville
City or Idaho Falls
Registration District No. 23
Primary Registration District No. 2170
Local Registrar's No. 171

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ervin Poche. 96

(a) Residence. No. 326 So Water St.
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30 1922

7. AGE: Years 11 | Months 2 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Holy Rosary School.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Born. Minnesota

FATHER
13. NAME: James Pat. Poche.
14. BIRTHPLACE (city or town) (State or country): Born. Minnesota.

MOTHER
15. MAIDEN NAME: Katherine Hallow
16. BIRTHPLACE (city or town) (State or country): Minneapolis Minnesota.

17. INFORMENT (Address): James P. Poche. Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 8/28, 1933
19. UNDERTAKER (Address): W. F. McHarg. Idaho Falls Ida.
20. FILED Aug 30, 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/25 1933.
22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1933, to 8/25, 1933
I last saw him alive on 8/25, 1933: death is said to have occurred on the date stated above, at 1120 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus Internus	1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carl Camp, M. D.
(Address) Idaho Falls Idaho

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85581

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2.10
Local Registrar's No. 170

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Bueler (Bueler)

(a) Residence. No. West I St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 1853

7. AGE Years 79 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Upholsterer
9. Industry or business in which work was done, as silk mill saw mill, bank etc. Furniture & caskets
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) J. C. Westernard Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 8/26 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Aug 24, 1933 W. Finnand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/22, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown —	
no medical attendance	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cause unknown

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred Dutton Emmons M.D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85582

Registration District No. 73

Primary Registration District No. 21 V-0 Local Registrar's No. 16 f

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Christie Empey

(a) Residence. No. 330 - 13th Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Empey

6. DATE OF BIRTH (month, day, and year): December 25, 1860

7. AGE: Years 72 | Months 7 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Wales

FATHER

13. NAME Phillip Lewis

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Katherine Evans

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Dr. Dwight Lenzi, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date Aug. 21, 1933

19. UNDERTAKER (Address) Jack A. Wood, Idaho Falls, Idaho

20. FILED Aug. 22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1933, to Aug. 17, 1933

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, 12-30p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Aug. 16 1933

Other **contributory causes** of importance:

Chronic myocarditis Indep.

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85584

Registration District No. 73

Primary Registration District No. 21 V-0 Local Registrar's No. 166

(No. S. O. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

160

2. FULL NAME Faye Jone Staples

(a) Residence. No. St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 15, 1933

7. AGE Years Months Days 1 If LESS than 1 day, 2 hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Paul Andrew Staples

14. BIRTHPLACE (city or town) (State or country) Monroe Utah

MOTHER

15. MAIDEN NAME Edith Jones

16. BIRTHPLACE (city or town) (State or country) Idaho Falls

17. INFORMANT (Address) Paul A. Staples Ucon Idaho

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Aug 17 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED Aug 17, 1933 Cal Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Aug 16, 1933.

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 3:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(Patent Foramen)	
Ovale	
Congenital Heart	

Other **contributory causes** of importance:

Premature 8 mo baby

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? none

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85585

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 16 V —
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Yukino Matsusaki

(a) Residence. No. ..... St. Rt. # 7 129
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race Yellow
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mokuro Matsusaki
6. DATE OF BIRTH (month, day, and year) May 17, 1888
7. AGE Years 45 Months 2 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Ruhachi Ueda
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Mito Sakamoto
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT (Address) Mokuro Matsusaki Rt # 7 Idaho Falls
18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Aug 15, 1933
19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida.
20. FILED Aug 1 V, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1933, to Aug 12, 1933.
I last saw her alive on Aug 12 1933: death is said to have occurred on the date stated above, at 7:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?

Other **contributory causes** of importance:

Name of operation No Laboratory Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85586

PLACE OF DEATH

County of Bonneville
City of Idaho Falls.
Registration District No. 73
Primary Registration District No. 2170
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 164

117

2. FULL NAME Edna Wilson.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of Daniel Guy Wilson.

6. DATE OF BIRTH (month, day and year) June 6, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	2	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bybee, Idaho.

PARENTS

10. NAME OF FATHER Samuel Albert Jenkins.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Sarah Ann Bennett.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah.

14. Informant Dan Wilson
(Address) Rigby, Idaho.

15. Filed Aug 14, 1933 C. Coffman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 11 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 11, 1933
that I last saw her alive on Aug 10, 1933
and that death occurred, on the date stated above, at 2:50 A m.
The CAUSE OF DEATH was as follows: Peritonitis following ruptured appendix.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Aug 1 '33.
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. A. West, M. D.
Aug 14, 1933. (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho	8/14/33 19

20. Undertaker C. B. Eckersell Address Rigby

This Certificate must be made out to some member of deceased's immediate family if such there be living and available.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85587

PLACE OF DEATH
County of Camas
City of Fairfield Idaho
Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Hire 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1852. 12-16

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME William Wilson
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs Ruby Campbell Fairfield Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wilbur Wash Date 9-1, 1933

19. UNDERTAKER J. C. Phillips (Address) Davenport Wash

20. FILED Aug 30, 1933 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29-33 193

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Aug 30, 1933
I last saw her alive on Aug 29, 1933; death is said to have occurred on the date stated above, at 10 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardia Renal, Vascular disease	April 1-1933

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W B Parkinson, M. D.
(Address) Fairfield Idaho

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85588

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margarete Joyce Smith

(a) Residence. No. 418 Deerfield St. St. Lake City, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 16 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER
13. NAME John B. Smith
14. BIRTHPLACE (city or town) (State or country) Boise

MOTHER
15. MAIDEN NAME Ida May Woods
16. BIRTHPLACE (city or town) (State or country) Boise

17. INFORMENT (Address) John D Smith

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Ida Date 9-8, 1933 St. Johns Cemetery

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 9-6, 1933 John S. Mayer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Sept 5, 1933.
I last saw h alive on dead 9-5, 1933: death is said to have occurred on the date stated above, at 1.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Flu	9-1-33
Other contributory causes of importance:	
Hydrocephalus	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E B Dudley, M. D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85589

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Duma Hastie

(a) Residence. No. 124 Dearborn St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-28-1844

7. AGE Years 88 Months 9 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. rancher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenborough Scotland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) G. E. Hastie Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lawrence Kan. Date ....., 193

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 9-5-, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Sept 3, 1933

I last saw him alive on Aug 27, 1933: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933

Other contributory causes of importance:

Cerebral Hemorrhage	1929

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85591

Registration District No. 3

Primary Registration District No. 1005 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Hattie B. Soper

(a) Residence. No. 822 Belmont St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67-	9	9-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winona
(State or country) Minn

FATHER

13. NAME Emerson Paine.

14. BIRTHPLACE (city or town) Maine
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT D. J. Soper
(Address) Caldwell Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Roswell Date 8-16" 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 8-18, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933, to Aug 13, 1933

I last saw her alive on Aug 13, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4 days ago
Chr. Interstitial Nephritis	possibly a year
Myocarditis	July 8-33

Other contributory causes of importance:

Hysterectomy	10 yrs ago
soreness in stump	
possibly C.A.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Kaley, M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

July 8 — Aug 13 —

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85592

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 22

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Roger Philip Bales

(a) Residence. No. Parma Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Write
5. Single, Married, Widowed, or Divorced (write the word) —
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Jan 27-1933
7. AGE Years Months 6 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell Idaho
(State or country)

FATHER
13. NAME Stanley Bales
14. BIRTHPLACE (city or town) Sunfield Michigan
(State or country)

MOTHER
15. MAIDEN NAME Laura Moffitt
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Bernard Bale
(Address) Parma Ida

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Parma Tucker~~ Idaho Aug. 2 1933

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida

20. FILED 9-3, 1933 Ethel Jurries
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26- 6 pm., 1933, to Aug. 20, 6 pm. 1933
I last saw him alive on Aug. 20, 1933: death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
marasmus	8/1/33

Other contributory causes of importance:

dehydration	8/1/33
circulatory failure	8/20/33

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~~home~~
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) E. F. Johnson, M. D.
(Address) Parma

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85593

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 1067
Primary Registration District No. 3
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Georgia Foot

(a) Residence. No. Parma Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. S. Foot

6. DATE OF BIRTH (month, day, and year) Dec 11-1848

7. AGE: Years 84, Months 8, Days 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Andes New York

FATHER
13. NAME William H. Right
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Emeline Thompson
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Mrs. Hattie Dwight Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place Parma Date 8-18, 1933

19. UNDERTAKER (Address) G. V. Peckham Caldwell Ida

20. FILED 9-3, 1933 Ethel Jurrus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to Aug 16, 1933
I last saw her alive on Aug 16, 1933: death is said to have occurred on the date stated above, at 6-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Valvular heart disease	

Other contributory causes of importance:
Dropsy

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. M. Mitchell, M. D.
(Address) Parma Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85594

County of Canyon
City of Parma
Registration District No. 2507
Primary Registration District No. 3
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

87

2. FULL NAME Andrew Nelson

(a) Residence. No. Parma St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Molly Nelson

6. DATE OF BIRTH (month, day, and year) Feb 12 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andress Nelson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Herbert Nelson Parma Ida

18. BURIAL, CREMATION, OR REMOVAL Place Parma Cemetery Date 8/28 1933

19. UNDERTAKER (Address) C. V. Packham Caldwell Ida

20. FILED 9-8, 1933 Ethel Purvis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1933, to 8/26, 1933,
I last saw him alive on 8/25, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	

Other contributory causes of importance: Chronic Nephritis

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. J. Sarazin, M. D.
(Address) Nyssa Ore

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V-S No. 5-A-25M-1-19. RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 1006

(No. ..... St.)

State File No. 85595

Local Registrar's No. 95

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Donald Benjamin Cayford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Child (Write the word)

6. DATE OF BIRTH: Sept 3 1931 (Month) (Day) (Year)

7. AGE: 1 Yrs. 11 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Emmett Idaho

10. NAME OF Father: A. B. Cayford

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Donna Payton

13. BIRTHPLACE OF MOTHER (State or Country): Oklahoma

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. B. Cayford

(Address) Emmett Idaho

15. Filed Sept-1- 1933 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH 179

16. DATE OF DEATH: Aug 12 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1933, to Aug 12 1932, that I last saw him alive on Aug 12 1933, and that death occurred on the date stated above, at 7:15 A.M.

The CAUSE OF DEATH* was as follows:

Accidental Burn on body feet hands.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Volta M.D. M. D.

..... 19 ..... (Address) Nampa, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Idaho

DATE OF BURIAL: 8/14 1933

20. UNDERTAKER: C. D. Buckmun

ADDRESS: Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85596

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 91

(No. Chestnut & Sly Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Anderson Arnot

(a) Residence. No. Chestnut & Sly Ave St. Troy Idaho
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Arnot

6. DATE OF BIRTH (month, day, and year) Nov. 7th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Indiana

FATHER

13. NAME Jacob Arnot

14. BIRTHPLACE (city or town) (State or country) Monroe Co. Va.

MOTHER

15. MAIDEN NAME Rebecca Thomas

16. BIRTHPLACE (city or town) (State or country) Monroe Co. Va.

17. INFORMENT (Address) Mrs. J. W. Cooper Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Idaho Date ....., 193...

19. UNDERTAKER Wm. D. Fallen (Address) Nampa, Idaho

20. FILED Sept-1, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Aug 12, 1933
I last saw him alive on Aug 9, 1933: death is said to have occurred on the date stated above, at 6:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorhage.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. O. Roth M.D., M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85597

PLACE OF DEATH
County of Canyon
~~City of~~ Rural
Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John William Brandt
(a) Residence. No. West of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Dec 26-59
7. AGE Years 73 Months 7 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Lewis Brandt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Gretchen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Frank Smythe Nampa Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Nampa Ida Date 7/30, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Sept 1, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/25 193

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to July 25, 1933
I last saw him alive on 7/25, 1933: death is said to have occurred on the date stated above, at 1:30 m. A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
One day.	

Other contributory causes of importance:
Ulcer Stomach
One year.

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Horace P. Belknap M. D.
(Address) Nampa Ida

B

RECEIVED SEP 8 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85598

County of Canyon

City of Rural Nampa Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 96

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME David E. Chitwood

(a) Residence. No. Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/6/1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Rufus Chitwood

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Blevins

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) Mrs. D. E. Chitwood Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL. Place Nampa, Ida. Date 8/31, 1933

19. UNDERTAKER F. K. Robinson (Address) Nampa, Idaho

20. FILED Sept 7, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Aug 28, 1933

I last saw him alive on Aug 28, 1933: death is said to have occurred on the date stated above, at 10.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Head of the Pancreas	
Other contributory causes of importance:	
Exploratory Operation	

Name of operation Exploratory operation Date of Aug 24, 1933

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. E. Mann M. D.

(Address) Nampa, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85599

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Shafe

(a) Residence. No. 200 Blk. E. 5th St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
1853

7. AGE — Years: 70 — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Larbar.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: City & County

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) Joplin
(State or country) Missouri

MOTHER

13. NAME —

14. BIRTHPLACE (city or town) .....
(State or country) —

FATHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) .....
(State or country) —

17. INFORMANT (Address) County Commissioners Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 8/10, 1933

19. UNDERTAKER D. E. Jakeman
(Address) Burley, Idaho

20. FILED 8/10, 1933 Lydia Rueo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Aug 8, 1933
I last saw him alive on Aug 1, 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown

Other **contributory causes** of importance:

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, ...
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Charles B. Reymer, M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85600

PLACE OF DEATH

County of Cassia

City of Oakley.

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 59

(No. ~~Keturah Haight Millard.~~)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keturah Haight Millard.

(a) Residence. No. Oakley (Usual place of abode) Idaho St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John J. Millard.

6. DATE OF BIRTH (month, day, and year) July 4th 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc -----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Farmington (State or country) Davis Co. Utah.

FATHER

13. NAME Horton D. Haight.

14. BIRTHPLACE (city or town) (State or country) New- York.

MOTHER

15. MAIDEN NAME Louisa Lavitt

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) John J. Millard. Oakley, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Oakley Idaho Date Aug. 8th, 1933

19. UNDERTAKER (Address) [illegible] Burley Ida

20. FILED Aug 9, 1933 Lassra Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1933, to Aug. 5, 1933

I last saw her alive on Aug. 5 1933; death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 5-33

Other contributory causes of importance:

Hypertension	unknown

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Baymer M. D.

(Address) Burley - Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85601

PLACE OF DEATH
County of Clark
City of Dubois

Registration District No. 125
Primary Registration District No. 2203
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

2. FULL NAME Agnes Hattie Henrickson

(a) Residence. No. ..... St. .....
(Usual place of abode) Small Idaho (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. [illegible] of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Henrickson

6. DATE OF BIRTH (month, day and year) March 1877

7. AGE Years 56 Months 5 Days If LESS than 1 [illegible] hrs. [illegible] min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) .....

PARENTS
10. NAME OF FATHER Chas [illegible]
11. BIRTHPLACE OF FATHER (State or Country) Do not know
12. MAIDEN NAME OF MOTHER Do not know
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Chicago Ills

14. Informant Alfred Henrickson
(Address) Small Idaho

15. Filed Aug 24 1933 C E Jones MD Registrar

CERTIFICATE OF DEATH

16. DATE [illegible] Aug (Month) 24 (Day) 1933 (Year)

[illegible] CERTIFY, That I attended deceased from [illegible] 23, 1933, to Aug 24, 1933 [illegible] alive on Aug 24, 1933 [illegible] death occurred, on the date stated above, at 5:10 P m.

[illegible] CAUSE OF DEATH* was as follows:

Acute Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C E Jones, M. D.
Aug 24, 1933 (Address) Dubois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Small Idaho
Date of Burial 8/26 1933

20. Undertaker None
Address

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85602.

PLACE OF DEATH

County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 41
(No. Orofino Hospital)
If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Lewis E. Kennick

(a) Residence. No. Kooskia St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 17- 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arlington
(State or country) Wn.

FATHER

13. NAME Charlie E. Kennick

14. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

MOTHER

15. MAIDEN NAME Mande Marsch

16. BIRTHPLACE (city or town) Louisberg
(State or country) Missouri

17. INFORMENT Meryl Kennick
(Address) Kooskia Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Kooskia Ida Date 7/3, 1933

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 7/3, 1933 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 2, 1933
I last saw him alive on Aug 2, 1933: death is said to have occurred on the date stated above, at noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative appendicitis	July 19 19 33

Other contributory causes of importance:

Rupture + large Ecchalyzed Abscess	

Name of operation Laparotomy Date of 8/1/33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) W. T. Hoffman, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85603

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 43
(No. Caldwell Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

206

2. FULL NAME Stanley C. Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 8 1933
7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Newborn Baby
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caldwell Ida

MOTHER FATHER
13. NAME: Theo Peterson
14. BIRTHPLACE (city or town) (State or country): Ida

MOTHER
15. MAIDEN NAME: Lucy Robertson
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Theo Peterson Weiser Ida
18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 8/9, 193..
19. UNDERTAKER (Address): V. A. Thomas Caldwell
20. FILED 8/9, 193... V. A. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 8 193

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from 8/8, 193.3, to 8/8, 193.3.
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Still born due to prolapsed umbilical cord	
Other **contributory causes** of importance:	

Name of operation ... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) R. T. Hoffman, M. D.
(Address) Caldwell Ida

RECEIVED SEP 6 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85604

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Emil F. Oppliger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margart Oppliger

6. DATE OF BIRTH (month, day, and year) June 4 1876

7. AGE Years 57 Months 2 Days 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Grocerman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Jacob Oppliger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Malvina Barckart

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Mrs Oppliger Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Aug 11 193..

19. UNDERTAKER (Address) V. A. Shaw Orofino

20. FILED 8/11, 193... V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 9 - 1933

Other **contributory causes** of importance:

Carcinoma of Stomach with Metastases to liver

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85605

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Theodore Holmes

(a) Residence. No. Orofino Idaho R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hattie E. Holms

6. DATE OF BIRTH (month, day, and year) March 10-1849

7. AGE: Years 84 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Luke H. Holmes
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Narcissus Lewis
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Harry Holmes Orofino Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Waitsburg Wash. Date 8-13, 1933

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 8/12, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 8-11, 1933

I last saw him alive on Aug. 5 8, 1933: death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Prostate & Bladder	unknown
Probably ~~metastasis~~	
Metastasis	

Other contributory causes of importance:
Old age senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) F. A. Robertson, M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85606

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No. Local Registrar's No. 47
(No. State Hospital North) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Beckrage

(a) Residence. No. St. John Days Creek, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 78 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? 49 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE: Years 69 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer and Stockraiser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Cemetery Date Aug. 16, 1933

19. UNDERTAKER (Address) F. A. Billberg, Hosp. attdt. Orofino - Idaho.

20. FILED 8/20, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to August 15, 1933
I last saw him alive on August 15, 1933; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	

Other contributory causes of importance:
Chronic interstitial nephritis
Dementia praecox

Name of operation None Date of
What test confirmed diagnosis? Phys Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho -

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85607

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 48

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

43

2. FULL NAME Paul Bias

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: About 76 Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Orofino Hosp. Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 8/21, 193..

19. UNDERTAKER (Address) L. A. Shack Orofino

20. FILED 8/21, 193.. L. A. Shack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20-1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to Aug 20, 1933.

I last saw him alive on Aug 20 1933: death is said to have occurred on the date stated above, at 7 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip	About Sept 1931

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) R. T. Hopkins, M. D.
(Address) Orofino, Idaho

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85608

PLACE OF DEATH

County of Clearwater

City of Orofino

Registration District No.

Primary Registration District No. Local Registrar's No. 49

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Bare, 88b

(a) Residence. No. St. Grangeville, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓ formerly Thelma Bare

6. DATE OF BIRTH (month, day, and year) April 5, 1882

7. AGE: Years 51 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Isaac Bare

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Lora McIver

16. BIRTHPLACE (city or town) (State or country) Unascertained Orofino, Idaho.

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 7/22, 193

19. UNDERTAKER (Address) Vallar Lewiston

20. FILED 7/21, 193 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to August, 1933

I last saw him alive on August 20, 1933: death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Chronic interstitial nephritis. Psychosis with other somatic diseases.

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85609

Registration District No.

Primary Registration District No.

Local Registrar's No. 50

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gust W. Benson

(a) Residence. No. St. Wallace, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place State Hosp. No. Cemetery Date 8-23, 1933

19. UNDERTAKER (Address) F. A. Billberg, Attd., Orofino, Idaho.

20. FILED 8/24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August xx 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to August xx, 1933

I last saw him alive on August xx, 1933; death is said to have occurred on the date stated above, at 10 25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of right elbow joint	1½ yr.
Other contributory causes of importance: Dementia praecox	

Name of operation Incision Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85610

PLACE OF DEATH
County of Clearwater
City of Orofino
Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 51

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Carlson

(a) Residence. No. St. Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. X yrs X mos. 4 ds. How long in U. S., if of foreign birth? 25 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Axel Carlson

6. DATE OF BIRTH (month, day, and year) March 21, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	48	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Frans August Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Johanna August

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Records, State Hospital North, Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Troy Date 8/30, 193

19. UNDERTAKER Pickard
(Address) Troy Ida

20. FILED 8/29, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 28 1933

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933, to August 28, 1933.
I last saw her alive on August 28, 1933: death is said to have occurred on the date stated above, at 3.50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	Since childhood.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Phys. Sgns Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Louis McKelvey, M. D.
(Address) Orofino, Idaho

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85611

PLACE OF DEATH
County of Clearwater
City of Pierce

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 43
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pat Noblet

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) ✓

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) ✓

7. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lumberworker
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber work in
(c) Name of employer timber

9. BIRTHPLACE (city or town) ✓
(State or country)

PARENTS
10. NAME OF FATHER ✓
11. BIRTHPLACE OF FATHER (city or town) ✓
(State or Country)
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) ✓
(State or County)

14. Informant (Address) Clearwater Timber Co records Headquarters Ida

15. Filed 8/11, 19 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 14 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
accidental drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wayne S. Herrero Coroner ~~M. D.~~
8 9, 1933 (Address) Orofino Ida

19. Place of Burial, ~~Cremation, or Removal~~ 1 Mile below Canyon R. S.
Date of Burial July 20 1933

20. Undertaker Wayne S Herrero
Address Orofino Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85612

PLACE OF DEATH
County of Clearwater
City of Pierce (nearest town)

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 44
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1911

2. FULL NAME William Carey
(a) Residence. No. Teakin Ida St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 16 - 1911

7. AGE Years 21 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Forest Service
(c) Name of employer

9. BIRTHPLACE (city or town) Teakin Idaho
(State or country)

PARENTS

10. NAME OF FATHER William J. Carey
11. BIRTHPLACE OF FATHER (city or town) Yarmouth
(State or Country) Nova Scotia
12. MAIDEN NAME OF MOTHER Eunice Mapes
13. BIRTHPLACE OF MOTHER (city or town) Kent City
(State or County) Mich

14. Informant (Address) William J. Carey Teakin Ida

15. Filed 8/11, 19..... W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 (Month) 02 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Accidental drowned.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Wayne S. Herres Coroner M. D.
8-9, 1933 (Address) Orofino Ida

19. Place of Burial, Cremation, or Removal Teakin Ida
Date of Burial 8-10 1933

20. Undertaker Orofino Mortuary
Address Orofino Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 30 1933

PLACE OF DEATH

County of Clearwater

City of Elk River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85613

Registration District No. 91

Primary Registration District No. 2168 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Elizabeth Mary Hamdly

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Hamdley

6. DATE OF BIRTH (month, day, and year): May 4-1865

7. AGE: Years 68 Months 3 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: House work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Oliver Proudlock

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Francis Packenham

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): John O. Hamdley, Elk River Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aug 25 Date ....., 1933

19. UNDERTAKER (Address): Orofino Mortuary, Orofino Idaho

20. FILED Aug 23, 1933 Vivian Dickamore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1933.

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1933, to Aug 22, 1933

I last saw her alive on Aug 22, 1933: death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928
Other contributory causes of importance:	
Generalized Carcinomatosis Primary in left breast	1932

Name of operation Left Radical Mastectomy Date of 2/?/33

What test confirmed diagnosis? microscope Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Murray B. Jacobson, M.D.

(Address) C.C.C. Elk River, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 30 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Clearwater

City of Elk River

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 91

Primary Registration District No. 2168

(No. ....., ... St.)

File No. 85614

Registered No. 1

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles G Morris

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married (Write the word.)

6. DATE OF BIRTH: Sept (Month) 19 (Day) 1850 (Year)

7. AGE: 82 yrs. 9 mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Contractor Builder
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Robert Morris

11. BIRTHPLACE OF FATHER (State or Country): Oxford

12. MAIDEN NAME OF MOTHER: Sarah Gatcher

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Morris

(Address) Elk River Idaho

15.

Filed Aug 15 191 Vivian Dickson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

164

16. DATE OF DEATH: July (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4 1933, to July 10 1933, that I last saw him alive on July 10 1933, and that death occurred on the date stated above, at 5:22 P.M.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Bronchitis chronic

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) E W White M. D.

..... 19 ..... (Address) Elk River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elk River Idaho

DATE OF BURIAL: July 12 1933

20. UNDERTAKER: Orofino Mortuary By Wayne S. Hepress Mgr.

ADDRESS: Orofino Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED AUG 21 1933

PLACE OF DEATH

County of Custer

City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85615

Registration District No. 108

Primary Registration District No. 2186

Local Registrar's No. 158

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William D. Bradbury

(a) Residence. No. Challis Idaho St. 77
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hannah Jardine Bradbury

6. DATE OF BIRTH (month, day, and year) Nov 14-1850

7. AGE Years 82 Months 4 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & stockraiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

FATHER

13. NAME William Bradbury

14. BIRTHPLACE (city or town) (State or country) Coventry England

MOTHER

15. MAIDEN NAME Jane Lundsen

16. BIRTHPLACE (city or town) (State or country) Coventry England

17. INFORMENT (Address) Beatrice B Fox Challis Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Challis Ida Date July 7, 1933

19. UNDERTAKER (Address) Wm C. Dubbel

20. FILED July 7, 1933 Edna McKinney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1931, to July, 1933

I last saw him alive on 7/5 1933: death is said to have occurred on the date stated above, at 9 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration of Brain	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. L. Kirtley, M. D.

(Address) Challis Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85616

PLACE OF DEATH
County of Franklin
City of Treasureton Idaho

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Hanna T. Hymas

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Benjiman Hymas

6. DATE OF BIRTH (month, day, and year) June 17 1854

7. AGE Years 79 Months 1 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME James Thurston
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Seamons
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Dell Hymas Treasureton

18. BURIAL, CREMATION, OR REMOVAL Place Treasureton Date Aug 17, 1933

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Sept 8, 1933 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1932, to 8-10, 1933.
I last saw her alive on 8-6, 1933: death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carotid Renal Decompensation Uremia	Aug 1st 1933

Other contributory causes of importance:

General arteriosclerosis	several years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. R. Cutler, M. D.
(Address) Preston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85617

PLACE OF DEATH
County of Franklin
City of Clifton
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl U. Viehweg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Viehweg

6. DATE OF BIRTH (month, day, and year) Dec 12 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Viehweg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza Viehweg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Anna C. Viehweg Clifton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Date Aug 14 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Sept 6, 1933 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 —, 1933, to Aug 10 —, 1933
I last saw h[illegible] alive on Aug 10 —, 1933; death is said to have occurred on the date stated above, at 10-30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of liver caused by inflamed gall stone in Common duct and	Aug 1-33

Other contributory causes of importance:

Duodenal Carcinoma of probably 6 months duration -	

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) G. W. State, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85618

PLACE OF DEATH
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ALMA MAY FULLER

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/25/1850

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84.	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. AT HO ME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) OHIO

FATHER

13. NAME JOHN D. CARR
14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME ELIZA MOTTER
16. BIRTHPLACE (city or town) (State or country) OHIO.

17. INFORMENT (Address) MOTT. L. FULLER ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place ASHTON IDAHO Date 8/20/33 BURIAL 193

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 8/19/33 Lewis Kiser Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/17/33 193

22. I HEREBY CERTIFY, That I attended deceased from 7-23-'33, 193 to 8-17-'33, 193
I last saw her alive on 8-17-'33, 193: death is said to have occurred on the date stated above, at 11:20 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute myocardial failure	8-17-3
2. Bronchiopneumonia.	
Other contributory causes of importance: 1. Chronic myocarditis.	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury , 193
Where did injury occur? ----
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) N.W. Doty, M.D., M. D.
(Address) H.W.DOTY, M.D.

shto Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85619

PLACE OF DEATH

County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6

Local Registrar's No.

(No.) 188
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virginia Dorty Nash.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) SEPT. 10TH 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. AT SCHOOL

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WARREN ARIZONA

FATHER

13. NAME WILL JAMES NASH.

14. BIRTHPLACE (city or town) (State or country) PHOENIX ARIZONA

MOTHER

15. MAIDEN NAME DORTY FUNKHAUSER

16. BIRTHPLACE (city or town) (State or country) LOS VEGAS MEXICO.

17. INFORMENT (Address) DORTHY NASH. LOS ANGLES CAL.

18. BURIAL, CREMATION, OR REMOVAL Place LOS ANGLES CAL Date 8/14/33 193

19. UNDERTAKER LEWIS KSIER
(Address) ASHTON IDAHO

20. FILED 8/16/33, 193 Lewis Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from AUG. 10th /33 193, to AUG. 14/33, 193
I last saw her alive on AUG. 14th/33, 193; death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
1. Cerebral hemmorhage	8-10-'33
2. Skull fracture	

Other contributory causes of importance:
Died during induction of ether anesthetic for repair of 8" scalp wound.

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-10-33
Where did injury occur? Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Automobile wreck
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) W. W. Daley M.D. M.D.
(Address) Ashton, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 8562

PLACE OF DEATH
County of FREMONT
City of ASHTON
Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME IDA MAY WILLIS.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 3rd/ 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WIS.

FATHER

13. NAME DR. H. STARR

14. BIRTHPLACE (city or town) (State or country) DK

MOTHER

15. MAIDEN NAME EUNICE .A. HALL

16. BIRTHPLACE (city or town) (State or country) DK.

17. INFORMENT (Address) STARR B. WILLIS ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place ASHTON IDAHO Date 8/22/33, 193

19. UNDERTAKER LEWIS KISER
(Address) ASHTON IDAHO

20. FILED 8/22/33, 193 LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/21/33 193

22. I HEREBY CERTIFY, That I attended deceased from JULY30th /33, 193, to AUG.21st/33, 193

I last saw h alive on AUG.21st /33; death is said to have occurred on the date stated above, at 1.45 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
FATTY EMBOLUS	
Other contributory causes of importance: FRACTURE OF LEFT LEG.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 7/30 193

Where did injury occur? ASHTON IDAHO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. AT HOME

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E.L. HARGIS, M. D.

(Address) ASHTON IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

161a

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of St. Anthony
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 99
Primary Registration District No. 2177
(No. ..... St.)

File No. 8562
Registered No. 95
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Eddie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
Aug. (Month) 17th (Day) 1933 (Year)

7. AGE
— yrs. — mos. / ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) St. Anthony Idaho

10. NAME OF FATHER Hugh O. Eddie

11. BIRTHPLACE OF FATHER (State or Country) Ark.

12. MAIDEN NAME OF MOTHER Clara E. Horne

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh O. Eddie
(Address) St. Anthony Idaho

15.
Filed Aug 18 1933 Sarah Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug. (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
On Aug. 17 1933, to ..... 191..,
that I last saw h[illegible] alive on Not at all 191..,
and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Separation of Cord during induced abortion for Toxemia of Pregnancy.
(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Ellison M. D.
8/18 1933 (Address) St. Anthony Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
Rigby Idaho | Aug. 19 1933

20. UNDERTAKER | ADDRESS
W. M. Hansen | St. Anthony Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85322

PLACE OF DEATH
County of Fremont
City of Egin

Registration District No. 99
Primary Registration District No. 9199
Local Registrar's No. 98

(No.) 1617
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME DeLacy Oakey

(a) Residence. No. Egin St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Egin
(State or country) Idaho

FATHER

13. NAME Earnest Oakey

14. BIRTHPLACE (city or town) Bennington
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Agnes Robertson

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMENT Earnest Oakey
(Address) Egin Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rlando Date 9/5, 1933

19. UNDERTAKER A B Eckhardt
(Address) Rigby Idaho

20. FILED Sep 8, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1933, to only, 1933
I last saw him alive on Sept. 2, 1933; death is said to have occurred on the date stated above, at 5:15 p.m. -
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
from birth injury during	
Spontaneous premature	
delivery.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H H Allison, M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85624

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 242

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Robert Cooper Rudelson

(a) Residence. No. Gooding St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine W.

6. DATE OF BIRTH (month, day, and year) May 20-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Illinois

FATHER

13. NAME William L. Rudelson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth M. Cooper

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Katherine Rudelson Gooding Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Ida Date 8/, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED 8-21-, 1933 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193..., to 8-21-, 1933

I last saw him alive on 8-21-, 1933: death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7

Other contributory causes of importance:

Arterio sclerosis

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cromwell, M. D.

(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85625

PLACE OF DEATH

County of Gooding

City of Gooding — Registration District No. 27

Primary Registration District No. ____ Local Registrar's No. 2 KJ

(No. Gooding Co Hosp) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard Abraham Cosler

(a) Residence. No. Gooding St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Davis City Iowa

FATHER

13. NAME Rose Cosler

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Phoebe Tisler

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. L A Cosler Gooding Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Cem Date 9-1, 1933

19. UNDERTAKER A E Thompson (Address) Gooding Ida

20. FILED 9-1, 1933 J J Edmund Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1933, to 8-29, 1933

I last saw him alive on 8-29, 1933; death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance: Ruptured Cardiac Degeneration	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Houston C Snyder, M. D.

(Address) ____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85626

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 240

(No. Gooding County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph A Giles

(a) Residence No. Richfield Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9-1917

7. AGE: Years 16 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albion Idaho

FATHER
13. NAME Joseph F Giles
14. BIRTHPLACE (city or town) (State or country) Heber City Utah

MOTHER
15. MAIDEN NAME Mary E Sweat
16. BIRTHPLACE (city or town) (State or country) Heber Utah

17. INFORMENT (Address) Joseph F Giles

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Ida Date Aug 29 1933

19. UNDERTAKER (Address) C E Hickok Shoshone Idaho

20. FILED 8-31, 1933. J H Crommell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-25 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Aug 25, 1933
I last saw him alive on Aug 25, 1933; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction (Intestinal) with Gangrene & Perforation	Aug 25
Other contributory causes of importance: Ruptured Appendix with Peritonitis	Jan 1932

Name of operation Resection Bowel Date of Aug 25
What test confirmed diagnosis? Ex Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. E. Barrett, M. D.
(Address) Shoshone, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85627

PLACE OF DEATH
County of Jerome
City of Hagerman R.I.D.

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 239

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grace Lenore Ritchie

(a) Residence. No. Hagerman St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sidney Willis Ritchie

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1871

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem, Wisconsin

FATHER
13. NAME Issac Watson Brown
14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER
15. MAIDEN NAME Martha Jane Weir
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) S W Ritchie Hagerman Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED 8-31-, 1933 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to Aug 1, 1933
I last saw her alive on Aug 1, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic with decompensation.	

Other contributory causes of importance:

Debillation

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) James H. Cromwell, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85629

PLACE OF DEATH
County of Gooding
City of " "
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 243
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria Hearn
(a) Residence. No. Gooding Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 12-10-52

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Chewer
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT Mrs Gus Bullock (Address) Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER A. C. Thompson (Address) Gooding Ida

20. FILED 8-31, 193 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14 193 3

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 193 3, to 8-14, 193 3
I last saw h alive on 8-14, 193 3; death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?
Cerebral hemorrhage	8-1

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Cromwell, M. D.
(Address) Gooding Ida

RECEIVED SEP 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85630

PLACE OF DEATH
County of Idaho
City of Kamiah-Rant

Registration District No. 49
Primary Registration District No. 2127
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

1015

2. FULL NAME Elmer Marks (Indian)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day and year)

7. AGE: 20 Years: 1913 Months: Oct. Days: 20 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ahsahka, Idaho

PARENTS

10. NAME OF FATHER: White Bull Marks
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Nez Perce Reservation
12. MAIDEN NAME OF MOTHER: Lucy Mentham
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Indian Territory

14. ~~Informant~~ .....
(Address) Elizabeth Wilson Kamiah, Idaho.

15. Filed 9-14, 1933 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 10th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29th, 1933, to 6/10/, 1933
that I last saw him alive on 6/10/, 1933
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia fever

..... (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary): Nang

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Koaskia Idaho
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) C. W. Bigham, M. D.
6/10/, 1933 (Address) Kamiah-Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker | Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85631

PLACE OF DEATH
County of Idaho
City of Kamiah
Registration District No. 106
Primary Registration District No.
Local Registrar's No. 353

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Westman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Olsen Westman

6. DATE OF BIRTH (month, day, and year) Oct 15

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME not obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Emma Westman

18. BURIAL, CREMATION, OR REMOVAL Place Kamiah Date Aug 14, 1933

19. UNDERTAKER Geo. Freeman (Address) Kooskia - Idaho

20. FILED Aug 9, 1933 J M Siebenkuhns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 18, 1933
last saw him alive on Aug 17, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	
Other contributory causes of importance: Chronic Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J M Siebenkuhns, M. D.
(Address) Kooskia - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85632

PLACE OF DEATH
County of Idaho
City of ~~Grangeville~~ Cottonwood

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 28

(No. Cottonwood Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Thomas Large

(a) Residence. No. Slate Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): March 3, 1888

7. AGE: 45 Years, Months: 5, Days: 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ,,
10. Date deceased last worked at this occupation (month and year): Aug. 20, 1933
11. Total time (years) spent in this occupation: 30 years

12. BIRTHPLACE (city or town) (State or country): Whitebird Idaho

FATHER
13. NAME: Samuel Large
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary Percell
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Ben Large Slate Creek, Idaho

18. BURIAL, CR~~EMATION OR REMOVAL~~
Place: Slate Creek Date: Sept. 1, 1933

19. UNDERTAKER (Address): Glenn Ailor Grangeville, Idaho

20. FILED Sept. 1, 1933. W. F. Orr per I. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1933, to Aug. 30, 1933
I last saw him alive on Aug. 30, 1933; death is said to have occurred on the date stated above, at 10:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia	Aug-28
Other contributory causes of importance:	
Cervical Abscess from Tonsillitis	Aug-20

Name of operation: Abscess opened Date of Aug 28
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) W. F. Orr, M. D.
(Address) Cottonwood, Ida.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85633

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 27

(No. One Lady of Consolation Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Carpenter Holt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/18/21

7. AGE Years 11 Months 10 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pasco Wash.

FATHER
13. NAME Carlton B. Holt
14. BIRTHPLACE (city or town) (State or country) West Bend Wis.

MOTHER
15. MAIDEN NAME Marion Oder
16. BIRTHPLACE (city or town) (State or country) Redfield Ill.

17. INFORMENT (Address) Carlton B Holt Grangeville Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Grangeville Date June 25 1933

19. UNDERTAKER (Address) C A Hancock Grangeville Idaho

20. FILED Sept 5, 1933 W F Orr per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/23 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1933, to 6-23, 1933

I last saw him alive on 6-23, 193..: death is said to have occurred on the date stated above, at 12-15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Meningitis	6-12-33

Other contributory causes of importance:

Pulmonary tuberculosis	1-15-33
two months duration	
known of	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Orr, M.D.

(Address) Cottonwood, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85634

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No.
Primary Registration District No. Local Registrar's No. 34

(No. South Fork River)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Clifford H. Grey

(a) Residence. No. Lewiston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): April 11.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Labor C.C.C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Labor C.C.C.

10. Date deceased last worked at this occupation (month and year): 8/3/1933

11. Total time (years) spent in this occupation: 3 months

12. BIRTHPLACE (city or town) (State or country): Oklahoma

FATHER

13. NAME: C. M. Grey

14. BIRTHPLACE (city or town) (State or country): Okla

MOTHER

15. MAIDEN NAME: Jessie Suits

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): C. M. Grey

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place: Lewiston Date: 8/4, 1933

19. UNDERTAKER (Address): Lewiston, Idaho.

20. FILED Aug 4, 1933 Dr. B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Aug. 3, 1933; death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	Aug. 3
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 3, 1933

Where did injury occur? Meadow Creek
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury: Accident

Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Matthew N. DeCasquale M. D.

(Address) Camp F 33 C.C.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85635

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No.
Primary Registration District No.
Local Registrar's No. 35

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah A. McLean

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry McLean

6. DATE OF BIRTH (month, day, and year) Sept. 9. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) Aug. 5, 1933

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMENT (Address) Charlie McLean McCall, Idaho

18. BURIAL, CREMATION, REMOVAL Place Grangeville Date aug 7, 1933

19. UNDERTAKER Glenn Ailor (Address) Grangeville, Idaho.

20. FILED Aug 7, 1933 Dr. B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to Aug 5, 1933
I last saw her alive on Aug 5, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Interstitial Nephritis.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B C Chipman, M. D.
(Address) Grangeville Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85636

PLACE OF DEATH
County of Idaho
City of Riggins

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 34

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME William S Wisdum

(a) Residence. No. Riggins, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emmma Wisdum

6. DATE OF BIRTH (month, day, and year): June 20, 1859

7. AGE: Years 74 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Washington

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): ,,

MOTHER
15. MAIDEN NAME: ,,
16. BIRTHPLACE (city or town) (State or country): ,,

17. INFORMENT (Address): Emma Wisdum, Riggins, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Riggins Date: Aug 18, 1933

19. UNDERTAKER (Address): Glenn Ailor, Grangeville, Idaho

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to ~~Aug~~, 193...
I last saw him alive on July 13, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemomorhage	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) B Chipman, M. D.
(Address) Grangeville Id.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85637

PLACE OF DEATH
County of Idaho
City of Grangeville
Registration District No. 103
Primary Registration District No. 218
Local Registrar's No. 32
(No. Winona Road)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Mary Jo Wren

(a) Residence. No. Fenn, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fenn Idaho

FATHER

13. NAME: James Wren

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Ilesbeth Birkmire

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): James Wren Fenn, Idaho

18. BURIAL, CREMATION, REMOVAL Place: Grangeville Date: Aug 22, 1933

19. UNDERTAKER (Address): Glenn Ailor Grangeville, Idaho

20. FILED Sept. 7, 1933 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on Aug. 20, 1933 death is said to have occurred on the date stated above, at 3.A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull and chest crushed by pole in Auto. accident.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc. Date of injury 8, 20, 1933
Where did injury occur? Near Winona, Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Crushed by pole
Nature of injury Crushedm

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify .....
(Signed) B Chapman, M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 8 1933

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85638

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 33

(No. Winona Road)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Elmer Bernard Haener

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ,,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ferdinand
(State or country) Idaho

FATHER

13. NAME Albert Haener

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Amelia Goecker

16. BIRTHPLACE (city or town) Illonois
(State or country)

17. INFORMENT (Address) Albert Haener
Grangeville, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Grangeville Date Aug 22 1933

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Sept. 6, 1933 B C Chipman.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on 8- 20, 1933: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull crushed by pole in auto accident.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc. Date of injury 8, 20 1933

Where did injury occur? Near Winona, Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. n highway

Manner of injury Auto accident.

Nature of injury Crushed.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) B C Chipman, M. D.

(Address) Grangeville Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85639

PLACE OF DEATH
County of Idaho
City of Whitebird, I

Registration District No. 163
Primary Registration District No. 2161
Local Registrar's No. 37

(No. Rusel Grade on Salmon River)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Shea

(a) Residence. No. Yakima, Washington St. 188c
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lena Shea

6. DATE OF BIRTH (month, day, and year) 4/27/1874

7. AGE: Years 59 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Orchard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 30days

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Linsely Shea
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Conoford
16. BIRTHPLACE (city or town) (State or country) N.Y. State

17. INFORMENT (Address) Tom Shea, Dayton, Washington

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Waitsburg, Wash Date Aug 13 1933

19. UNDERTAKER (Address) Samuel & Dailey, Waitsburg, Washington

20. FILED Aug 13, 1933 B C Chipman. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Accident Crushed Chest	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? acc. Date of injury 8/12, 1933
Where did injury occur? Russel Grade on Salmon River (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Car accident
Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. H. Fenary ~~M.D.~~
(Address) Kooskia Idaho
Coronor Ida. Co.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85640

PLACE OF DEATH
County of Jefferson
City of Roberts

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ada B Brothers 90

(a) Residence. No. 3 miles West of Roberts.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Samuel B Brothers Deceased.

6. DATE OF BIRTH (month, day, and year) Aug 7 1863

7. AGE Years 70 Months 0 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) One year
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McDowna Co. Illinois

FATHER
13. NAME William A Huff.
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Sarah B. Graham
16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio.

17. INFORMENT (Address) Ernest Brothers. Idaho Falls.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Lewis Mont. Date 8/8, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED 9/7, 1933 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to 9-5, 1933
I last saw n alive on 9-5, 1933 death is said to have occurred on the date stated above, at 6 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	

Other contributory causes of importance: Emaciated

Name of operation — Date of —
What test confirmed diagnosis? Exam Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. H. Lynn, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85641

PLACE OF DEATH

County of Jefferson

City of Ririe

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Norma Jean Hogland

(a) Residence. No. Ririe, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 3, 1932

7. AGE Years | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Ririe
(State or country) Idaho

PARENTS

10. NAME OF FATHER Abram Arthur Hogland

11. BIRTHPLACE OF FATHER (city or town) .....
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Ethel Marie Higley

13. BIRTHPLACE OF MOTHER (city or town) Salem
(State or Country) Idaho

14. Informant Abraham Arthur Hoagland
(Address) Ririe, Ida

15. Filed Aug 30, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Aug 29, 1933 that I last saw her alive on Aug 25, 19.. and that death occurred, on the date stated above, at 7 - P m.

The CAUSE OF DEATH* was as follows:
Strychnine Poisoning from Hopkins Pill. Taken by self -

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) B A Price M. D.

Aug 30, 1933 (Address) Ririe Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelton Idaho | Date of Burial: Aug. 31 1933

20. Undertaker: A B Eckersell | Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85642

PLACE OF DEATH

County of Jefferson.

City of Labelle

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Isaac Allred.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minnie Allred.

6. DATE OF BIRTH (month, day and year) Dec. 27, 1889

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Utah.

PARENTS

10. NAME OF FATHER: Andrew J. Allred.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Tenn.

12. MAIDEN NAME OF MOTHER: Mettine Andersen.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Denmark.

14. Informant Minnie Allred
(Address) Lorenzo, Idaho. R. #1

15. Filed Aug 31, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 29 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from ~~Mar~~ Feb 3 1931, to Mar 22, 1931

that I last saw him alive on Mar 22, 1933

and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Recurrent carcinoma of stomach following Partial gastrectomy Feb 24, 1931

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb 24, 1931

Was there an autopsy? No - Gastrectomy

What test confirmed diagnosis? Operation & Lab

(Signed) H Ray Hatch M. D.

Aug 30, 1933 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Annis, Idaho.

Date of Burial: Sept. 2 1933

20. Undertaker: A B Eckersell

Address: Rigby

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85643

PLACE OF DEATH

County of Jefferson
City of Roberts

Registration District No. 98
Primary Registration District No. 2176
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 32

90

2. FULL NAME Nora Burwell.

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed.

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Samuel Burwell.

6. DATE OF BIRTH (month, day and year) Unknown.

7. AGE Years 73 Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant H. S. Thompson.
(Address) Rigby, Idaho.

15. Filed Aug 14 1933 A B Eckerdt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 12 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from For many Years, to , 19

that I last saw her alive on 8/12 1933

and that death occurred, on the date stated above, at 830P m.

The CAUSE OF DEATH was as follows: Chronic Valv. Heart disease

Senility (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Ead Jones, M. D.

Aug. 14, 1933 (Address) Roberts, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal ~~Roberts~~ Rigby, Idaho. Date of Burial Aug. 15 1933

20. Undertaker A B Eckerdt Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85844

PLACE OF DEATH

County of Jerome

City of Hagelton

Registration District No.

Primary Registration District No. Local Registrar's No. 1

(No. Residence 154)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katheryn Spencer

(a) Residence. No. St. Hagelton Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bert Spencer

6. DATE OF BIRTH (month, day, and year) June 1 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
48	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salena
(State or country) Kansas

FATHER

13. NAME ~ Miller

14. BIRTHPLACE (city or town)
(State or country) ~

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Bert Spencer
(Address) Hagelton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place I O O F Cem Date July 26 1933
Hagelton Ida

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED Aug 1, 1933 L H Hopper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933, to July 23, 1933
I last saw her alive on July 23, 1933, death is said to have occurred on the date stated above, at 1 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive	
Muscular atrophy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) L H Hopper, M. D.
(Address) Hagelton Idaho

RECEIVED SEP 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85645

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 10
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Jesser A Richardson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Richardson

6. DATE OF BIRTH (month, day and year) October 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Lucknow Ontario, Canada

PARENTS

10. NAME OF FATHER --- McKennan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Do not know
13. BIRTHPLACE OF MOTHER (city or town) (State or County) .....

14. Informant (Address) Mrs. Margaret Collins Spirit Lake, Idaho

15. Filed Aug 28, 1933 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1933 to Aug. 27, 1933
that I last saw her alive on Aug. 26, 1933
and that death occurred, on the date stated above, at 1:00 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1) Bronchial Pneumonia - 5 days
2) Chronic Myocarditis c Heart Failure.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY O. H. D.
(Secondary)
..... (duration) 10 or 12 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) John W. Adcock, M. D.
Aug. 27, 1933 (Address) Spirit Lake, Ida.

19. Place of Burial, Cremation, or Removal: Greenwood Cemetery - Spirit Lake — Date of Burial: 8-29 1933

20. Undertaker: Cassedy Funeral Home — Address: Rathdrum

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED SEP 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85646

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene Lake

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Roy W. Harrison

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ... yrs. 1 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W.	Married

5a. If married, widowed, or divorced.
HUSBAND of (or) WIFE of Georgia Harrison

6. DATE OF BIRTH (month, day and year) July 17, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic (auto)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Augusta
(State or country) Georgia

PARENTS

10. NAME OF FATHER Thomas Harrison
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Do not know
12. MAIDEN NAME OF MOTHER Rebekca - - -
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Do not know

14. Informant (Address) Georgia Harrison Coleen Montana

15. Filed Aug 25, 1933 A. C. Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended ~~deceased~~ from
..... 19..., to ..... 19.....
did not see
that I last saw him alive on ..... 19.....
and that death occurred, on the date stated above, at 4 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apparently from heart disease

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) E. H. Teed M. D.
8-25, 1933 (Address) Coeur d'Alene Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Greenwood Cemetery - Spirit Lake	Aug 31 1933
20. Undertaker	Address
Cassidy Funeral Home	Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85647

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 45
Primary Registration District No.
(No.)
Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marguerite Spahn

(a) Residence. No. St. Spirit Lake Ida
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 5 ds. How long in U. S. if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Spahn

6. DATE OF BIRTH (month, day and year) Aug. 15-1854

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) After Russia

PARENTS

10. NAME OF FATHER Do not know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) " " "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) " " "

14. Informant Frank Spahn (Address) Spirit Lake Ida

15. Filed Aug 29, 1933. A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 28, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to Aug 28, 1933, that I last saw her alive on Aug 28, 1933 and that death occurred, on the date stated above, at 4 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Coronary Heart Disease
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? History and Physical
(Signed) F. F. Hornung M. D.
Aug 28, 1933 (Address) Rathdrum

19. Place of Burial, Cremation, or Removal: Greenwood Cemetery - Spirit Lk. Date of Burial: Sept 1 1933
20. Undertaker: Cassidy Funeral Home Address: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 31 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85648

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME William Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. about mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) about 1875

7. AGE Years about 58 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) to time of death
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Rasmus Jensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Karl Klaus

18. BURIAL, CREMATION, OR REMOVAL Forest - Place Coeur d'Alene Ida Date 7-13, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED July-17-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-4 1933

22. I HEREBY CERTIFY, That I did not attended deceased from ....., 193..., to ....., 193...
I did not see last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Drowning

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ ..... Date of injury 7-4 1933
Where did injury occur? Coeur d'Alene Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Drowning occurred on Lake Coeur d'Alene
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. H. Feed Coroner, M. D.
(Address) Coeur d'Alene Idaho

FORM V. S. No. 5-25 M. 1-10.

RECEIVED AUG 31 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Kootenai

City of Worley, Idaho.

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 30

Primary Registration District No. 1050

(No. ..... St.)

File No. 85649

Registered No. 60

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Vivian Elizabeth Wolfe.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: American White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Aug (Month) 29th (Day) 1910 (Year)

7. AGE: 22 Yrs. 10 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Home - Wife.

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lakeside, Chelan Co, Washington

10. NAME OF FATHER: Doss Jones.

11. BIRTHPLACE OF FATHER (State or Country): Arkansas.

12. MAIDEN NAME OF MOTHER: Elizabeth Pitts

13. BIRTHPLACE OF MOTHER (State or Country): Atwood Kansas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elizabeth Jones "Mother"

(Address) Worley, Idaho.

15. Filed July 17 1933. E. L. Spohn M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

11a

16. DATE OF DEATH: June (Month) 18th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13th 1933, to June 18th 1933, that I last saw her alive on June 18th 1933, and that death occurred on the date stated above, at 7 10 P M.

The CAUSE OF DEATH* was as follows:

Flu -

..... (Duration) ..... Yrs. ..... mos. 6 ds.

Contributory (Secondary): Pneumonia

..... (Duration) ..... yrs. ..... mos. 24 hrs. ds.

(Signed) J. J. Herrington M. D.

..... 19 ..... (Address) Worley, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Worley Idaho

DATE OF BURIAL: June 21 1933

20. UNDERTAKER: H. G. Jaeger

ADDRESS: Fairfield

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85650

PLACE OF DEATH
County of Kootenai
City of Coeurd'Alene Rimrock
Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

137

2. FULL NAME Eva Nestell.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Reuben Nestell

6. DATE OF BIRTH (month, day, and year) 1889 - 8 - 6

7. AGE Years 43 Months 11 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb. 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fargo. N. D.

FATHER
13. NAME David Bloomfield
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Helen Lowks
16. BIRTHPLACE (city or town) (State or country) Hymore S. D.

17. INFORMENT (Address) R. L. Nestell

18. BURIAL, CREMATION, OR REMOVAL Place Rimrock Ida. Date 7-14, 1933

19. UNDERTAKER (Address) Cassed Funeral Home Coeurd'Alene Ida.

20. FILED Aug. 5, 1933. E. L. Spohn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933, to July 11, 1933
I last saw her alive on July 11 1933: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following operation	15 min
Multiple Cysts of Ovaries with Abdominal adhesions	Months

Other contributory causes of importance:
Tumors - 2 to 8 inches in diameter - Adhesions

Name of operation Laparotomy Date of July 11-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) E. L. Spohn, M. D.
(Address) Coeurd'Alene

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 31 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 85651

Local Registrar's No. 62

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

18 W

2. FULL NAME Bruce E. Brink

(a) Residence. No. 524 Garden Ave St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) aug 15 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pal's Greenhouse

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Neb

FATHER

13. NAME E D Brink

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Jennie Whitehouse

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) E D Brink Coeur d'Alene Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date July 19 1933

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. FILED 8-5-, 1933 E. L. Sporleder M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to , 193

I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Was swimming in Spokane River.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Coeur d'Alene Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 31, 1933

PLACE OF DEATH

County of Kootenai

City of CDA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85652

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph D. Faulkner 135

(a) Residence. (Usual place of abode) No. McGuire St. .....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Catherine Faulkner

6. DATE OF BIRTH (month, day, and year) aug 4 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Joseph Faulkner

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Elizabeth Cochran

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Joseph Faulkner McGuire Ida

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Date July 21, 1933

19. UNDERTAKER (Address) Moore Mort. Coeur d'Alene Ida

20. FILED 8-5-, 1933 E. L. Spohn M.D. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-18 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to July, 1933

I last saw him alive on July 18, 1933: death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Surgical for adenoma of prostate	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 6-27-33

What test confirmed diagnosis? Surgery Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ~~Harold~~

(Signed) Harold J Sturges, M. D.

(Address) CDA Idaho

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85653

PLACE OF DEATH
County of Kootenai
City of Garwood

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 65
1880

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred C. Thompson

(a) Residence. No. 2414 N. Normandy St. Spokane Wash.
(Usual place of abode) Spokane Wash. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. —yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie Thompson

6. DATE OF BIRTH (month, day, and year) 1901-10-5

7. AGE Years 31 Months 10 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc meat supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 1933-8-11
11. Total time (years) spent in this occupation 9 yr's

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Fred Thompson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Jennie Thompson 2414 N. Normandy Spokane Wash

18. BURIAL, CREMATION, OR REMOVAL Place Seattle Wash Date 8-~~13~~, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Idaho.

20. FILED 8-12, 1933 E. L. Spol... M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug-11-33 193

22. I HEREBY CERTIFY, That I attended deceased from did not see, 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 4 min to 12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto-Accident	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 8-12, 1933
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Auto Accident
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85654

PLACE OF DEATH
County of Kootenai
City of Cpeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 66
(No. Coeur d 'Alene Lake)
(If death occurred in a hospital or institution, give its name instead of street and number.)

187

2. FULL NAME C. Max Finrow

(a) Residence. No. 5013 N. Howard St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. C. High School

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) Washington
(State or country)

FATHER

13. NAME V. A. Finrow

14. BIRTHPLACE (city or town) Minn.
(State or country)

MOTHER

15. MAIDEN NAME Hazel Thing

16. BIRTHPLACE (city or town) Washington.
(State or country)

17. INFORMENT Mr. V. A. Finrow
(Address) Spokane, Washington.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER Hazen & Jaeger
(Address) Spokane, Washington.

20. FILED 8-16-, 193... E. L. Spohn, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) ~~August~~ Aug 6 33

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from
did not See, 193..., to ....., 193...
I last saw h~~e~~r alive on ....., 193...; death is said to have occurred on the date stated above, at 10:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ ..... Date of injury 8-6, 1933
Where did injury occur? Coeur d alene Lake
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Lake
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C H Reed Coroner, M. D.
(Address) Coeur d alene Idaho

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85655

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Cain 90

(a) Residence. No. 850 Govt Way St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Florence Cain

6. DATE OF BIRTH (month, day, and year) 1859-4-25

7. AGE Years 74 Months 3 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Night-watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at mill.
10. Date deceased last worked at this occupation (month and year) 3 yrs
11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) (State or country) Savannah Mo

FATHER
13. NAME Robt Cain
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Mary Curtiss
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) S. H. Cain

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida Date Aug-8- 1933

19. UNDERTAKER (Address) Cassady Funeral Home Coeur d'Alene Ida

20. FILED 8-16-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Aug, 1933
I last saw him alive on 8-3, 1933: death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia & Chronic heart disease or Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85656

Registration District No. 46
Primary Registration District No.
Local Registrar's No. 8

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Spirit Lake
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74-A

2. FULL NAME Ole M. Graff

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 29, 1886

7. AGE	Years	Months	Days	If LESS than 1 day,
	47	3	1	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Millwork
(c) Name of employer Panhandle Lumber Co

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10. NAME OF FATHER Ole K. Gravhaugen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Mary Thompson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant E. O. Haugen
(Address) 421 S. Brooklyn, Seattle

15. Filed Aug 23, 1933 A. C. Spooner Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 30 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to July 30, 1933
that I last saw him alive on July 30, 1933
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:
(1) Cerebral hemorrhage - left side
(2) Ch. myocarditis with
leakage & arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John W. Schaeri, M. D.
, 19 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Greenwood Cem. Sp. Lake	Aug 3 1933
20. Undertaker	Address
Cassedy Funeral Home	Rathdrum Ida

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85657

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Carl William Brandt

(a) Residence. No. Dalton Gardens St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE U
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of M

6. DATE OF BIRTH (month, day, and year) 1863-4-13

7. AGE Years 70 Months 4 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John F. Brandt
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Gustava Lundholm
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mary Brandt C.D.A.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Date 8-18, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 8-22-, 1933. E. L. Spohn M.D. E.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-14 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Aug. 15, 1933
I last saw him alive on Aug. 15, 1933: death is said to have occurred on the date stated above, at 12:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	193[illegible]

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John O'Wood, M. D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85658

PLACE OF DEATH
County of Kootenai
City of Medimont

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 76

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johanna Wagner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Thomas Wagner

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Mathew Roseman

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Edna Wagner

18. BURIAL, CREMATION, OR REMOVAL Place Medimont Idaho Date 7-25-, 1933

19. UNDERTAKER (Address) Garaedy Funeral Home Coeur d'Alene Ida.

20. FILED 8-22-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22-33

22. I HEREBY CERTIFY, That I attended ~~deceased~~ deceased from ....., 193..., to ....., 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 7-22 1933
Where did injury occur? Meadimont Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Accident Suicide Homicide
Nature of injury Burned When Residence burned

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thomas O'H. Teed, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 31 1933

Dr. Sturges

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85659

PLACE OF DEATH
County of Kootenai
City of C.d.A.
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 77

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lahy Willard Quinn

(a) Residence. No. Bellgrove St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara

6. DATE OF BIRTH (month, day, and year): 1861 - 1 - 13

7. AGE: Years 72 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Farm
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Rock Island Co. Ill.

FATHER
13. NAME: Patrick Quinn
14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER
15. MAIDEN NAME: Adelia Miller
16. BIRTHPLACE (city or town) (State or country): N. York State

17. INFORMENT (Address): Elmira Quinn Bellgrove

18. BURIAL, CREMATION, OR REMOVAL Place: Forest Lawn Date: 8 - 28 1933

19. UNDERTAKER (Address): Mooney Mortuary C'dA

20. FILED 8-29-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8 - 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug, 1933
I last saw him alive on Aug 23 1933; death is said to have occurred on the date stated above, at 8:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Sturges, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 31 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85660

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 69

(No. 511 Foster Ave St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Pleger

(a) Residence. No. 511 Foster Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ernest Pleger

6. DATE OF BIRTH (month, day, and year) 12-12-77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933 - 8-11

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) R H Pleger.

18. BURIAL, CREMATION, OR REMOVAL Date 8-15, 1933
Place Forest- Coeur d'Alene Ida

19. UNDERTAKER Cossed Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 8/16, 1933. E. L. Lyon M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-12-1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to Aug 12, 1933
I last saw her alive on Aug 12, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85661

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Mr Eldon J. Belyea

(a) Residence. ~~No.~~ Route 5 - ~~St.~~ Spokane Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Pauline

6. DATE OF BIRTH (month, day, and year): March 12

7. AGE: Years 37 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Safe Way Stores
10. Date deceased last worked at this occupation (month and year): Aug-11-33
11. Total time (years) spent in this occupation: 7 years

12. BIRTHPLACE (city or town) St. John
(State or country) New Brunswick-Canada

FATHER
13. NAME: John Belyea
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME: not obt.
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMENT (Address): Mrs Ethel Peterson Cheney Wn.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place ~~Spokane~~ Cheney Wn Date 8 - ~~14~~ 1933

19. UNDERTAKER (Address): Smith Funeral Home 1124 - W - Riv - Spokane

20. FILED 8-16-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1933, to August 14, 1933
I last saw ~~him~~ alive on August 14, 1933: death is said to have occurred on the date stated above, at 335 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident.	
Fractured Femur	
Fractured Mandible	

Other contributory causes of importance:

Name of operation: None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Auto Accident Date of injury Aug. 11, 1933
Where did injury occur? Garwood, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene Id

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

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RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85662

PLACE OF DEATH
County of Kootenai
City of Coeurd Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Raymond

(a) Residence. No. 1401- 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katherine Raymond

6. DATE OF BIRTH (month, day, and year) 1857-7-4

7. AGE Years 76 Months 0 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER
13. NAME Orville Raymond
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Kathryn Raymond

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeurd Alene Ida Date 8-4, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeurd Alene, Ida

20. FILED 8-21-, 1933 E. L. Spohn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to Aug 2, 1933
I last saw him alive on August 2, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. M. Husted, M. D.
(Address)

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85663

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minerva A. Fuller

(a) Residence. No. 1304 N. 4th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Henry C. Fuller

6. DATE OF BIRTH (month, day, and year) 1854-2-6

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1917.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bushnell Ill.
(State or country)

FATHER
13. NAME Singleton Beckett
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Baughman
16. BIRTHPLACE (city or town) Ind.
(State or country)

17. INFORMENT Fred Fuller
(Address)

18. BURIAL, CREMATION, OR REMOVAL Ida. Date 8-20, 1933
Forest- Place Coeur d'Alene

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d Alene Idaho

20. FILED 8-22-, 1933. E. L. Spahn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-17 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to Aug 17, 1933
I last saw her alive on Aug 16, 1933: death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Rheumatism	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Reed, M. D.
(Address) Coeur d Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 31 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85664

PLACE OF DEATH

County of Kootenai
City of Post Falls

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 74
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Eisenhauser
(a) Residence. No. Hauser Lake Route - Post Falls Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Eisenhauser

6. DATE OF BIRTH (month, day and year) July 21, 1893

7. AGE Years 40 Months 0 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Saw Mill work
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS
10. NAME OF FATHER William Eisenhauser
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Haffer
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mr Ernest Eisenhauser Post Falls Idaho Hauser Lake Route

15. Filed 8-22-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 28 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 19....., to ....., 19.....
that I ~~last saw~~ did not see him alive on ....., 19.....
and that death occurred, on the date stated above, at 11 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Suicide shot himself through head

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) E. H. Teed M. D.
7-31-, 1933 (Address) Coeur d'Alene Ida

19. Place of Burial, Cremation, or Removal Evergreen Cemetery - Post Falls
Date of Burial 7/30 1933

20. Undertaker Cassedy Funeral Home
Address Rathdrum

RECEIVED SEP 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85665

PLACE OF DEATH

County of Latah

City of Hampton

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Osborn Stillwell

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Stillwell

6. DATE OF BIRTH (month, day, and year) Mar. 30. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Owner

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Stillwell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Houck

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) George D. Stillwell Princeton Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash. Date 8/22, 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash.

20. FILED Aug 22, 1933 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1933, to Aug., 1933

I last saw him alive on Aug 21st, 1933: death is said to have occurred on the date stated above, at 3.2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	1932
Other contributory causes of importance: ✓	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85666

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 6-5
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank. Raimondo. 18 C

(a) Residence. No. 89. Madison St N Y city St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C C C. camp.

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 4 months.

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Joseph. Ray. Camp. F 39.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED Aug. 18, 1933. Dr. J.W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17th, 1933, to Aug 17th, 1933

I last saw him alive on Aug 17, 1933; death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal injuries following Automobile accident	
Other contributory causes of importance: ✓	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/17/1933
Where did injury occur? near Harvard. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury Thrown from Truck
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify On duty
(Signed) J.W. Thompson. M. D.
(Address) Potlatch Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85667

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 6 1

Primary Registration District No. 10 11

Local Registrar's No. 50

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME Otto Jacobs

(a) Residence. No. Deary Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 11, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mills & logging

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date Aug 2, 1933

19. UNDERTAKER
(Address)

20. FILED 9-6, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/10/33, 193, to 8/13/33, 193

I last saw him alive on 8/13/33, 193: death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Cervical Vertebrae	8/10/33
Partial paralysis of lower Extremities and Body Process	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. [illegible], M. D.

(Address) Moscow Idaho

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85668

PLACE OF DEATH

County of Latah

City of Moscow (Rural)

Registration District No. 61

Primary Registration District No. 10 11

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. Henry Fleiger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Fleiger

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Aug. 19, 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Holstien, Wis.

FATHER

13. NAME Ernest Fleiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Bielenberg

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) A. R. Fleiger Moscow, Idaho (Rural)

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 8/22, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED Sept 6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at not known m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
(Sudden death)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] Coroner

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85669

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 52
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Olga Hainer Gritman

(a) Residence. No. St. Couer de Alene, Ida/
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 28 ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Earl Gritman

6. DATE OF BIRTH (month, day, and year): Aug. 26, 1876

7. AGE: Years 56 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hamilton Ontario

FATHER
13. NAME: John Hainer
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Mrs. Bertie Gritman Moscow, Ida.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Lewiston, Ida. Date 8/20, 1933

19. UNDERTAKER (Address): H. L. Short Moscow Ida.

20. FILED Sept. 6, 1933 J. Haere Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1933, to Aug. 18, 1933
I last saw her alive on Aug 18, 1933; death is said to have occurred on the date stated above, at 7:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Interstitial nephritis	

Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation None Date of
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Armstrong, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85670

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 10 11

Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Victor Rydholm

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hulda Rydholm

6. DATE OF BIRTH (month, day, and year) Mar. 12, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) Aug/17, 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER

13. NAME Andrew Peterson

14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER

15. MAIDEN NAME Marie Anderson

16. BIRTHPLACE (city or town) ..... (State or country) Sweden

17. INFORMENT Mrs. A. V. Rydholm
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date Aug. 20, 193 3

19. UNDERTAKER .....
(Address)

20. FILED Sept. 6, 193 3 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17, 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
(Sudden death)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

RECEIVED SEP 11 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85671

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 49

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beverly Ann Brenn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year) July 9, 1930

7. AGE: Years 3 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME Harry Brenn

14. BIRTHPLACE (city or town) (State or country) Spearfish, S. D.

MOTHER

15. MAIDEN NAME Hester M. Yost

16. BIRTHPLACE (city or town) (State or country) Not known [redacted]. FLA.

17. INFORMENT (Address) Harry Brenn Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 8/14/, 1933

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED Sept. 5, 1933 J. Harry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1930, to July 19, 1933

I last saw her alive on July 12, 1933: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymo-Lymphaticus	Birth
c. periodic Convulsions	

Other contributory causes of importance:

Tonsillectomy @ 9 am	Aug 12
Convulsion at 5 P.M.	

Name of operation Tonsillectomy Date of Aug 12

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Magee, M. D.

(Address) Moscow

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85672

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emanuel Erdman Keinholz

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Keinholz

6. DATE OF BIRTH (month, day, and year) Apr. 8, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter & Janitor work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Red Wing, Minn.

FATHER

13. NAME John Keinholz

14. BIRTHPLACE (city or town) (State or country) Not known Switzerland

MOTHER

15. MAIDEN NAME Carolina Lenz

16. BIRTHPLACE (city or town) (State or country) Not known Germany

17. INFORMENT (Address) Mrs. Anna Keinholz Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow, Ida. Date 8/13, 1933

19. UNDERTAKER (Address) F. R. Short Moscow

20. FILED Sept 5, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1933, to Aug. 11, 1933

I last saw him alive on Aug. 10, 1933: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (Sudden death)	

Other contributory causes of importance:

Coronary sclerosis.

Name of operation None (Autopsy) Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Cameron, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85673

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 47

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geraldine Joyce Severson

(a) Residence. No. Moscow (Rural) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1932

7. AGE: Years | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Moscow Ida.

FATHER
13. NAME: Dan Severson
14. BIRTHPLACE (city or town) (State or country): Not known Washington

MOTHER
15. MAIDEN NAME: Elvina Hamilton
16. BIRTHPLACE (city or town) (State or country): Not known Washington

17. INFORMENT (Address): Dan Severson Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 8/13, 1933

19. UNDERTAKER (Address): H. R. Short

20. FILED Sept. 5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33, 193..., to 8/9/33, 193...
I last saw her alive on 8/9/33, 193...: death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	?
Encephalitis	8/7/33

Other contributory causes of importance:
Mal-nutrition

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Doyle M. Lyehn, M. D.
(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85674

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 6.1
Primary Registration District No. 1011
Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hess Crowe

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Crowe

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lane Co. Oregon

FATHER

13. NAME Thomas Crowe

14. BIRTHPLACE (city or town) (State or country) Lane Co. Oregon

MOTHER

15. MAIDEN NAME Susan Trimble

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Chas. Crowe Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 8/10, 1933

19. UNDERTAKER F. R. Short (Address) Moscow

20. FILED Sept. 5, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Aug. 8th, 1933

I last saw him alive on Aug 7th 1933; death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights	Years ago
Myocarditis	"
Other contributory causes of importance:	
Post op Prostatectomy	Nov '32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Magee, M. D.

(Address)

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85675

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 6 1
Primary Registration District No. 1 0 1 1
Local Registrar's No. 45

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claus Junge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Katharine Junge

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Not known Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known Germany

17. INFORMENT (Address) Mrs. Claus Junge Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 8/12, 1933

19. UNDERTAKER W. A. Short Mortuary
(Address)

20. FILED Sept 5, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/23/33, 193..., to 8/8/33, 193...
I last saw him alive on 8/8/33, 193...: death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Senile Changes	

Other contributory causes of importance:

Bowel Malignancy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. Leon Lichtenthal M. D.
(Address) Moscow Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85676

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. L. Gritman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bertie E. Gritman

6. DATE OF BIRTH (month, day, and year): Dec. 28, 1862

7. AGE: Years 70 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Physician and surgeon of own hospital.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Aug. 8, 1933

11. Total time (years) spent in this occupation: 41 yrs.

12. BIRTHPLACE (city or town) (State or country): Lincoln, Ill.

FATHER

13. NAME: Deloss Gritman

14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER

15. MAIDEN NAME: Mary Davis

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMENT (Address): Mrs. Bertie Gritman, Moscow, Idaho

18. ~~BURIAL,~~ CREMATION, OR ~~REMOVAL~~ Place: Spokane, Wn. ~~Date~~ 8/11, 1933

19. UNDERTAKER (Address): H. P. [illegible] Moscow Ida

20. FILED 8/9, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1933, to Aug 7th, 1933

I last saw him alive on Aug 8th, 1933: death is said to have occurred on the date stated above, at 10.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
(Sudden death)	

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Armstrong, M. D.

(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85677

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No.
Primary Registration District No.
Local Registrar's No. 43

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Gossett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

81

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James A. Gossett

6. DATE OF BIRTH (month, day, and year): Oct. 27, 1848

7. AGE: Years 84, Months 9, Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Medcalf County Ky.

FATHER
13. NAME: James Dilley
14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER
15. MAIDEN NAME: Elizabeth Hayes
16. BIRTHPLACE (city or town) (State or country): Ky.

17. INFORMENT (Address): Ben Gossett, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Moscow Date: 8/3, 1933

19. UNDERTAKER (Address): H.R. Short, Moscow, Ida.

20. FILED 8/15/33, 193 Harry Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 7/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1924, to 1933
I last saw her alive on at Xmas, 1932; death is said to have occurred on the date stated above, at 11:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Only called after death	
Myo and Endocarditis	Years ago.

Other contributory causes of importance:
Senility.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Magee, M. D.
(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85678

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME James Andrew Stephenson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phoebe Stehhenson

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Clark County Iowa

FATHER

13. NAME Lewis Stephenson

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Ellen Miller

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs. Phoebe Stephendon Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place ########## Moscow, Ida. Date 8/1, 1933

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 8/1/33, 1933 Mary Emhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to July 29, 1933
I last saw h alive on July 29, 1933: death is said to have occurred on the date stated above, at 7.30 A.M.
The principal cause of death and related causes of importance were as follows: Cancer beginning on neck 8 years ago and later involving left auricular Region — Date of onset

Other contributory causes of importance: Paralyzed on right side for 14 years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) F. M. Leitch, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85679

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 41

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Maguire

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Several years as worker in steel roller mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Maguire

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Katherine Robertson

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Edwin Maguire Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 7/26, 1933

19. UNDERTAKER (Address) F. R. Short Moscow

20. FILED Aug 15, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/24/33 193

22. I HEREBY CERTIFY, That I attended deceased from 2/1/33, 193, to 7/23/33, 193
I last saw him alive on 7/23/33, 193: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) old age.	
(2) Cardio Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Doyle M. Lochr, M. D.
(Address) Moscow Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85680

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 40

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Everett Gene Sturman

(a) Residence. No. ..... St. Deary, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Clarence L. Sturman
14. BIRTHPLACE (city or town) Princeton
(State or country) Ida.

MOTHER

15. MAIDEN NAME Goldie Noren
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT C. L. Sturman
(Address) Deary, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 7/23, 1933

19. UNDERTAKER
(Address)

20. FILED Aug 15, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/20 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/6/33, 193 , to 7/20, 1933
I last saw him alive on 7/20, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute purulent general peritonitis	7/1/33
Empyema	7/11/33
Acute nephritis	7/17/33
Left purulent Empyema (Found at autopsy)	7/20/33

Other contributory causes of importance:
Toxemia
Hypostatic pneumonia (Left lower lobe)

Name of operation appendectomy Date of 7/6/33
What test confirmed diagnosis? Clinical & autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Joseph E. Wilson M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85681

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George La Vallee

(a) Residence. No. St. Clearwater Co.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash. Date Aug. 8, 1933

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash.

20. FILED Aug 4, 1933 D. J.W. Thompson Registrar.

Removal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30th, 1933, to Aug 2nd, 1933
I last saw him alive on Aug 2nd, 1933: death is said to have occurred on the date stated above, at 330a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anaemia.	1932.

Other contributory causes of importance:

Nose. Bleed.

Name of operation ..... Date of .....
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.

(Signed) J.W. Thompson, M. D.
(Address) Potlatch

RECEIVED AUG 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85682

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Howard Wynn Rogers

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER

13. NAME Cecil Rogers

14. BIRTHPLACE (city or town) (State or country) Melrose, Idaho

MOTHER

15. MAIDEN NAME Fredia Rowland

16. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

17. INFORMENT (Address) Cecil Rogers, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Melrose, Idaho Date July 13, 1933

19. UNDERTAKER (Address)

20. FILED 8/5/33, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to July 12, 1933

I last saw him alive on July 12, 1933; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I do not know cause of death.	

Other contributory causes of importance:

Probably some malformation	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Gritman, M. D.

(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85684

PLACE OF DEATH
County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Laurence Bills

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Agnes M Bills

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery store
10. Date deceased last worked at this occupation (month and year) June 1932
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Salt Lake city
(State or country) Salt Lake Co.

FATHER
13. NAME [redacted] J R Bills
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Mary R. Newman
16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMENT Agnes Bills
(Address) Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Salt Lake Date , 193

19. UNDERTAKER Wm C Taebler
(Address) Salmon Idaho

20. FILED 6/10, 193 Clio A Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/9/1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Drowned. Caused by a broken anchor pin on wire Cable	
Pin Salmon River near Shoup, Ida.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William C Taebler Coroner
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85685

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elijah Schofield Sr

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elyza J. Holbrook

6. DATE OF BIRTH (month, day, and year) Jan 9 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancashire England

FATHER

13. NAME Samuel Schofield

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Betty Hinchliff

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Frank Brown Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date July 22nd, 1933

19. UNDERTAKER Wm C Hoddle (Address) Salmon Ida

20. FILED 9/X/10, 1933 Alice C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to [redacted] 1933
I last saw h[redacted] alive on [redacted] 1933; death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	
Old Age	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) T. S. Knight, M. D.
(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85686

PLACE OF DEATH
County of Lemhi
City of 4 mi from Leesburg Ida

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Scoble

(a) Residence. No. Leesburg and Hailey St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE ~~Dark~~
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) about 80

7. AGE Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer & miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) S. J. Benson

18. BURIAL, CREMATION, OR REMOVAL Place Hailey Ida Date 7/23, 1933

19. UNDERTAKER (Address) Wm C Doehler Salmon Ida

20. FILED July 24, 1933 Chas E Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h.....alive on 8 P.M. 7/22, 1933: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows: Date of onset
Natural Causes due to Heart Trouble

Other contributory causes of importance:
Valvular heart disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Wm C. Doehler Coroner
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85688

PLACE OF DEATH
County of Lemhi
City of Gibbonville
Registration District No. 41
Primary Registration District No. 216
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Arthur Swift.

(a) Residence. No. Salmon, Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mabel Bailey Swift.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Do not know
14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Salmon, Ida. Date Aug 6, 1933

19. UNDERTAKER Wm C. Peebler (Address) Salmon, Ida.

20. FILED Sept 20, 1933 Chas E Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to July 21, 1933
I last saw h alive on July 31, 1933: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 4 1933

Other contributory causes of importance:
Arteria sclerosis
Senile Decay

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Hammer, M. D.
(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85689

PLACE OF DEATH
County of Lemhi
City of Salmon Ida.

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

169

2. FULL NAME David Venton
(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1882
7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Quartz Miner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) J. S. Johnson Salmon

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) Wm C. Doebler Salmon Ida

20. FILED Sept 1 1933 Olive Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on about , 193 : death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows: Suicidal with self intent, by hanging

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William C. Doebler Coroner
(Address) Salmon Idaho

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85690

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alberta Jean Matthews

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 22-1932

7. AGE Years 1 Months 5 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salmon Ida

FATHER
13. NAME Albert J. Matthews
14. BIRTHPLACE (city or town) (State or country) Salmon Ida

MOTHER
15. MAIDEN NAME Rhoda Conroy
16. BIRTHPLACE (city or town) (State or country) Salmon Ida

17. INFORMENT (Address) Rhoda Matthews Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date 193

19. UNDERTAKER (Address) Wm C. Haebler Salmon Idaho

20. FILED Sept 10, 1933 Chas C. Billamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12" 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Aug 12, 1933.
I last saw her alive on Aug 12, 1933: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	

Other contributory causes of importance:
Toxic Diarrhea

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) B Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85691

PLACE OF DEATH

County of Lemhi

City of Salmon

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Peter Sasa Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

105

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18 1877

7. AGE 55 Years | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

FATHER

13. NAME Raole Sasa Smith

14. BIRTHPLACE (city or town) (State or country) Brukno Yugoslavia

MOTHER

15. MAIDEN NAME Petra Dmitrovni

16. BIRTHPLACE (city or town) (State or country) Bojna Yugoslavia

17. INFORMENT (Address) Sam Smith Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) Wm J. Doebler Salmon Idaho

20. FILED 8/9, 1933 Clio C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to June 29, 1933

I last saw him alive on June 29, 1933; death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma
pulmonary emphysema
cardiac palpitation

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Stratton M. D.

(Address) Salmon, Ida

FORM V. S. No. 5-A—25 M. 1-19.

RECEIVED SEP 15 1933

74A

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 49
Primary Registration District No. 2127
File No. 85692
Registered No.

1. PLACE OF DEATH
County of Lewis
City of Kamiah (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Mona Reed
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word.)

6. DATE OF BIRTH: June (Month) 11 (Day) 1853 (Year)

7. AGE: 76 Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?
76 approximately

8. OCCUPATION
(a) Trade, profession or particular kind of work: Invalid
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Jersey

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank J. Reed
(Address) Kamiah Idaho.

15. Filed 9-14-1933 Nell Robertson Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10th 1933, to June 19 ..... that I last saw h[illegible] alive on June 16 1933 and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrage

(Duration) ..... Yrs. ..... mos. 14 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
6/16 1933 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kamiah Idaho — DATE OF BURIAL: 6-18 1933

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah Ida

RECEIVED SEP 15 1933

FORM V. S. No. 3-A—25 M. 1-19

CERTIFICATE OF DEATH

74a

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 49
Primary Registration District No. 2127
File No. 85693
Registered No.

1. PLACE OF DEATH
County of Lewis
City of Kamiah
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Veronica Christenson
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. ~~SINGLE, MARRIED, WIDOWED OR~~ DIVORCED (Write the word.)

6. DATE OF BIRTH: Jan. (Month) 4 (Day) 1877 (Year)

7. AGE: 66 Yrs. 5 Mos. 24 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Invalid
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Wm. Ferguson

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Cora Baker
(Address) Kamiah Idaho

15. Filed 9-14 1933 Nell Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to May 28 1933 that I last saw her alive on May 26 1933, and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

1st (Duration) 1 Yrs. 8 mos. 8 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Bryan M. D.
5/29 1933 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kamiah Ida — DATE OF BURIAL: 5-29 1933

20. UNDERTAKER: Kamiah Funeral Home — ADDRESS: Kamiah Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED SEP 12 1933

PLACE OF DEATH

County of Madison

City of Sugar City Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85694

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Foster Newby.

(a) Residence. No. Sugar City Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ada Newby.

6. DATE OF BIRTH (month, day, and year) March 12-1859

7. AGE Years 74 Months 5 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 20 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England. New Castle

FATHER

13. NAME Ralph Foster Newby.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Callwood.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs. Ada Newbold Newby. Sugar City Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wilford Ida. Date Sept 5, 1933.

19. UNDERTAKER (Address) Vern J. Keller. Hillburg Idaho.

20. FILED 9-4, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1933, to Sept 2, 1933

I last saw him alive on Aug 30, 1933: death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. B. Rigby, M. D.

(Address) Rexburg, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85695

PLACE OF DEATH
County of Madison
City of Sugar Ida.

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gordon Keith Neibaur. 50

(a) Residence. No. Sugar City Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 21-1926

7. AGE: Years 7 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar City Ida.

FATHER
13. NAME Thomas Croft Neibaur
14. BIRTHPLACE (city or town) (State or country) Sharon Ida.

MOTHER
15. MAIDEN NAME Lois Shepard.
16. BIRTHPLACE (city or town) (State or country) Richmond Utah.

17. INFORMENT (Address) Thomas C. Neibaur Sugar City Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Sugar City Date Sept. 2, 1933

19. UNDERTAKER (Address) Terry J. Keller Rexburg Idaho

20. FILED 9-4, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1933, to Aug 31, 1933.
I last saw him alive on Aug 27, 1933: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumour	
Glioma	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85696

PLACE OF DEATH
County of Madison
City of Rexburg Ida.

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

50

2. FULL NAME Emer Andrews Beesley.

(a) Residence. No. Rexburg Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Husband of Grace Woodman Beesley

6. DATE OF BIRTH (month, day, and year) Nov. 4-1887

7. AGE Years 45 Months 9 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Produce-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. business & Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo Utah.

FATHER
13. NAME Joseph Smith Beesley Sr.
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Eliza Ann Andrews.
16. BIRTHPLACE (city or town) (State or country) Nephi Utah.

17. INFORMENT (Address) Mrs. E. A. Beesley Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Aug. 21 1933

19. UNDERTAKER (Address) Vern J. Miller Rexburg Ida.

20. FILED 9-4-, 1933 J. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Aug 19, 1933
I last saw him alive on Aug 19, 1933: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain (Cystic)	June 1933
Cause-undetermined.	
Type-undetermined.	

Other contributory causes of importance:
(over)

Name of operation none Date of
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
8/21/33 (Signed) Lorin L. Rich M. D.
(Address) Rexburg Idaho.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85697

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. ~~2178~~ 100
Primary Registration District No. ~~1002~~ 178 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Beulah V. Terry. 31

(a) Residence. No. Rexburg #3. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of G. F. Terry.

6. DATE OF BIRTH (month, day, and year) July 25-1911

7. AGE Years 22. Months Days 23 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hibbard Idaho

FATHER
13. NAME Joseph William Clements
14. BIRTHPLACE (city or town) (State or country) Camus Ida.

MOTHER
15. MAIDEN NAME Violet McKenna
16. BIRTHPLACE (city or town) (State or country) Newtra Wyoming.

17. INFORMENT (Address) J. W. Clements Rexburg #3.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Ida. Date Aug 21, 1933.

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 9-4-, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 17th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 17, 1933
I last saw her alive on Aug 17, 1933: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. Sutherland, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85698

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. ~~2178~~ 100
Primary Registration District No. ~~100~~ 2178 Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moroni Charlsworth 88 b

(a) Residence. No. Rexburg Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 10-1854
7. AGE Years 79 Months — Days 5 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Filmore. Utah.
(State or country)

FATHER
13. NAME Thomas Charlsworth.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15. MAIDEN NAME Sarah Barrows.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMENT Andrew Charlsworth.
(Address) Rexburg. Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Ida. Date Aug. 17, 1933

19. UNDERTAKER Vern J. Keller
(Address) Rexburg. Ida.

20. FILED 9-4-, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 15 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 16, 1933
I last saw him alive on Aug 15, 193..: death is said to have occurred on the date stated above, at 10 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify H. B. Rigby
(Signed) ....., M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85699

PLACE OF DEATH

County of Madison.

City of Archer

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Baby Nielson.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Babe

6. DATE OF BIRTH (month, day and year): Sept. 7, 1933

7. AGE: Years | Months | Days | If LESS than 1 day, 1 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Archer, Idaho.

PARENTS

10. NAME OF FATHER: Elmer Nielson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Lorenzo, Idaho.

12. MAIDEN NAME OF MOTHER: Minnie Dietrich.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Rexburg, Idaho.

14. Informant: Orian Smout
(Address) Thornton, Idaho R. #1

15. Filed 9/8, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 7, (Day) 1933. (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to Sept 7, 1933

that I last saw him ~~alive~~ dead, 19

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Not viable

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Lorin F Rich M. D.

9-8-33, 19 (Address) Rexburg, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Annis, Idaho. Date of Burial: 9/9/33 19

20. Undertaker: A B Eckersell Address: Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85700

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 20
Primary Registration District No. 2178 Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Elizabeth Aeschbacher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christen Aeschbacher

6. DATE OF BIRTH (month, day, and year) Oct. 12/1863

7. AGE Years 70 Months 10 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Schwitzerland

FATHER
13. NAME John Eschler
14. BIRTHPLACE (city or town) (State or country) Schwitzerland

MOTHER
15. MAIDEN NAME Susanah Ammaten
16. BIRTHPLACE (city or town) (State or country) Schwitzerland

17. INFORMENT (Address) Mrs Ed Bergner

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Cemetary Date 9/7 1933

19. UNDERTAKER (Address) A B Eckersall Rigby Idaho

20. FILED Sept 10, 1933 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Sept 3, 1933
I last saw her alive on Sept 3, 1933 death is said to have occurred on the date stated above, at 10:9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	
Depressed fractured skull	
Intra Cranial Haemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 2 1933
Where did injury occur? Rexburg, Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Fracture skull
Nature of injury Haem.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H B Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85701

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 275
Local Registrar's No. 52

(No. Rexburg General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Elizabeth Hillman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mayhew Hillman

6. DATE OF BIRTH (month, day, and year) Apr. 18 1864

7. AGE: Years 69 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mendon
(State or country) Utah

FATHER
13. NAME Alfred J. Atkinson
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Ann Boling
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMENT Mayhew Hillman
(Address) Rexburg

18. BURIAL, CREMATION, OR REMOVAL
Place Plano Date Sept. 4, 1933

19. UNDERTAKER A B Eckersell
(Address) Rigby Ida.

20. FILED Sept 10, 1933 J Rigby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Aug 31, 1933
I last saw her alive on Aug 31, 1933; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	
Fractured ribbs	
Fractured clavicle	
Injured Pelvis	
Hypostatic Lobar Pneumonia	
Bore both lungs	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 20, 1933
Where did injury occur? 3 miles north Rexburg
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury .....
Nature of injury Auto. Collision

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H B Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85702

PLACE OF DEATH
County of Madison
City of Rexburg.

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 48

Mausden ~~Myrle~~ (No. Michell)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME ~~Mausden Myrle~~ Jensen.

(a) Residence. No. Hibbard Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Letha Marie Jensen. (Perry)

6. DATE OF BIRTH (month, day, and year) Jan-19, 1906

7. AGE Years 27 Months 7 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Ida.

FATHER
13. NAME Hans Jensen.
14. BIRTHPLACE (city or town) (State or country) Hyde Park. Utah.

MOTHER
15. MAIDEN NAME Belle Smith.
16. BIRTHPLACE (city or town) (State or country) Logan Utah.

17. INFORMENT (Address) Genera Allgood Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Aug 23, 1933.

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED 9-4-, 1933 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Aug 20, 1933
I last saw him alive on Aug 20, 1933: death is said to have occurred on the date stated above, at 5:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Automobile accident	

Other contributory causes of importance:
Alcoholic odor to breath.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Auto Date of injury Aug 20 1933
Where did injury occur? Salem Madison Co. Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. County cross road
Manner of injury Skull fracture
Nature of injury Brain injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) [signature], M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85703

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Letha Marie Perry Jensen,
(a) Residence. No. Hibbard Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Mausden Meckle Jensen.

6. DATE OF BIRTH (month, day, and year) March 13 1909

7. AGE Years 24 Months 5 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vernal Utah

FATHER
13. NAME Alonzo Don Carlos Perry
14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER
15. MAIDEN NAME Eliza Oldham
16. BIRTHPLACE (city or town) (State or country) Cashevalley Utah

17. INFORMENT (Address) Louise Perry Roosevelt Utah

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date Aug 23 1933

19. UNDERTAKER (Address) Jon J. Kelly Rexburg Ida.

20. FILED 9-4, 1933 J. Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Aug 20, 1933
I last saw her alive on Aug, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows: Fractured Skull Intracranial Hemorrhage Fractured Neck (Lived about one hr.) Date of onset Aug 20

Other contributory causes of importance: Automobile accident Cross Roads 3 miles North Rexburg.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Auto Date of injury Aug 20, 1933
Where did injury occur? Salem Madison Co. Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Skull fracture
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) [signature]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85704

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 51

(No. Dr. Rigby Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Reese Hubbard Wood

(a) Residence. No. ~~Idaho~~ Rigby Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Orba Ellis Wood

6. DATE OF BIRTH (month, day and year) December 21 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	8	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho

PARENTS

10. NAME OF FATHER Merrit J. Wood

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Williard Utah

12. MAIDEN NAME OF MOTHER ~~Margaret E. Hubbard~~

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Williard Utah

14. Informant Merrit J. Wood
(Address) Rigby Idaho Rt 1

15. Filed 9-4, 1933 J Kyoung Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 29 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Aug 29, 1933
that I last saw h~~e~~ alive on Aug 29, 1933
and that death occurred, on the date stated above, at 10 P.M.
The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Exam
(Signed) C E Jayne, M. D.
8-30, 1933 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho	Sept 1 1933

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85705

PLACE OF DEATH
County of Minidoka
City of Paul

Registration District No. 19
Primary Registration District No. 2015 — Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sellhan Shy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 5-1933

7. AGE Years: 0 Months: 0 Days: If LESS than 1 day, 13 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paul, Idaho
(State or country)

FATHER
13. NAME Wesley Neil Shy
14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER
15. MAIDEN NAME Clara Wunn
16. BIRTHPLACE (city or town) Junction, Utah
(State or country)

17. INFORMENT Wesley N Shy
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Paul Ida Date July 7, 1933

19. UNDERTAKER Walsh Woodman
(Address)

20. FILED Sept 4, 1933 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 6, 1933
I last saw her alive on July 5, 1933; death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth and Prevalent Malnutrition	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E H Elmore, M. D.
(Address) Rupert Idaho

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85706

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No.

Primary Registration District No.

Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

16

2. FULL NAME Joseph Merlin Catmull

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-24-33

7. AGE Years Months Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho (State or country)

FATHER

13. NAME Alvin E Catmull

14. BIRTHPLACE (city or town) Idaho (State or country)

MOTHER

15. MAIDEN NAME Adeline E Littler

16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMENT Alvin E Catmull (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Idaho Date July 5, 1933

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED Sept 4, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Goodman Coroner, M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85707

PLACE OF DEATH

County of Twin Falls
City of Buhl

CERTIFICATE OF DEATH

Registration District No. 39
Primary Registration District No. 2087
(No.) Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

161 a

2. FULL NAME Jerald Eldredge

(a) Residence No. 824 - Broadway St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: boy
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Aug. 31-1933

7 AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buhl Ida

PARENTS
10 NAME OF FATHER Samuel S Eldredge
11 BIRTHPLACE OF FATHER (city or town) (State or country) Spring Glen Utah
12 MAIDEN NAME OF MOTHER Leo Savage
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elba Idaho

14 Informant Samuel S Eldredge
(Address) 824 Broadway Buhl.

15 Filed 9-7, 1933. J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 31 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1933, to Aug 31, 1933 that I last saw him alive on Aug 31, 1933, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:
Premature Birth
About 6 mo Gestation
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) R E Shurtz M. D.
Aug 31, 1933 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, ~~Cremation, or Removal~~ Filer
Date of Burial Aug 31 1933

20. ~~Undertaker~~ Samuel S. Eldredge
Address Buhl Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85708

PLACE OF DEATH
County of Bonneville
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia T. Wilkinson Wilkins

(a) Residence. No. Rupert St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER
13. NAME: Archie Wilkinson
14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER
15. MAIDEN NAME: Bethany Ward
16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMENT (Address): A B Wilkins Rupert

18. BURIAL, CREMATION, OR REMOVAL
Place: Rest Lakeview Date , 1933

19. UNDERTAKER: J. F. Sappy
(Address): Burley Idaho

20. FILED Sept 6, 1933 E. K. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1932, to Sept, 1933
I last saw h alive on Feb, 1933: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
No Doctor called	
Liver Fail	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify W. A. Goodman Coroner

(Signed) J B Kenney, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85709

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Thomas Schafer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (Write the word)
M	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rupert (State or country) Idaho

FATHER

13. NAME Harry Schafer

14. BIRTHPLACE (city or town) Colonde (State or country)

MOTHER

15. MAIDEN NAME Anita Ojeda

16. BIRTHPLACE (city or town) Shelly (State or country) Idaho

17. INFORMENT Harry Schafer (Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Shelley Ida. Date ....., 193

19. UNDERTAKER W. A. Goodman (Address) Rupert

20. FILED 7-27, 1933 O. P. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to June 25, 1933.
I last saw ~~him~~ alive on June 25, 1933; death is said to have occurred on the date stated above, at 9 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. M. Bagley, M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO F. K.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85710

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie G Wheeler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 31 1883

7. AGE Years 50 Months 7 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)

FATHER
13. NAME John Wheeler
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER
15. MAIDEN NAME Harrett West
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT Ida Wheeler
(Address)

18. BURIAL, CREMATION, OR REMOVAL Rupert Cem
Place Date , 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED Aug. 4, 1933 B. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Mar 16, 1933
I last saw him alive on Mar 16, 1933; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastases	

Other contributory causes of importance:

Name of operation Prostatectomy Date of Oct 20 32
What test confirmed diagnosis? Pathologists Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fayre H. Kenagy, M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 Kelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85711

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 25
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME David C Kelley

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont Know

FATHER
13. NAME " "
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT (Address) J. M. Kelley

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED Aug 4, 193 E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to April 26, 1933
I last saw him alive on Apr 26, 1933: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	
Other contributory causes of importance: Prostate Obstructions	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Kelley, M. D.
(Address) Rupert Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85712

PLACE OF DEATH

County of Minidoka

City of Emmerson

Registration District No. 20+19

Primary Registration District No. 2015 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME David Amos Fenstermaker

(a) Residence. No. Emmerson Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 26-1871

7. AGE Years 51 Months 8 Days 14 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grantsville
(State or country) Utah

FATHER

13. NAME Amos Fenstermaker

14. BIRTHPLACE (city or town) .....
(State or country) Penn.

MOTHER

15. MAIDEN NAME Carolina Hubbard

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 7/17 1933

19. UNDERTAKER H. E. Johnson
(Address) Burley Ida

20. FILED Aug. 4, 1933 H. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933, to July 11, 1933.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Alcoholic Excess with Acute Dilatation of Heart	July 7

Other **contributory causes** of importance:

Cystitis with Enlarged Prostate

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) F. H. Cutler, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactitatement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO F.K.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85713

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vilma V. Kauffman 91

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 1861

7. AGE Years 71 Months 6 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER
13. NAME William Yokom
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Doam
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMENT Mrs Ruth McCoy
(Address) Valus Idaho

18. BURIAL, CREMATION, OR REMOVAL Rupert Cem
Place ..... Date ....., 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED Aug 4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Mar 18, 1933
I last saw her alive on Mar 18, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:
cerebral thrombosis with softening hemiplegia

Name of operation None Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Fayre H. Kenogg, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85714

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wesley M Acuff

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Joseph H Acuff

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Esther Hyde

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Bruce Acuff

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date , 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED Aug 4, 193 3 E. E. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 23 193 3

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 193 3, to April 23, 193 3
I last saw him alive on April 3, 193 3: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:
Chronic interstitial nephritis
Epilepsy

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph N Keogh, M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO F. H. R.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85715

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephene Cheny 91

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 12 1865

7. AGE Years 67 Months 5 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Frank Deweese
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Susanna Martin
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Ora Landis Acequia

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date Apr 9, 1933

19. UNDERTAKER (Address) Rupert Bundaman Rupert Idaho

20. FILED Aug 4, 1933 E. W. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933, to April 6, 1933
I last saw her alive on April 6, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease	
thrombosis	

Other contributory causes of importance:
angina and broken compensation
oedema of the lungs

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Fayre H. Kenagy, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Minn

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE

State File No. 85717

Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary C Conditt

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W Inst	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 23 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Aron Hawley

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ann Andrews

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) Pearl Dandy

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Idaho Date 11, 1933

19. UNDERTAKER W. G. Goodman (Address) Rupert Idaho

20. FILED Aug. 4, 1933 O. B. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 8, 33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1932, to Dec. 31, 1932

I last saw h alive on Dec 31, 1932: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J B Kennaugh, M. D.

(Address) Rupert

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

STATE OF IDAHO 1 Kenagy
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85718

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Mrs Mary Lambert

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont Know

FATHER
13. NAME " "
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Cem Catholic

20. FILED Aug 4, 1933 E. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from About 4 years, to ....., 193...
I last saw her alive on Jan. 6, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchial asthma and a chronic myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J B Kenagy, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Minn

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85719

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephus Young

(a) Residence, No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 28 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT Minnie Smith
(Address) Heyburn Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hey. Cem. Date Heyburn, 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED Aug 4, 1933 Ed E Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Mar 16, 1933.

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Feb 1
Died Mar 16 With Heart Failure following	
Other contributory causes of importance:	
Dr Overton called	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Goodman Coroner, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 11 1933

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 9

DO NOT WRITE IN THIS SPACE

State File No. 85720

(No. 170)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin D. Phelps

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1886

7. AGE — Years: 46 | Months: 9 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Attourney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Bolt

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Fairvie

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER W. G. Goodman
(Address) Rupert Idaho

20. FILED Aug. 4, 1933 Earl E. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Pistol	
Shot thru head	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury? 3-30 1933

Where did injury occur? at Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. G. Goodman Coroner, M. D.

(Address) Rupert Idaho

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85721

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. The White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Manley

(a) Residence. No. 1922 Carson Avenue. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Ohio

FATHER

13. NAME William Manley

14. BIRTHPLACE (city or town)
(State or country) Not known.

MOTHER

15. MAIDEN NAME Mary E. Durbin

16. BIRTHPLACE (city or town)
(State or country) Vt.

17. INFORMENT Mrs. F. Manley
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Aug. 3, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Aug 10, 1933 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 1st, 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to Aug 1st, 1933

I last saw him alive on Aug 1st, 1933: death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Stomach	Jan 1933

Other contributory causes of importance:

Ulcer of Stomach	Sept 1932

Name of operation None Date of

What test confirmed diagnosis? Cardiac exhaustion Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Edgar L. White, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85722

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 702 9th. Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ira Milt Robins

(a) Residence. No. 702 9th. Avenue. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82.	10.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green-field
(State or country) Indianna

FATHER

13. NAME Robins

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT J. C. Dawson
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Sept 1st 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Sept 6, 1933 Jay M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to August 30 1933.
I last saw him alive on August 28 1933: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death	
Heart trouble	7/11/33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lou Fayette Emmans, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. E. L. White

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85723

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. The White Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Fred Walter Emery

(a) Residence. No. 0115 18th, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of E. Maude Emery

6. DATE OF BIRTH (month, day, and year) April 20, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Fuel Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portland
(State or country) Maine

FATHER

13. NAME James Emery

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Herrick

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMENT Mrs. E. Maude Emery
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Aug. 29 1933

19. UNDERTAKER Brower & Wann Co.
(Address) Lewiston, Idaho

20. FILED Sept 6, 1933 J. M. Fyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-27-, 1933, to 8-28-, 1933

I last saw him alive on 8-28-, 1933: death is said to have occurred on the date stated above, at 2:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
(Acute dilatation)	8-27-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Scott

RECEIVED SEP 13 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85724
State File No.

County of Nez Perce

City of Lewiston, Idaho Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederic Joseph Manseau

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louise Manseau

6. DATE OF BIRTH (month, day, and year) April 22. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Potlatch Forest Inc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sutton Bay Michigan

FATHER

13. NAME Antonie Manseau

14. BIRTHPLACE (city or town) (State or country) Quebec Canada

MOTHER

15. MAIDEN NAME Mary Theho

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Aug. 23, 1933

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho

20. FILED Sept 6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 21, 1933

I last saw him alive on Aug 21, 1933; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	
Other contributory causes of importance: Urethral Calculus	

Name of operation Ureterotomy Date of Aug 17

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

Sept. 19 '33. Cash fee.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85725

PLACE OF DEATH

County of Lewiston

City of Nez Perce

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Bowman

(a) Residence. No. Culdesac, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Hosea Bowman

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary MacHauer

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Pat Scully Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Slickpoo, Idaho Date 8-22 1933

19. UNDERTAKER (Address) Vassar-Shaughnessy Col Lewiston, Idaho

20. FILED Aug 23, 1933 J. M. Tyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to Aug 19, 1933

I last saw him alive on Aug 19, 1933 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous nephritis	+ yrs

Other contributory causes of importance:

Endocarditis Chr complicating	+ yrs

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Carsson, M. D.

(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Carson

RECEIVED SEP 13 1933

Dr. Scott

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85726

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Josephine E. Carpenter

(a) Residence. No. 620-6th Avenue Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wayne Carpenter

6. DATE OF BIRTH (month, day, and year) Oct. 8. 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott Iowa

FATHER

13. NAME M. C. Johnson

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mattie Cromie

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mr. Wayne Carpenter

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Aug. 18 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Sept. 6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933, to Aug 16, 1933

I last saw her alive on Aug 16, 1933: death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85727

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME Peter L. Taufen

(a) Residence. No. (Usual place of abode) St. Uniontown, Washington (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Catholic Preist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Minnisota

FATHER

13. NAME Lambert Taufen

14. BIRTHPLACE (city or town) (State or country) Chicago, I Illinois

MOTHER

15. MAIDEN NAME Anna Jacobs

16. BIRTHPLACE (city or town) (State or country) Minnisota

17. INFORMENT Lambert Taufen (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Uniontown, Wash Date , 193

19. UNDERTAKER Vassar-Shaughnessy Mortuary (Address) Lewiston, Idaho

20. FILED Aug 16, 1933 Jay M. Lyda Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1933, to Aug 13, 1933

I last saw him alive on Aug 15, 1933: death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular Nephritis	
Other contributory causes of importance:	
Uraemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Clark, M.D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

W. C. Clark

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85728

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME Hong Eng

(a) Residence. No. Billings Block St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Yellow

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 16 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canton China

FATHER

13. NAME: Jim Eng

14. BIRTHPLACE (city or town) (State or country): Canton China

MOTHER

15. MAIDEN NAME: Rose Lee

16. BIRTHPLACE (city or town) (State or country): China

17. INFORMENT (Address): George Eng Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston Idaho Date, 193

19. UNDERTAKER (Address): Vassar-Shaughnessy Co. Lewiston Idaho.

20. FILED Aug. 15, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/14/33 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1933, to Aug. 14, 1933

I last saw him alive on Aug. 14, 1933 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation by Drowning

Date of onset

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Aug 14, 1933

Where did injury occur? Lewiston Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Bathing Beach

Manner of injury Drowning

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ✓

(Signed) Paul G. Haury, M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

Dr Paul Haury

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 85729

Registered No. ____

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Nezperce Co

City of Lewiston Idaho (No. ____, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1009

Primary Registration District No. 96

2. FULL NAME Wm R. Smith

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 29 (Day) 1858 (Year)

7. AGE: 75 yrs. 5 mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: common labor
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missiouri

10. NAME OF FATHER: Milton H. Smith

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Fishback

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. O. N. Phelps
(Address) Lewiston, Ida. Route 2

15.
Filed Sept. 11 1933 J. M. Lyle Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1933, to Aug 13 1933 that I last saw h[illegible] alive on Aug 12 1933 and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary): Uraemia

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W O Clegg M.D.
9/5 1933 (Address) Juniston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Nezperce Idaho | DATE OF BURIAL: Aug 15 1933

20. UNDERTAKER: Albert Huff | ADDRESS: Nezperce Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED SEP 13 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85730

Registration District No. 1204

Primary Registration District No. 4 Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Vandall

(a) Residence. No. Lewiston Orchhards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Flora Vandall

6. DATE OF BIRTH (month, day, and year) Oct 23 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Orchardist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self.

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) St Tite Canada

FATHER

13. NAME Not Obtainalbe

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs Flora Vandall Lewiston Orchards

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 8/12/33 193

19. UNDERTAKER Vassar-Shaughnessy Cp. (Address) Lewiston, Idaho.

20. FILED Aug 21, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8 -, 193 3, to July 10 -, 193 3
I last saw him alive on 7-16, 193 3: death is said to have occurred on the date stated above, at 1.10A m.
The principal cause of death and related causes of importance were as follows: Chronic interstitial nephritis — Date of onset

Other contributory causes of importance: Hepatic sclerosis

Name of operation Date of

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Rouse M.D. M. D.
(Address) Lewiston, Idaho.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85731

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
St Joseph Hospital
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant of Miss Frances Jones

(a) Residence. No. 517 C Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/6/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 10 min.
00	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Miss Frances Jones
16. BIRTHPLACE (city or town) (State or country) Couer d Alene Idaho

17. INFORMENT (Address) Miss Frances Jones

18. BURIAL, CREMATION, OR REMOVAL
Place Normal Hill Date , 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston, Idaho

20. FILED Aug 10, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/6/33 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 193 3, to Aug 6, 193 3
I last saw h alive on Aug 6, 193 3: death is said to have occurred on the date stated above, at 955 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
5 1/2 months	Aug 6/33

Other contributory causes of importance:

None

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Vassar, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85733

PLACE OF DEATH

County of Nez Perce.

City of Spalding.

Registration District No. 1209

Primary Registration District No. 96 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Emma Steele.

(a) Residence. No. ..... Spalding, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of W. G. Steele.

6. DATE OF BIRTH (month, day, and year) May 9th, 1883.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50.	3.	---.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ceres.
(State or country) Virginia.

FATHER

13. NAME Samuel Harden.

14. BIRTHPLACE (city or town) .....
(State or country) Not known.

MOTHER

15. MAIDEN NAME Frances Umbarger.

16. BIRTHPLACE (city or town) Ceres.
(State or country) Virginia.

17. INFORMENT
(Address) Spalding, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Juliaetta, Idaho. Date Aug. 11th, 1933.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Aug 9, 1933 J. M. Lyle
By E.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-8, 1933 to Aug-8, 1933
I last saw h[er] alive on Aug-6, 1933; death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Sign Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho.

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85734

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Lipt on Hawkins

(a) Residence. No. 122-18th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of H. F. Hawkins

6. DATE OF BIRTH (month, day, and year) Aug. 30 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stevensville
(State or country) Montana

FATHER

13. NAME Wm. Young

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Clara Idabelle Ehrig

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT (Address) H. F. Hawkins

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida Date Aug. 22, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Sept. 6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-30-, 1933, to 8-19-, 1933

I last saw her alive on 8-19-, 1933: death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	7-30-33

Other contributory causes of importance:
Bilateral Pyosalpinx and appendiceal abscess

Name of operation appendectomy bilateral Salpingectomy with Drainage Date of 7-30-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

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RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85735

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elijah Dotson Hall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 23 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57n	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Poultry Raising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) Portage
(State or country) Utah

FATHER

13. NAME David Hall

14. BIRTHPLACE (city or town) Georgetown
(State or country) Ill.

MOTHER

15. MAIDEN NAME Jane Hale

16. BIRTHPLACE (city or town) Danville
(State or country) Ill.

17. INFORMENT Phileno Hall
(Address) Portage Utah

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Portage Utah Date Aug 9, 1933

19. UNDERTAKER J. Emry Benson
(Address) Malad Idaho

20. FILED 8/31, 1933 J. M. Reno
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Aug 6, 1933.
I last saw h... alive on Aug 4, 1933; death is said to have occurred on the date stated above, at 1 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Regurgitation	
Edema	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Exam Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. M. Reno, M. D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85736

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reta Hill

(a) Residence. No. Malad R.F.D. # 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Garland Utah

FATHER

13. NAME Zephaniah Hill

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Rose Della Gleed

16. BIRTHPLACE (city or town) (State or country) Samaria Idaho

17. INFORMENT (Address) Zephaniah Hill Malad Idaho R.F.D. # 1

18. BURIAL, CREMATION, OR REMOVAL Place St John Idaho Date Aug 15, 1933

19. UNDERTAKER (Address) J. Guy Hess Malad Idaho

20. FILED 8/31, 1933 J. M. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 12, 1933
I last saw h[illegible] alive on Aug 11 1933; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal stasis	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) V. O. Grant, M. D.
(Address) Malad Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85738

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

101a

2. FULL NAME Carl R. Smith

(a) Residence. No. Osbourne Ida St. Osbourne Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Smith

6. DATE OF BIRTH (month, day, and year) Jan 6 - 1901

7. AGE Years 32 Months 7 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and day) Aug. 26-1933

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Seattle Wn.

FATHER

13. NAME O. L. Smith

14. BIRTHPLACE (city or town) (State or country) Ore.

MOTHER

15. MAIDEN NAME Babe Adams

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT (Address) Mrs Edna Smith Osbourne Ida

18. BURIAL, CREMATION OR REMOVAL Place Osbourne Ida Date Sept 2 1933

19. UNDERTAKER (Address) J. A. Brown (Ward and Co.) Wallace Ida

20. FILED Aug. 31st, 1933 C. D. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933, to Aug 30 1933.

I last saw him alive on Aug 30 1933 death is said to have occurred on the date stated above, at 12 15 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Double both lungs all lobes	3 days

Other **contributory causes** of importance:

Influenza several days

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible]

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85739

Registration District No. 76

Primary Registration District No. 111

Local Registrar's No. 101

(No. Co Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

109 h

2. FULL NAME Robert Howard Tadell

*(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 27 - 1925

7. AGE: Years 8 | Months 6 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Adair Idaho

MOTHER FATHER

13. NAME: Frank Tadell

14. BIRTHPLACE (city or town) (State or country): Iowa

15. MAIDEN NAME: Edna Sheldon

16. BIRTHPLACE (city or town) (State or country): Wise

17. INFORMANT (Address): Frank Tadell Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: Aug 28 1933

19. UNDERTAKER (Address): J. A. Broca (Ward and Co.) Wallace Ida.

20. FILED: Aug 28, 1933 C. A. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1933, to Aug 26 1933

I last saw him alive on Aug 26, 1933; death is said to have occurred on the date stated above, at 3:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Follicular Tonsillitis	8/22/33

Other **contributory causes** of importance:

Mal. Nutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R. Dean M. D.

(Address) Wallace Idaho

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85740

Registration District No. 76

Primary Registration District No. 1014 Local Registrar's No. 100

(No. 6 Providence Hospital)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Edward James Nefsay 31

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Oct 12 - 1877

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Nefsay

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McCarty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Dan Murphy
(Address) Burke Ida.

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Wallace Ida. Date Aug 23 1933

19. UNDERTAKER J A Bunn (Ward Mgr)
(Address) Wallace Ida.

20. FILED Aug 23 1933 Lee Malone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 ..., 193 3.., to Aug 21 ..., 193 3.

I last saw h.. alive on Aug 20 ..., and death is said to have occurred on the date stated above, at 5 45 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Pulmonary	
Lobar pneumonia	
Terminal	

Other **contributory causes** of importance: None

Name of operation. None Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. M. Overeem M.D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85741

Registration District No. 76
Primary Registration District No. 11011 Local Registrar's No. 198
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Hay Kirkland Gilmore Halladay. 188C

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 20 - 1923
7. AGE Years 10 Months 3 Days 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carbon Alberta Canada

FATHER
13. NAME Hugh Gilmore
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes Kirkland
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs Agnes Halladay Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Aug 20 1933

19. UNDERTAKER (Address) J. A. Biver (Ward Und Co) Wallace Ida

20. FILED Aug 17, 1933 W. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ Aug 17 1933, to Aug 17, 193...
I last saw him alive on Aug 17 1933 death is said to have occurred on the date stated above, at 7:40 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fros Skull	few hrs

Other contributory causes of importance:
accidentally struck by auto

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury Aug 17 1933
Where did injury occur? Public Highway
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place** Public Highway
Manner of injury Fros Skull
Nature of injury struck by auto

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Dismowerik M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85742

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 199
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Walter Evans
(a) Residence. No. Kozy Korner St. Cor 6th & Cedar Sts.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mrs Christine Evans
6. DATE OF BIRTH (month, day, and year) Sept 4 1877
7. AGE Years 56 Months 11 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa

FATHER
13. NAME Fred Evans
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs. C. Evans Wallace Id

18. ~~BURIAL~~, CREMATION, ~~OR~~ REMOVAL
Place Spokane, Wash Date Aug 21, 1933.

19. UNDERTAKER (Address) B G Worstell Wallace Id

20. FILED Aug 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/19 1933
22. I HEREBY CERTIFY, that I attended deceased from Nov, 1933 to Aug 19, 1933
I last saw him alive on Aug 18, 1933 death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Heart~~ Myocarditis	
Acute	several months

Other contributory causes of importance:
Mitral regurgitation
Arteriosclerosis several yrs

Name of operation No Date of
What test confirmed diagnosis None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85743

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 195

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

184

2. FULL NAME Frank Skantel

(a) Residence. No. 316 Oregon St. Mullan, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: mall
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 6 1909

7. AGE: Years 23 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bineville Minnesota

FATHER
13. NAME Joseph Skantel
14. BIRTHPLACE (city or town) (State or country) Jugo-Slavia

MOTHER
15. MAIDEN NAME Mary Hribar
16. BIRTHPLACE (city or town) (State or country) Jugo-Slavia

17. INFORMENT (Address) Joseph Skantel Mullan Id

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) B G Worstell Wallace Id

20. FILED Aug 10th, 1933 E Slom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Aug 6, 1933: death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bled to death from accidental cut on arm when fell thro window few minutes

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Aug 6 1933

Where did injury occur? Home Mullan Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Cut on Rearing

Nature of injury Fell into window

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mowry Coroner

(Address) Wallace Ida

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85744

Registration District No. 70

Primary Registration District No. 1041 Local Registrar's No. 197

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Polso

(a) Residence. No. Mullan Ida St. Mullan Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 49 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead Mining

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Andy Polso

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT (Address) John Intela Mullan Ida

18. BURIAL, CREMATION OR REMOVAL

Place Wallace Ida Date Aug. 13 1933

19. UNDERTAKER (Address) J. A. Bever (Ward Mill Co.) Wallace Ida

20. FILED Aug. 17th, 1933 G. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 7, 1933

I last saw him alive on Aug 7, 1933: death is said to have occurred on the date stated above, at 10:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis acute	
Glomerular	3-4 mo
Endarteritis Chr	

Other **contributory causes** of importance:

Arteriosclerosis Chr	several yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Howard M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85745

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 196

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hoffman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at County

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infirmery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essen
(State or country) Germany

FATHER

13. NAME Hoffman

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not my.

16. BIRTHPLACE (city or town)
(State or country) Germany.

17. INFORMENT Infirmery Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg, Ida. Date Aug 9, 1933

19. UNDERTAKER M. E. Thornhill
(Address) Kellogg Ida.

20. FILED Aug 8th, 1933 C. E. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from
193 to , 193

I last saw h alive on July 14th, 1933: death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Epilepsy.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Symptoms

(Signed) M. E. Thornhill, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85746

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No.
Primary Registration District No.
Local Registrar's No. 45

(No. 57) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Bertha Olden

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Olden

6. DATE OF BIRTH (month, day, and year) June 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delhi Ohio

FATHER

13. NAME Leonard Beckt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME No sir

16. BIRTHPLACE (city or town) (State or country) German

17. INFORMENT (Address) Anna Olden Boyd

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Idaho Date Aug 21, 1933

19. UNDERTAKER (Address) W. E. Shanahan Kellogg Idaho

20. FILED Sept. 2, 1933 Mrs. Velma M. Brisk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1933, to Aug 17, 1933
I last saw her alive on Aug 17, 1933: death is said to have occurred on the date stated above, at 3.4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Hypostatic Pneumonia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. E. Shanahan, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85747

PLACE OF DEATH
County of Twin Falls
City of Castle Ford

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Austin Gee

(a) Residence. No. Castle Ford St. Ida (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mary Elizabeth Gee

6. DATE OF BIRTH (month, day, and year) March 3 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tooele. Utah

FATHER
13. NAME Lycander Gee.
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Dora Hazeltine 2023 - 1st St. Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Cemetery Date 9/2, 1933

19. UNDERTAKER Evans & Johnson (Address) East Buhl Ida

20. FILED 9-7, 1933 J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3-, 1933, to , 193 ; I last saw him alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	?
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? X Ray & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Geo Jennings, M. D.
(Address) Buhl, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85748

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

74a

2. FULL NAME Anna Marie Quist
(a) Residence. No. Buhl Heights St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Swan Quist
6. DATE OF BIRTH (month, day and year) Oct-27-1854
7. AGE Years 78 Months 9 Days 19 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Stockholm Sweden
PARENTS
10. NAME OF FATHER Mr Johnson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Sweden
14. Informant Carl Quist
(Address) Buhl Heights, Buhl, Ida
15. Filed 8-16, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 15 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933 to Aug 15, 1933
that I last saw her alive on Aug 10, 1933
and that death occurred, on the date stated above, at 5 45 m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Second attack in past 3 yrs.)
..... (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) E. L. Berry, M. D.
8-15, 1933 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery
Date of Burial 8/17 1933
20. Undertaker Evans + Johnson J. E. Schmidt
Address Buhl, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 85749

Local Registrar's No. 107

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

17 D

2. FULL NAME Geo. F Huffman

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Twin Falls

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 29/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	...	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Clerk

10. Date deceased last worked at this occupation (month and year) Aug 20/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME ..... Huffman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) T J Lloyd Twin Falls

18. BURIAL, CREMATION, OR REMOVAL Date Aug 31, 1933

19. UNDERTAKER (Address) FE Drake Twin Falls

20. FILED Aug. 31, 1933 Geo C Halley MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Aug 30, 1933: death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by self inflicted gun shot wound of head.	Instant

Other contributory causes of importance:

Not known	

Name of operation None. Date of

What test confirmed diagnosis Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Aug 29 1933

Where did injury occur? Twin Falls Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Bed Room.

Manner of injury Self inflicted wound.

Nature of injury Gun shot wound.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) T A Dwight M. D.

(Address) Twin Ida

Twin Falls County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85750

PLACE OF DEATH
County of Twin Falls
City of Twin Falls.

Registration District No. 37
Primary Registration District No. 1085
(No. Central Rooms. 15 & Main Ave. North.
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 106

2. FULL NAME Rudolph Stelter

(a) Residence. No. 847 Brown Ave. St. Salt Lake City, Utah.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of~~ Minnie Warbertood

6. DATE OF BIRTH (month, day and year) Feb. 23, 1886

7. AGE	Years	Months	Days	If LESS than 1 day,
	47	6	5	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Commercial Traveler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Milwaukee, Wis.

PARENTS

10. NAME OF FATHER Henry A. Stelter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Milwaukee, Wis.
12. MAIDEN NAME OF MOTHER Mary K. Lingbill
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Thomas S. Merrill
(Address) 36 E 7th So. St. Salt Lake, Utah.

15. Filed Sept. 1, 1933 Verl Talley, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 28, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Aug 28, 1933
that I last saw him ~~alive~~ on Aug 28, 1933,
and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:
Self administered Cyanide of Soda & Whiskey.
Instant (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Nervous breakdown.
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Salt Lake.
Did an operation precede death? No. Date of
Was there an autopsy? Yes. What test confirmed diagnosis? Laboratory
(Signed) F. A. Dwight M. D.
Sept. 1, 1933. (Address) Filer Idaho
Coroner of Twin Falls County.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Salt Lake City	Sept. 2 1933
20. Undertaker	Address
White Mort. Inc.	Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85751

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 103
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Edward Joseph Baldeschwiler
(a) Residence. No. ..... St. Hazelton Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 31 - 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) San patricio Texas

PARENTS

10. NAME OF FATHER Andrew Baldeschwiler
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Corpus Christi Texas
12. MAIDEN NAME OF MOTHER Margaret Murphy
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) San Patricio Texas

14. Informant Margaret Baldeschwiler
(Address) Hazelton Idaho

15. Filed 8/28, 1933. Geo. C. Hadley, MD Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 22 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1933, to Aug 22 1933, that I last saw him alive on Aug 21 1933, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:
Cancer of Cardiac end of oesophagus + Stomach
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Aug 21-1933
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) John H Caughlin M. D.
Aug 22, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	Aug. 24 1933
20. Undertaker	Address
White Mortuary Inc	Twin Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85753

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 107

1. (No. Twin Falls Co. Gen'l Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank White

(a) Residence. No. Rogerson, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Do not know
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year):
7. AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): St. Patrick's Sup's Hospital Twin Falls
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Valley Ida. Date 8/23, 1933
19. UNDERTAKER (Address): Evans & Johnson Funeral Home Twin Falls, Ida. E. Johnson
20. FILED Aug 23, 1933 Geo. A. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-21 1933
22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1933, to 8/21, 1933
I last saw him alive on 8/20, 1933: death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85754

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 101

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Charles Maxwell

(a) Residence. No. Route # 3 St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary C. Maxwell

6. DATE OF BIRTH (month, day and year) May 14 : 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country) Brockfield Ontario Canada

PARENTS

10. NAME OF FATHER Alexander Maxwell

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant Georgia M Maxwell
(Address) Twin Falls Route # 3

15. Filed 8/18, 1933 Geo. C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 17, 1933, that I last saw him alive on Aug 17, 1933, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:
Angina Pectaris
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Coronary Thrombosis
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) John T. Langdon, M. D.
Aug 18, 1933 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cem	8 18 1933
20. Undertaker White Mortuary Inc	Address Twin Falls Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statistical or occupational information is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85755

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 99
(No. T. F. Co. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Frederick Wessel Custer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13 1921

7. AGE Years 12 Months 3 Days # If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER
13. NAME W W Custer
14. BIRTHPLACE (city or town) (State or country) Jessie Idaho

MOTHER
15. MAIDEN NAME Mary Taylor
16. BIRTHPLACE (city or town) (State or country) Colorado City Colo.

17. INFORMENT (Address) W W Custer Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 8-15, 1933

19. UNDERTAKER (Address) C E Hickok Shoshone Idaho

20. FILED Aug. 18, 1933 Geo C Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1933, to Aug 13th, 1933. I last saw him alive on Aug 13th, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Gun shot wound of lower abdomen, thighs

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 13 1933
Where did injury occur? Mrs Hailey Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While hunting
Manner of injury Got while hunting
Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H E Lamb, M. D.
(Address) Twin Falls Ida

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85756

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 31

Primary Registration District No. 2085

Local Registrar's No. 98

(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby J. R. Montgomery

(a) Residence. No. 259 Addison, West St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 16Th./33

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
----	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Ida

FATHER

13. NAME J. R. Montgomery

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Gala Crofts

16. BIRTHPLACE (city or town) (State or country) Burley Ida.

17. INFORMENT (Address) J.R. Montgomery Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Filer Ida Date Aug. 17, 1933

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Ida.

20. FILED 8/17, 1933 Geo. C. Talley MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to Aug 16, 1933

I last saw him alive on Aug 16, 1933; death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
"Blue Baby"	
Patent foramen ovale.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. E. Langenwalter, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85757

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 0085
Local Registrar's No. 97

(No.) 4 PM
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith A Atkins 1933

(a) Residence. No. St. County Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 13 1918
7. AGE: Years 15; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Monte A Atkins
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Lyla Burke
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Mrs Lyla A Atkins Twin Falls
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Aug 15. 1933
19. UNDERTAKER (Address): J E Draper Twin Falls
20. FILED 8/15, 1933 Geo C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1933
22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw her alive on Aug. 13, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Injury to Chest & broken Thigh.	
Died in Shock within the hour	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Aug 13 1933
Where did injury occur? Kimberly
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On public Highway
Manner of injury Thrown against Telephone pole
Nature of injury Internal Chest & broken Rt Thigh

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr John C Morgan, M. D.
(Address) Twin Falls Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85758

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 105

(No. Connty General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME James M. Wall
(a) Residence. No. 3Rd Street & 4Th Ave West St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 26-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No. Carolina

FATHER
13. NAME Z. L. Wall
14. BIRTHPLACE (city or town) (State or country) No. Carolina

MOTHER
15. MAIDEN NAME Celia Mathews
16. BIRTHPLACE (city or town) (State or country) Virg.

17. INFORMENT (Address) W. B. Wall TwinFalls, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Aug28, 1933

19. UNDERTAKER (Address) S. C. Phillips TwinFalls, Ida.

20. FILED 8/29, 1933 Geo C. Halley MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1933, to 8/26, 1933
I last saw him alive on 8/26, 1933: death is said to have occurred on the date stated above, at 12.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/21/33

Other contributory causes of importance:
Arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. D. Weaver, M. D.
(Address)

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85759

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 96

58

2. FULL NAME John Rufus Hartley

(a) Residence. No. 535 - 2nd East St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Callie Hartley

6. DATE OF BIRTH (month, day and year) Aug 28 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lenoir North Carolina

PARENTS

10. NAME OF FATHER Levi Hartley
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lenoir North Carolina
12. MAIDEN NAME OF MOTHER Sophia
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lenoir North Carolina

14. Informant Mrs Mamie Kline
(Address) Twin Falls Idaho

15. Filed Aug. 11, 1933. Geo C. Holley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to Aug 10, 1933
that I last saw him alive on Aug 8, 1933
and that death occurred, on the date stated above, at 9.30 A m.
The CAUSE OF DEATH* was as follows:

Addisons Disease -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nose & Throat Infection

Pneumonia (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of -
Was there an autopsy? No What test confirmed diagnosis? Laboratory & Physical

(Signed) John R Morgan, M. D.
Aug 11, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	8/13/1933
20. Undertaker	Address
White Mortuary Inc	Twin Falls Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85760

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 100

97

2. FULL NAME Mary E. Ahern

(a) Residence. No. Twin Falls Nurses Home St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Gene Ahern

6. DATE OF BIRTH (month, day and year) July 13, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supt of Nurses
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Twin Falls County Hospital

9. BIRTHPLACE (city or town) (State or country) Castana, Iowa

PARENTS

10. NAME OF FATHER Geo. M. Bennett

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bunker Hill, Ill.

12. MAIDEN NAME OF MOTHER Myrcella Winegar

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Soldier, Iowa

14. Informant Gene Ahern
(Address) Twin Falls Idaho

15. Filed 8/18, 1933 Geo. C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16th, 1933, to Aug 16th, 1933
that I last saw her alive on Aug 16th, 1933
and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Ec Eclampsia.

(duration) yrs. mos. ✓ ds.

CONTRIBUTORY (Secondary) Post-partum Curettage.

(duration) yrs. mos. ✓ ds.

18. Where was disease contracted if not at place of death? at place death
Did an operation precede death? yes Date of 8-17-33
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Duncan E. Alexander M. D.
Aug 17th, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Hay Springs Nebraska	Aug 21, 1933
20. Undertaker White Mortuary Inc	Address Twin Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85761

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 31
Primary Registration District No. 2085
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 95

90

2. FULL NAME Esta A Mathews
(a) Residence. No. Route # 2 St. Buhl Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Marion Mathews

6. DATE OF BIRTH (month, day and year) Feb. 24 - 1889

7. AGE: Years 44, Months 5, Days 15; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Cokeville Wyoming

PARENTS
10. NAME OF FATHER: Julius Jacobsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Christiania Norway
12. MAIDEN NAME OF MOTHER: Josephine Otterson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Norway

14. Informant: Mary C Jacobsen
(Address) Twin Falls Idaho

15. Filed Aug. 11, 1933 Geo. C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to Aug 9th, 1933
that I last saw her alive on Aug 9th, 1933
and that death occurred, on the date stated above, at 1:25 P m.

The CAUSE OF DEATH* was as follows:
① Cardiac Arrhythmia ② Regurgitation Mitral ③ Decompensation 4th
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ① Nephritis Chronic interstitial ② Oedema secondary 4 + ③ Myocarditis chronic. (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Los Angeles Calif.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Aspiration Abomen
(Signed) Duncan L Alexander M. D.
Aug 11, 1933 (Address) Twin Falls Idaho
(First Exam. in 1926 Dec)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Cokeville Wyoming
Date of Burial: Aug 12 1933

20. Undertaker: White Mortuary Inc
Address: Twin Falls Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85762

PLACE OF DEATH
County of Twin Falls
City of Twin Falls Registration District No. 37
Co. General Hospital Primary Registration District No. 2085
Local Registrar's No. 94

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1892

2. FULL NAME Lewis Aston

(a) Residence. No. Twin Falls Co. General Hospital (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Genevieve Aston

6. DATE OF BIRTH (month, day, and year) Jan 7/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	7	X	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Ida.

FATHER
13. NAME Louis Thaddeus Aston
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Madalene Alice Burnham
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT Laurel Aston (Address) Grading

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 8/9, 193

19. UNDERTAKER Evans & Johnson (Address) Twin Falls L. Johnson

20. FILED Aug. 9, 193 Geo. C. Valley MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 193 3, to Aug 7th, 193 3
I last saw him alive on Aug 7th, 193 3; death is said to have occurred on the date stated above, at 9:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Traumatism Head - Neck - Back	8-5-33
(2) Fracture Skull Lamin. R. parietal	
Other contributory causes of importance: Hemorrhage Extra dural Secondary -	8-7-33

Name of operation None Date of None
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-5, 193 3
Where did injury occur? Near Milner Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Canal Repair work
Manner of injury Bucket of stones fell on head
Nature of injury Traumatism & Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify Was working at time

(Signed) Owen L. Harkness M.D.
(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85763

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Lars P Larson

(a) Residence. No. Twin Falls County Hospital
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6. DATE OF BIRTH (month, day, and year) Nov. 10 — 1863

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	69	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Lars P Larson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Anna Pehrson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT C. J. Larson
(Address) Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 8-9.., 1933

19. UNDERTAKER C. J. Johnson
(Address) Burley Ida.

20. FILED 8/8..., 1933 Geo. L. Talley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933, to Aug 6th, 1933
I last saw h.. alive on Aug 5th, 1933.; death is said to have occurred on the date stated above, at 3.10 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Septicaemia	July 26th 33
Uremia	" " 33

Other **contributary causes** of importance

Hypertrophy of Prostate	Feb 1932
Adenocarcinoma Prostate	
Chronic cystitis	
Uremia Cystostomy	

Name of operation Date of 7-30-33

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify.....
(Signed) John F Haviglilly M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85764

PLACE OF DEATH

County of Twin Falls. Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 92

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

43

2. FULL NAME Jesse Jensen

(a) Residence. No. Hospital St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 28 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10. NAME OF FATHER Jensen

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Dept. Record
(Address) Twin Falls

15. Filed 8/5, 1933 George C. Hadley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 3 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August, 1933, to August, 1933
that I last saw him alive on August 3, 1933
and that death occurred, on the date stated above, at 11:50 A.M.

The CAUSE OF DEATH* was as follows:

Epithelioma of the jaw.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Weaver, M. D.

8/4, 1933 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~ Twin Falls — Date of Burial July 4 1933

20. Undertaker T. J. Drake — Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED SEP 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85765

PLACE OF DEATH

County of Valley
City of McCall Idaho

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Seny Sophy Lehti

(a) Residence. No. McCall Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1887

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Felix Lehti

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Gabriel Mampa

14. BIRTHPLACE (city or town) (State or country) Findland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Findland

17. INFORMENT (Address) Felix Lehti

18. BURIAL, CREMATION, OR REMOVAL Place Finish Cemetary Date Aug. 23, 1933

19. UNDERTAKER W. S. Robb
(Address) Cascade Idaho

20. FILED Aug. 23, 1933 M. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fractured by falling tree	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/20 3, 193

Where did injury occur? Near McCall Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Picking Berries in Woods

Manner of injury

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Robb Coroner M.D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 7 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85766

County of Valley
City of Cascade Idaho
Registration District No. 15
Primary Registration District No.
Local Registrar's No. 7

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Arthur Payne

(a) Residence. No. Cascade Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cascade Idaho

FATHER

13. NAME E.W. Payne

14. BIRTHPLACE (city or town) (State or country) Middleton Idaho

MOTHER

15. MAIDEN NAME Bernice Marie Tibbey

16. BIRTHPLACE (city or town) (State or country) Goldendale Wash

17. INFORMENT (Address) E.W. Payne Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Valley Date , 193

19. UNDERTAKER
(Address) Cashman Idaho

20. FILED Aug 13, 1933 Gardner Ready Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/11 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Evidently from	
Cardiac insufficiency	
No Medical Attendance	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W.D. Robb Coroner, ~~M.D.~~
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 7 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85767

PLACE OF DEATH
County of Valley
City of McCall

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 6
(No. McCall Emergency Hosp. McCall, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John A. Cassidy
(a) Residence. No. 356 Montgomery St. St. Jersey City, N.J.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. 19 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 25, 1912
7. AGE: Years 21, Months 0, Days 2, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

FATHER
13. NAME John A. Cassidy Sr.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Capt. W. H. McNaught McCall, Idaho
18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...
19. UNDERTAKER (Address) McBratney Boise, Idaho.
20. FILED Aug 27, 1933 Gardner Ready Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 27 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Aug. 27, 1933
I last saw him alive on Aug. 27, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture compound Rt. leg.	8/25/33
Hemorrhage	8/25/33
Shock	8/25/33
Gas Bacillus Infection	8/24/33

Other contributory causes of importance:

Name of operation Debridment Date of 8/25/33
What test confirmed diagnosis? Physical Exam. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/25, 1933
Where did injury occur? McCall, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile Accident
Nature of injury Compound Fracture Rt. Leg.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature], M. D.
(Address) Headquarters Boise C.C.C.

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85768

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John J Fuller

(a) Residence. No. 152 West Liberty St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Wht

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Fuller

6. DATE OF BIRTH (month, day, and year) Dec 13-1860

7. AGE Years 72 Months 8 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc City Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Anna Fuller Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 8-18-, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Sep 12, 1933 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to Aug 16, 1933

I last saw him alive on Aug 15, 1933: death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1933

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R McCrata M. D.

(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85769

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 6
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eddie Bice

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wht
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: B. L. Bice

6. DATE OF BIRTH (month, day, and year): May 14-1870

7. AGE: Years: 63 | Months: 2 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Rufus Anderson
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Ann Davison
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMENT (Address): B. L. Bice Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Weiser Ida Date: 8-9-, 1933

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED: Sept 12, 1933. M. E. Hamilton Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933, to Aug 6, 1933
I last saw her alive on Aug 6, 1933: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Dilatation of Heart.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. H. Marshall, M.D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85770

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 84
Primary Registration District No. 1040
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George W. Bush

(a) Residence. No. Dennyside St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

135

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Alice P. Bush

6. DATE OF BIRTH (month, day, and year) March 22-1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Ill

FATHER

13. NAME Roger B. Bush

14. BIRTHPLACE (city or town) (State or country) North Hero Vermont

MOTHER

15. MAIDEN NAME Pattie M. Smith

16. BIRTHPLACE (city or town) (State or country) Poultney Vermont

17. INFORMENT (Address) Alice P. Bush Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida. Date 8-25-, 1933

19. UNDERTAKER (Address) L. E. Northam Weiser Idaho

20. FILED Sept 12, 1933 C. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933, to Aug 23, 1933

I last saw him alive on Aug 23, 1933; death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Hypertrophic Prostate Enlargement	Jan-1933
(2) Chronic Nephritis	?
(3) Acute Cystitis	Feb-1933
Other contributory causes of importance:	
(1) Gangrene & Infection of Scrotum	Aug 1933
(2) Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hyder Karacher, M. D.

(Address) Weiser Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85771

PLACE OF DEATH

County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Whitmore

(a) Residence. No. ..... Monroe Creek St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. L. Whitmore

6. DATE OF BIRTH (month, day, and year) Sept 27-

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3 Years
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Mexico

FATHER
13. NAME Geo Wilson
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Cynthia Coats
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) C. L. Whitmore Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 9-31- 1933

19. UNDERTAKER (Address) L. B. Northcraft Weiser Idaho

20. FILED Sep 12, 1933 W. P. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 29, 1933
I last saw her alive on Aug 27, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Mitral Stenosis &	1
regurgitation.	
Other contributory causes of importance:	
Acute Nephritis.	July 1933

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. M. Coats, M. D.
(Address) Weiser Ida.

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85772

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cornelia Pyle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Wht

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Dr D. F. Pyle

6. DATE OF BIRTH (month, day, and year) Jan, 15-1859

7. AGE Years 74, Months 7 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME John Pool

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Jane Walker

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Wm Fifer Parma, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date Aug 24, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Sept 12, 1933 H. R. Hamilton Registrar. C.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to Aug 22, 1933.

I last saw her alive on Aug 17, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation & acute heart failure	?

Other contributory causes of importance:

Arterio sclerosis	?
Senile Dementia	?

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) Weiser Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85773

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 8
Primary Registration District No. 1010
Local Registrar's No. 11

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wesley Skaggs

(a) Residence. No. 924 W 7th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clora Skaggs

6. DATE OF BIRTH (month, day, and year) June 28-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME J.W. Skaggs

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Clora Skaggs Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 8-13-, 1933

19. UNDERTAKER L.C. Northagen (Address) Weiser, Idaho

20. FILED Sept 12, 1933 H. O. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to Aug 10, 1933.

I last saw him alive on Aug 10, 1933: death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of left foot	July 27, 1933
Senility	?
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Open Foot Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyden Hamilton, M. D.

(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 13 1933

5

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85774

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 a

2. FULL NAME Earline Hopper

(a) Residence. No. 1000 Spring Valley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wht
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12-1933

7. AGE Years 0 Months 0 Days If LESS than 1 day 17 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Ezra Hopper
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Rena Bracher
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Ezra Hopper

18. BURIAL, CREMATION, OR REMOVAL
Place Midvale Ida Date 8-13-1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Sept 12, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11-, 1933, to Aug 12, 1933.
I last saw her alive on Aug 11, 1933: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

RECEIVED AUG 17 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85776

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. B

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aurelia Anderson

(a) Residence. No. Sunyside St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel O. Anderson

6. DATE OF BIRTH (month, day, and year) July 28. 1894

7. AGE Years 38 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Alfred Garner
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) S. O. Anderson Weiser

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date 7-30 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED July 29, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933, to July 27, 1933
I last saw her alive on July 27, 1933: death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7/27/33

Other contributory causes of importance: Empyema of gall bladder

Name of operation Cholecystectomy Date of 7/11/33
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert M Coats, M. D.
(Address) Weiser Ida

RECEIVED AUG 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85777

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

33

2. FULL NAME Willard Duane Williamson

(a) Residence. No. Mann Creek St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 15-1924

7. AGE Years 8 Months 11 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME W. D. Williamson
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Rela Lolley
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) W. D. Williamson Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mann Creek Date 7-26-1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED July 29, 1933 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 23, 1933
I last saw him alive on July 23, 1933: death is said to have occurred on the date stated above, at 7:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Tuberculosis	May 1933

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Robert M. Coats, M. D.
(Address) Weiser Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 17 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86

Primary Registration District No. 2112

DO NOT WRITE IN THIS SPACE
State File No. 85778

Local Registrar's No. 1.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles M Webb.

(a) Residence. No. Weiser Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Webb

6. DATE OF BIRTH (month, day, and year) March 4- 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Wesley H. Webb

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary A. Smith

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMENT (Address) L. H. Webb Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida. Date 7-21-, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED July 24, 1933 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Trouble, died before medical assistance arround.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. C. Northam Coroner M. D.

(Address) Weiser Idaho

RECEIVED AUG 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85779

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Washington
City of Weiser,

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 4
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aaron Hendon Barton

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 8 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mayfield Ky.

PARENTS

10. NAME OF FATHER Bentley Barton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn

12. MAIDEN NAME OF MOTHER Elizabeth Hendon

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ky

14. Informant Luke Barton
(Address) Weiser Idaho

15. Filed Aug 1, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 24, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 24, 1933
that I last saw him alive on July 23, 1933
and that death occurred, on the date stated above, at 10 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) age

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. A. Marshall M. D.
July 26, 1933 (Address) Weiser

19. Place of Burial, Cremation, or Removal	Date of Burial 19
Weiser Ida	

20. Undertaker Paul L. Case Address Caldwell Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED SEP 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85780

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Donnelly

(a) Residence. No. Bronx St. New York
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. CCC Camps

10. Date deceased last worked at this occupation (month and year) Aug. 1933

11. Total time (years) spent in this occupation 4 months

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Joseph Ray

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED Aug 18th, 1933 Dr. JW Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 17th, 1933, to Aug 18th, 1933.
I last saw him alive on Aug 18th, 1933: death is said to have occurred on the date stated above, at 3:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Shock & hemorrhage following Automobile accident.	
Other contributory causes of importance: ✓	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 17th, 1933
Where did injury occur? Near Harvard Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Thrown from Truck
Nature of injury Extensive Lacerations

24. Was disease or injury in any way related to occupation of deceased?
yes If so, specify On duty
(Signed) Dr JW Thompson, M. D.
(Address) Potlatch Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

85782 ✓

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85782

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 90

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME James H. Malone

(a) Residence. No. 31 Browning Avenue St. Yonkers, New York
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
18	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yonkers, New York
(State or country)

FATHER

13. NAME Walter Malone

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Cecelia Quinn

16. BIRTHPLACE (city or town) Louisiana
(State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New York, N.Y. Date Shipped 9/18/33

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-18, 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1933, to September 16, 1933

I last saw him alive on September 16 1933: death is said to have occurred on the date stated above, at 5:00p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from gas bacillus poisoning	

Other contributory causes of importance:

Compound, communited fracture right tibia and fibula with crushing injury to soft parts of leg, infected with B. Welchii or (profringens.

Name of operation Amputation Date of 9-12-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, [redacted]? Yes Date of injury 9-6, 1933

Where did injury occur? Martins Beach, Oregon
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Caught between trucks

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. FOSTER, M. D.

(Address) V.A., Boise, Idaho

RECEIVED SEP 27 1933

85783

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85783

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) 204
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dick E. Long

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. 9 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 5 1883

7. AGE Years 50 Months 5 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch
10. Date deceased last worked at this occupation (month and year) Aug 28
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Fishers Indiana

FATHER
13. NAME J. D. Eller
14. BIRTHPLACE (city or town) (State or country) Fisher Indiana

MOTHER
15. MAIDEN NAME Ida May Long
16. BIRTHPLACE (city or town) (State or country) New Britton Indiana

17. INFORMENT (Address) Ida M Eller Bonners Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Sept. 1 1933

19. UNDERTAKER (Address) H. R. C. Souch Bonners Ferry, Idaho

20. FILED 8-30, 1933 E E Guy B Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1933, to Aug 28, 1933
I last saw him alive on Aug 27, 1933; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death	
Myocardial degeneration	?

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R M Borrell M. D.
(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 29 1933

8-784

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85784

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 97
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Seymour Stone

(a) Residence. No. 315- 7th Ave, So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-4-66

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.Y.
(State or country)

FATHER
13. NAME Frank Seymour Stone
14. BIRTHPLACE (city or town) N.Y.
(State or country)

MOTHER
15. MAIDEN NAME Andrus
16. BIRTHPLACE (city or town) Pittsford N.Y.
(State or country)

17. INFORMENT (Address) Mrs F.S. Stone, Nampa, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 9-9, 1933
19. UNDERTAKER F.K. Robinson (Address) Nampa, Ida.
20. FILED Sept 29, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-6 1933
22. I HEREBY CERTIFY, That I attended deceased from 9-4-, 1933, to 9-6, 1933
I last saw h— alive on 9-6, 1933, death is said to have occurred on the date stated above, at 11:2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus.	9-4-33
Vegitative growth from heart to Carotid Artery.	
Other contributory causes of importance:	
Endocarditis & Cortitis.	1926

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Horton, M. D.
(Address) Nampa Idaho

H

RECEIVED OCT 1 1933

E 85785

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85785

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 39
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl Andrew Rice

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lera May Rice

6. DATE OF BIRTH (month, day, and year): May 25 1897

7. AGE: Years 36 | Months 4 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laborer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: John H Rice
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Sarah L Wilson
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): Lera Rice Rupert Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Cemetery Date: Sept 29 1933
19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho
20. FILED: Sept 28, 1933 E H Ehmke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933 to Sept 26, 1933
I last saw him alive on Sept 26, 1933: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia & Pleurisy	
Other contributory causes of importance: acute Cholecystitis	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) E H Ehmke, M. D.
(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933

85786

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85786

PLACE OF DEATH

County of Bonner

City of Lakeview

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Edward Dunphy

(a) Residence. No. ..... St. Kootenai Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wanda Dunphy

6. DATE OF BIRTH (month, day, and year): May 6, 1882

7. AGE — Years: 51 — Months: 4 — Days: 22 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Sept. 1933

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boston Mass.

FATHER

13. NAME: John Dunphy

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Wanda Dunphy Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Riverest Cem
Place Sandpoint Idaho Date Sept. 30, 1933

19. UNDERTAKER: L. G. MOON
(Address) Sandpoint Idaho.

20. FILED Sept. 29, 1933. Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown Chronic	
Heart Disease	
History Several Attacks	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) ..... Sandpoint Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85787

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clemson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maud Clemson

6. DATE OF BIRTH (month, day, and year): July 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): London England

FATHER

13. NAME: George Frederick Clemson

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Ann Sullivan

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Maud Clemson Kellogg. Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg, Idaho Date: Sept. 9, 1933

19. UNDERTAKER (Address): W. C. Thornhill Kellogg Idaho

20. FILED Oct. 10, 1933 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1933, to Sept 5, 1933

I last saw him alive on Sept 5, 1933: death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Peritonitis	8-27-33

Other contributory causes of importance:

Name of operation Laparotomy Date of 9-3-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-27 1933

Where did injury occur? Kellogg Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industries

Manner of injury Caught between Crane & Furnace Door.

Nature of injury Traumatic Peritonitis

24. Was disease or injury in any way related to occupation of deceased? In course of duty

If so, specify

(Signed) Harold T Cumberson, M. D.

(Address) Kellogg Idaho

RECEIVED OCT 5 1933

85788

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85788

PLACE OF DEATH
County of Bonn.
City of Ida-Falls.
Registration District No. 73
Primary Registration District No. 21, 17 Local Registrar's No. 177
(No Ida. Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hilber Ames Elliott

(a) Residence. No. St. Dubois, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries
10. Date deceased last worked at this occupation (month and year) June, -33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Unknown Elliott
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Margaret Allen Wood
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT C. Humphrey (Address) Ida. Falls
18. BURIAL, CREMATION, OR REMOVAL Place Ida. Falls Date Sept. 19 1933 Burial
19. UNDERTAKER C. Bruce (Address) Idaho Falls.
20. FILED Sept. 18, 1933 W. Hufman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16 1933
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Sept 16, 1933
I last saw him alive on Sept 16, 1933; death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteremia	About June 1, 1933
Osteomyelitis Skull tibia & fibula	July 1, 1933
Mitral regurgitation, myocarditis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 3 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85789

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. ~~230~~ 340

(No. 1519 Sherman Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Margaret Adams

(a) Residence. No. 1519 Sherman street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year): January 12th 1916

7. AGE: Years 17 | Months 8 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: In School.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: John Gardner Adams.

14. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

MOTHER

15. MAIDEN NAME: Alexanderina Ross.

16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMANT: J. Gardner Adams. (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 9/24/33

19. UNDERTAKER: Wm. McBratney (Address) Boise, Idaho.

20. FILED 9-23 1933. W. H. Rhode Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21/33

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1933., to ~~Sept.~~ 21, 1933.. I last saw her alive on ~~Sept.~~ 21, 1933.: death is said to have occurred on the date stated above, at 5:45 P. M. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	Feb. 1929
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. D. Anthony, D. C. M. E.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Lanbaugh.

DO NOT WRITE IN THIS SPACE

State File No. 85790

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 227

(No. 1005. Warm Springs Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Davison.

(a) Residence. No. 1005. Warm Springs Avenue. St. 129
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dianna Davison

6. DATE OF BIRTH (month, day, and year) Nov. 18. 1849.

7. AGE: Years 83 | Months 9 | Days 16. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Thomas Davison.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. C.G. Brinck. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Sept. 7. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 9-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/30/, 1933, to 9/4/33, 193..

I last saw him alive on 9/4/33, 193..: death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930.

Other contributory causes of importance:

Prostatic Hypertrophy	(?)

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Ernest E. Lanbaugh

(Signed) ..., M. D.

(Address) Boise, Idaho.

RECEIVED

Collisty.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85791

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 220

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 b

2. FULL NAME George Lorimer Doughty.

(a) Residence. No. 1709. West Jefferson Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 4.1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME David Doughty.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) David. J. Ketchen. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Armstrong, Iowa. Date Sept. 10, 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 9-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1933, 1933, to Sept 3, 1933

I last saw him alive on Sept 4, 1933: death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo Collister, M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85792

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 225

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Lee House

(a) Residence. No. ..... St. Eagle, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 15-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eagle, Ida

FATHER
13. NAME Anthoney Lee House
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Josephine Jullion
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Anthony Lee House Eagle, Ida
18. BURIAL, CREMATION, OR REMOVAL Place St. John's Cem. Date 9-3-33, 193
19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida.
20. FILED 9-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-2 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 193..., to ..., 193...
I last saw h. alive on Sep 2, 1933; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal nutrition.	
insufficient milk	
Other contributory causes of importance:	
Pemphigus neonatorum	Aug 18,

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. W. Robinson, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Boise

DO NOT WRITE IN THIS SPACE
State File No. 85793

Registration District No. #2
Primary Registration District No. 1004 Local Registrar's No. 224
(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Ball
(a) Residence. No. Meridian Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced ~~[illegible]~~ Mrs Anna Ball
6. DATE OF BIRTH (month, day, and year)
7. AGE 61 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country) Bedford

FATHER
13. NAME Wilson Ball
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Mrs Goodwin
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT Clifford Ball
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Date 9-3, 1933

19. UNDERTAKER W. H. Mateer, M.M.Mc
(Address) Meridian Idaho

20. FILED 9-1, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1933, to Sept. 1, 1933
I last saw him alive on Sept. 1, 1933: death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Embolism	
Post operative -	9/1/33

Other contributory causes of importance:
1) Abdominal adhesions
2) Partial intestinal obstruction
3) Left Inguinal Hernia
Name of operation Abdominal section Hernia Date of 8-31-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

RECEIVED [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85795

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 92

(No. Boise, Idaho. Route #1)
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Clarence Pearson Cummings.

(a) Residence. No. Boise, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Cummings.

6. DATE OF BIRTH (month, day, and year) December 27th 1849

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
83	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Merchant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler Co. Pa.

MOTHER FATHER

13. NAME John B. Cummings.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eveline Pearson.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. C. P. Cummings.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 9/23/33

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 9-25 1933. W. H. Rhode
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20/33

22. I HEREBY CERTIFY, That I attended deceased from Aug 22nd 193.3., to Sept 20., 193.3.

I last saw him alive on Sept 20, 193.3: death is said to have occurred on the date stated above, at 11:50 P.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
with cardiac failure	

Other **contributory causes** of importance:

Senility	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) J. P. Spangler M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City or Ada Franklin Dist. Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85796

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 91

(No. 4 mi. W of Boise on Hiway) 19

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy W. Leach

(a) Residence. No. ..... St. Bingham Canyon Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar. 1, 1894

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
~~About 45~~ 39	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Elkhart, Ind. ~~Not Obtainable~~ " " " " " "

MOTHER/FATHER

13. NAME: Cyrus Leach " "

14. BIRTHPLACE (city or town) (State or country): Elkhart, Ind. " "

15. MAIDEN NAME: Alta Unsbee " "

16. BIRTHPLACE (city or town) (State or country): New City, Ill. " "

17. INFORMANT (Address): J. T. McCann Boise Idaho Cyrus Leach Big River, Sask.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 9/22, 1933

19. UNDERTAKER: Schreiber & McCann
(Address): Boise Idaho

20. FILED: 9-22, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from " " ....., 193..., to " " ....., 193....
I last saw him alive on ------, 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot Wound, Inflicted	
By E. G. Elliott. In Self	
Defense,	
Justifiable Homicide,	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. S. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy W. Leach

(a) Residence. No..... St. Bingham Canyon
(Usual place of abode) (If nonresident give city or town and state) Utah
Length of residence in city or town where death occurred.—yrs.—mos.—ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1st 1894 Thursday.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	39	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Elkhart Ill.
(State or country)

MOTHER FATHER

13. NAME Lyman Leach

14. BIRTHPLACE (city or town) Elkhart Ill
(State or country)

15. MAIDEN NAME Alta Unobee

16. BIRTHPLACE (city or town) New City Ill.
(State or country)

17. INFORMANT Lyman Leach
(Address) Big River Sask

18. BURIAL, CREMATION OR REMOVAL
Place..... Date....., 193..

19. UNDERTAKER .....
(Address)

20. FILED....., 193... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ....., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85797

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 89

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Homer N. Wilcox

(a) Residence. No. 1803 Idaho Street, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 5, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Lemuel Wilcox

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Beatrice Parrish

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 9-15, 1933

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9/14, 1933 W.H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1933 to September 13, 1933

I last saw him alive on September 13 1933. death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, subacute, toxic, severe	
Pneumonia, bronchial	

Other contributory causes of importance:

Bronchitis, chronic
Tuberculosis, pulmonary, chronic, active; Emphysema, chronic, pul. severe.

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Attorney

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85798

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Magdalena Maier

(a) Residence. No. Near Cole School. R.F.D. #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Maier

6. DATE OF BIRTH (month, day, and year) 12/21/1859

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Isnanig
(State or country) Germany

MOTHER/FATHER

13. NAME Leonard Perhammer

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Kathryn Maier

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT (Address) Joseph Maier Jr. RT. #2 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 9/12, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9/12, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/10 1933

22. I HEREBY CERTIFY That I attended deceased from 9-8 1933, to 9-10 1933, I last saw h[illegible] alive on 9-8, 1933.: death is said to have occurred on the date stated above, at .....m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	9/6 or 7/33
Other **contributory causes** of importance:	
Senility	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

RECEIVED OCT 13 1933

Taylor ✓

PLACE OF DEATH

County of Boise

City of Ada

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85799

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 87

(No. Boise, Idaho. Route #4.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilbur M. Garretson

(a) Residence. No. Boise, Idaho. Route #4. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

204

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ M. Adda Garretson

6. DATE OF BIRTH (month, day, and year) November 17th 1866

7. AGE Years 66 Months 9 Days 22 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zanesville, Ohio

FATHER

13. NAME C. F. Garretson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Jane Mills

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Homer Garretson Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 9/12/33 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 9-12 193.. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1933, to Sept. 9th, 1933.
I last saw him ~~alive on~~ few minutes after death, 193.. death is said to have occurred on the date stated above, at 12:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death from probably coronary occlusion	
Other **contributory causes** of importance: Chronic Myocarditis with mild anginal attacks, for some time	Several years

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. Taylor, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85800

Registration District No. St Lukes Hospital

Primary Registration District No. 1004 Local Registrar's No. 235

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Helen Beard

(a) Residence. No. ..... St. Meridian
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 17, 1923

7. AGE Years 10 Months 5 Days — If LESS than 1 day.... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** In school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME James R. Beard

14. BIRTHPLACE (city or town) Humboldt (State or country) Ga.

MOTHER

15. MAIDEN NAME Ethel Fronberg

16. BIRTHPLACE (city or town) Ogden (State or country) Utah

17. INFORMANT (Address) J R Beard Star Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Id. Date 9/19 1933

19. UNDERTAKER (Address) B W Robison Meridian Idaho

20. FILED 9-18, 1933. W H Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1933, to Sept 17th, 1933.

I last saw her alive on Sept 16, 1933: death is said to have occurred on the date stated above, at 645 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured appendix with extensive peritonitis	10 days
Other **contributory causes** of importance: Valvular heart disease, Mitral regurgitation	3 years

Name of operation ..... Date of .....

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) S. M. Taylor, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85801

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 284

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James B. Stanfield.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August.23.1864

7. AGE Years 79 Months 0 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER
13. NAME William Stanfield.
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) T. B. Stanfield. Ely. Nevada.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Home Cemetery Date Sept. 16, 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 9/16, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sep 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep 7th, 1933, to Sep 13th, 1933
I last saw him alive on Sep 13th, 1933: death is said to have occurred on the date stated above, at 100 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy -	
paralyzed from Sep 7th to Sep 13th	

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) John Bouck, M. D.
(Address) Boise Ida

RECEIVED OCT 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85802

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 241
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Lee Sexton.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 25th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Clyde R. Sexton.
14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER

15. MAIDEN NAME Marcella Scwader.
16. BIRTHPLACE (city or town) Kansas.
(State or country)

17. INFORMANT Clyde R. Sexton.
(Address) Boise, Idaho. Route #2.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 9/25/33

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 9-25, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25/33

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933, to ....., 193.3.
I last saw him alive on Sept 25, 1933.: death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature (2 months)	Sept 25-1933
Other **contributory causes** of importance: Placenta-Previa.	Sept 24-1933

Name of operation none Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Orval T. Hoskins, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85803

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 244

(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Wesley Jackson

(a) Residence. No. 328 E Bonneville St. 160
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burial Idaho

FATHER

13. NAME Ray Jackson

14. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

MOTHER

15. MAIDEN NAME Eula Clapsaddle

16. BIRTHPLACE (city or town) (State or country) Fletcher Utah

17. INFORMANT (Address) Ray Jackson Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-24 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 9-27 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1933 to Sept 23 1933
I last saw h[illegible] alive on Sept 23 1933: death is said to have occurred on the date stated above, at 3:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital defect in Cardio vascular tract Unable to swallow	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Rhodes M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

a-Borch

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

Dr Budge

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85804

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 245

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Richard Samial Swain.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 27. 1933.

7. AGE Years Months Days If LESS than 1 day hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho.

FATHER

13. NAME Richard Swain

14. BIRTHPLACE (city or town) Arcadia
(State or country) Kansas.

MOTHER

15. MAIDEN NAME Elma Doris.

16. BIRTHPLACE (city or town) Orchard.
(State or country) Idaho.

17. INFORMENT Richard Swain.
(Address) R.#.1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Sept. 28 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 9-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933, to Sept 27, 1933

I last saw he alive on Sept 27, 1933; death is said to have occurred on the date stated above, at 9 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure to Breath (Respiratory Paralysis)	

Other contributory causes of importance:

None - Normal confinement & delivery -

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Budge Jr. M.D., M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT [illegible] 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85805

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 246

(No. 1220 North 16 St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ina Hall Simons

(a) Residence. No. 1220 N. 16th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Simons

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta, Idaho.

FATHER

13. NAME Dr. O. W. Hall

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Allie Bostwick.

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMENT (Address) Fred Simons Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Dist. Idaho Date Sept 29, 1933

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho.

20. FILED 9-28-33, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/26/, 193 3 to 9/26/33, 193.
I last saw h. alive on 9/26/, 193 3; death is said to have occurred on the date stated above, at 9 40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/26/33.
Other contributory causes of importance: Hypertension	(?)

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify no
(Signed) Ernest E. Lanham, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85806

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 242

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Angeline F. Mahan.

(a) Residence. No. 1023 Washington. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 45 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lexington.
(State or country) Ill.

FATHER

13. NAME Jacob Curtis Mahan.

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Poor.

16. BIRTHPLACE (city or town)
(State or country) Maine.

17. INFORMENT Pearl Tyer.
(Address) 1023 Washington st. Boise. Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Sept25, 193 3

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho.

20. FILED 9-25, 193 3 W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 23, 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death unknown but natural. Christian Scientist with no Medical Doctor in attendence.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCain Coroner M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 16 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85807

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 243
(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George E. Butler.

(a) Residence. No. 527 Warren Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie C. Butler.

6. DATE OF BIRTH (month, day, and year) December 19th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monmouth, Ill.

FATHER

13. NAME Wm. Cook Butler.
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca ---------
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT (Address) Mrs. Cora Bennett. Burley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Fill Cem. Date 9/26/33

19. UNDERTAKER (Address) Wm. McBratney. Boise Idaho

20. FILED 9-26 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/24/33

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Sept 24, 1933.
I last saw him alive on Sept 23 1933.; death is said to have occurred on the date stated above, at 1:45 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 Hypertension	
a Arteriosclerosis	
2 Glaucoma	
a Apoplexy	
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. H. Wahle, M. D.
(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 S 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85808

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 230

(No. 743 E. Jefferson.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephan John Cooper

(a) Residence. No. 743 E. Jefferson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 22nd 1888

7. AGE: Years 45 | Months 7 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Marble worker.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cassia Co. Idaho.

FATHER

13. NAME: Vincent J. Cooper.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Julia Ann Hawkins.

16. BIRTHPLACE (city or town) (State or country): Salt Lake, Utah.

17. INFORMANT: Mrs. Kittie Howard. (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Place Morris Hill Cem. Date 9/24/33

19. UNDERTAKER: Wm. McBratney. (Address) Boise, Idaho.

20. FILED 9-23, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/21/33

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to Sept. 21, 1933.

I last saw him alive on Sept 21, 1933; death is said to have occurred on the date stated above, at 1:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 months ago,

Other **contributory causes** of importance:

Name of operation Laparotomy Date of Aug 4/33

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ayres Budge Jr. M.D., M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85809

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 229
(No. St Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161a

2. FULL NAME Baby Lepper

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-7-33

7. AGE Years Months Days If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

FATHER
13. NAME E. Brayton Lepper
14. BIRTHPLACE (city or town) (State or country) Boise Idaho

MOTHER
15. MAIDEN NAME Helen E. Miller
16. BIRTHPLACE (city or town) (State or country) Webb City Missouri

17. INFORMENT (Address) Mrs Bessie Lepper Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Home Date 9-8, 1933

19. UNDERTAKER (Address) Parants

20. FILED 9-8, 1933 W H Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sep 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep 7, 11.35 a.m. 1933, to Sep 7, 10 8 m, 1933
I last saw him live on Sep 7, 5.30 p.m. 1933: death is said to have occurred on the date stated above, at 10 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature rupture of Membranes & Prematurity 24 wk pregnancy	Sep 3, 1933

Other contributory causes of importance:
None known

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) T. N. Brayton, M. D.
(Address) .....

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85810

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 228

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth E. Gilbert

(a) Residence. No. 622 1/4 South 13th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 26th. 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Carson City,

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Burt Gilbert

14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER

15. MAIDEN NAME Maud Hawes

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMENT (Address) Maude Gilbert Carson City Mich

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 9-9-1933 Morris Hill

19. UNDERTAKER Schreiber & McCann (Address) Boise Ida

20. FILED 9-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Sept 6, 1933.

I last saw him alive on Sept 6, 1933; death is said to have occurred on the date stated above, at 1:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swindell M. D.

(Address) 513 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85811

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Frank M. Chapman

(a) Residence. No. 30th. and Pleasanton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Chapman

6. DATE OF BIRTH (month, day, and year)
October 27, 1853

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calaveris Co.
(State or country) California

MOTHER FATHER

13. NAME Nathaniel Chapman

14. BIRTHPLACE (city or town) Not Known
(State or country)

15. MAIDEN NAME Margaret Dugan

16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Frank M. Chapman Jr.
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/6/33 193..

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 9-6.., 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) September 3, 1933 193

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to July 18, 1933.
I last saw him alive on July 18, 1933. death is said to have occurred on the date stated above, at 9.30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal	
disease	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Wedman, M. D.
(Address) Boise, Idaho

RECEIVED OCT 13 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85812

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 82

(No. Riverside Station)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Theodore Reiman

(a) Residence. No. Riverside Station St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Reiman

6. DATE OF BIRTH (month, day, and year) May 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oldenburg Germany

FATHER

13. NAME Carl Reiman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Paul T. Reiman Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 9-4-33, 193..

19. UNDERTAKER W. McBratney (Address) Boise, Idaho.

20. FILED 9-1-, 1933. W. A. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/1/33

22. I HEREBY CERTIFY, That I attended deceased from August 22., 1933., to August 31., 193.3. I last saw him alive on 8/31., 193.3.; death is said to have occurred on the date stated above, at 5:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage of the brain	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. Callista, M. D.

(Address) Boise, Idaho

RECEIVED OCT 18 [illegible]

Stewart

PLACE OF DEATH

County of Boise

City of Ada

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85813

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 233

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John M. Morgan

(a) Residence. No. South Mountain, Idaho., near Jordon Valley, Ore. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. Morgan

6. DATE OF BIRTH (month, day, and year) April 2nd 1862

7. AGE Years 71 Months 5 Days 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Morgan Morgan.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT (Address) Clarence Morgan. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 9/13/33

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 9/14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/10/33

22. I HEREBY CERTIFY, That I attended deceased from December 22 1932, to Sept. 10, 1933.

I last saw him alive on Sept. 10 1933: death is said to have occurred on the date stated above, at 7 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Oct 1932

Other **contributory causes** of importance:

Ancient Gastric Ulcer	1926.

Name of operation Gastroenterostomy Date of 9-9-33

What test confirmed diagnosis Dissection Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Stewart, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85815

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 231

(No. Owyhee Hotel.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Frederick Smith.

(a) Residence. No. Owyhee Hotel. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Helen Smith.

6. DATE OF BIRTH (month, day and year) Aug. 11. 1865.

7. AGE Years 68. Months Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Medical Doctor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond. (State or country) Va.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT Mrs Helen Smith. (Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Cremation. Place Portland, Oregon. Date Sept. 10. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 9-11, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9-9, 1933, to Emergency Call, 193
I ~~last saw him alive on~~, 193 : ~~death is said~~ to have occurred on the date stated above, at 5 00 A m.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 1928 approx
(Previous Physicians Dr James Stewart Boise Ida)

Other contributory causes of importance: Cerebral Embolus. 9-9-33 Immediate

Name of operation No Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R D Emerton M.D. M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85816

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 280

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Michael Gardiner

(a) Residence. No. St. New Plymouth Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) —

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 4-1933

7. AGE Years — Months 3 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise Ida
(State or country)

FATHER
13. NAME Thomas R Gardiner
14. BIRTHPLACE (city or town) Butte Mont
(State or country)

MOTHER
15. MAIDEN NAME Marie Sherwood
16. BIRTHPLACE (city or town) Mo. Valley Iona
(State or country)

17. INFORMENT Thos R. Gardiner
(Address) New Plymouth, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place New Plymouth Date Sept 10, 1933

19. UNDERTAKER Schreiber McClain
(Address) Boise Ida

20. FILED 9-9, 1933 W H Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1933, to Sept. 9, 1933
I last saw him alive on Sept 9, 1933: death is said to have occurred on the date stated above, at 4:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept. 6.

Other contributory causes of importance:

Congenital tricuspid valvular insufficiency	First known Aug. 31 '33

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harmon Bremaine, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

E.E.L.

RECEIVED OCT 13 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85817

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 286

(No. 1817 N. 9th. St. Boise, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Hallie Margaret Herrick

(a) Residence. No. 1817 N. 9th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy E. Herrick

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1883

7. AGE: Years 50 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carbondale Illinois

FATHER

13. NAME Wm. Harrison Brewster

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Roy E. Herrick Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 9-20-33, 193..

19. UNDERTAKER (Address) W. McBratney Boise, Idaho

20. FILED 9-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 17, 1933 193

22. I HEREBY CERTIFY, That I attended deceased from 9/21/, 1938, to 9/17/, 1933.

I last saw her alive on 9/09/, 1933, death is said to have occurred on the date stated above, at 1.50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9/17/33
Epilepsy	1927
Diabetes Mellitus	1927

Other **contributory causes** of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Ernest E. Lauber, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85818

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 287

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin David Pierce

(a) Residence. No. Route # 1 Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

FATHER

13. NAME Clayton Pierce
14. BIRTHPLACE (city or town) Boise (State or country) Idaho

MOTHER

15. MAIDEN NAME Fanchon Walker
16. BIRTHPLACE (city or town) Fort Benton (State or country) Montana

17. INFORMANT Clayton Pierce (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/17/33

19. UNDERTAKER W. McBratney (Address) Boise, Idaho

20. FILED 9-20 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 '33 to ..., 193...
I last saw h. alive on Sept. 16 1933: death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart;	
Blue Baby;	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. Coats M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85819

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 236

(No. 1202 North 16th. St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME George Bayhouse

(a) Residence. No. 1010 O'Farrell St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24th. 1856.

7. AGE Years 77 Months 1 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Florist

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 26 Years

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER

13. NAME William Bayhouse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Luise Bertram

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Henry Bayhouse Boise

18. BURIAL, CREMATION OR REMOVAL Pioneer cemtery.

Place Boise, Ida. Date 9-21, 1933

19. UNDERTAKER (Address) Schreiber & McCann, Boise, Idaho

20. FILED 9-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Sep 20, 1933

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senately	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Geo Callister, M. D.

(Address) .....

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85820

PLACE OF DEATH
County of Ada
City of Shatlin Flats Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 19
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Augusta La Fond. 1000

(a) Residence. No. P.O. address Mountain Home, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm La Fond.

6. DATE OF BIRTH (month, day and year) 2-6-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Missing

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Milford La Fond. Mt. Home Ida.

15. Filed Oct 2 1933 A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-27- 1933, to 9-29- 1933
that I last saw her alive on 9-27- 1933
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of -
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J E Evans, M. D.
10-1- 1933 (Address) Mtn. Home Ida

19. Place of Burial, Cremation, or Removal: Boise Idaho. Date of Burial: 10-2 1933

20. Undertaker: G. G. Barker. Address: Mt. Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1933

PLACE OF DEATH

County of Adams

City of Fruitvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No. ____ Local Registrar's No. 48

DO NOT WRITE IN THIS SPACE
State File No. 85821

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Robertson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 42 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Harp.

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
81	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ra ncher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Barry County Mo.

FATHER

13. NAME Mr. Robertson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sarah Harp.

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs. James Ward daughter Fruitvale.

18. BURIAL, CREMATION, OR REMOVAL Place Winkler Cemetery Date Sept 28, 1933

19. UNDERTAKER (Address) Robt. Young. Council.

20. FILED 10/10/33, 193 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Sept 24, 1933, 193...

I last saw him alive on Sept 24, 1933: death is said to have occurred on the date stated above, at 1:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan carditis	one ye

Other contributory causes of importance:

Senility	one year

Name of operation ____ Date of ____

What test confirmed diagnosis? clincal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ____, 193...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Alvin S. Thurston M. D.

(Address) Emmett Idaho

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85822

PLACE OF DEATH
County of Adams
City of Indian Valley

Registration District No. 77
Primary Registration District No.
Local Registrar's No. 49

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward, Ray, Patton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Maried

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Patton

6. DATE OF BIRTH (month, day, and year): Aug 25 1852

7. AGE: Years 80 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Demois Iowa

FATHER
13. NAME: Wm Patton
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): 2 " Patton Indian Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address): J A Hudelson

20. FILED 8-18-, 193 3 Registrar.

OCT 11 1933

Alvin S. Thurston M.D.
DR. H. F. WHITEMAN
CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to June 19, 1931
I last saw him alive on June 19, 1931: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	

Other contributory causes of importance:

Apoplexy

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. F. Hunt, D.C., M.D.
(Address) Cambridge

RECEIVED OCT 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85823

PLACE OF DEATH
County of Adams
City of Wildhorse

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 50
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd Grant Heminger
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 21, 1923.

7. AGE Years 9 Months 10 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schollay
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ashford Wash.

PARENTS
10. NAME OF FATHER Philmore Millard Heminger
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa.
12. MAIDEN NAME OF MOTHER Pearl Canfield.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Washington.

14. Informant (Address) Father

15. Filed Oct 10, 1933. Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 12th (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h... not seen by me. ..... 19.....
and that death occurred, on the date stated above, at 7:00 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Drowned. Fell in Wildhorse Creek when crossing foot bridge.
Body not recovered until September 9th 1933 about 4½ miles below place of accident
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Alvin S. Thurston MD, M. D.
Sept 16, 1933 (Address) Council. Ida.

19. Place of Burial, Cremation, or Removal at home. Date of Burial Sept 10th 1933

20. Undertaker Family. Address Wildhorse.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 13 19

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 89
Primary Registration District No. 2100
(No. ..... St.)

File No. 85824
Registered No. 17

1. PLACE OF DEATH

County of Bannock

City of Downey Ida

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Clegg

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	married

6. DATE OF BIRTH: March (Month) - 29 (Day) - 1855 (Year)

7. AGE: 48 Yrs. 5 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Downey, Idaho

10. NAME OF FATHER: William Clegg

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Vanoy

13. BIRTHPLACE OF MOTHER (State or Country): Richmond Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alma Anderson
(Address) Downey Idaho

15. Filed Sept - 20 - 1933 Mary C. Coffin Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September (Month) - 8 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April - 17 - 1932 to Sept - 8 - 1933 that I last saw him alive on Sept - 1 - 1933 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach
(Duration) One ? Yrs. mos. ds.
Contributory (Secondary) History & Gastric ulcer for about 20 years preceding.
(Duration) yrs. mos. ds.

(Signed) D. J. Harrington M. D.
9-9-1933 (Address) Downey, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey, Idaho. DATE OF BURIAL: 9 - 10 - 1933

20. UNDERTAKER: None ADDRESS —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85825

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 170
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Coral Meadows Glorfield
(a) Residence. No. Idaho Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of William F. Glorfield
6. DATE OF BIRTH (month, day, and year): Aug. 11, 1897.
7. AGE: Years 36, Months 1, Days 17; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Upton, Utah.

FATHER
13. NAME: F. R. Meadows
14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER
15. MAIDEN NAME: Caroline Davis
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): William F. Glorfield, Idaho Falls, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: American Falls, Ida. Date: Oct. 1, 1933.
19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.
20. FILED Sept. 29, 1933. D C Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 28, 1933.
22. I HEREBY CERTIFY, That I attended deceased from 9/25/33, 193..., to 9/28/33, 193...
I last saw h..... alive on ....., 193...; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Toxemia	
Likely Botulinus (Not conserved by the Sanitary exam)	

Other contributory causes of importance:
Operative Dilation & cauterizing of cervix 9/25/33

Name of operation ..... Date of .....
What test confirmed diagnosis? Thymol Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) O. F. Call, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85826

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 21
Primary Registration District No. 216 1
Local Registrar's No. 169

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

#1

2. FULL NAME Ruby E. Rupp

(a) Residence. No. 256 Randolph Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Earl Rupp

6. DATE OF BIRTH (month, day, and year): May 13, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Etna, Wyoming.

FATHER

13. NAME: Alonzo Baker

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Anna Telford

16. BIRTHPLACE (city or town) (State or country): Lewiston, Utah.

17. INFORMENT (Address): Earl Rupp Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Sept. 27, 1933.

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED: Sept. 26, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 25, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933, to Sept 25, 1933
I last saw h alive on Sept 24, 1933: death is said to have occurred on the date stated above, at 2:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastasis in the liver	

Other contributory causes of importance:
Right breast amputated four years ago for Ca

Name of operation: large radical Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 1933
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Carcinoma
(Signed) A. W. Hall M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Bannock

City of Robin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85827

Registration District No. 2 8
Primary Registration District No. 2161
Local Registrar's No. 167

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John B. Chedgzey

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 15, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales.

FATHER

13. NAME James Chedgzey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. John B. Chedgzey Robin, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date Sept. 27, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 26, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h....alive on ....., 193.....: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate Cause of death not known Probable Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur W Hall Coroner, M. D.

(Address) Pocatello, Idaho.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85828

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 166

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Florence Fallon 188b

(a) Residence. No. Carbon Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of M. V. Fallon

6. DATE OF BIRTH (month, day, and year) Nov 18, 1877

7. AGE Years 55 Months 10 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Stephen A Johnson
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Ann Newland
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) M. V. Fallon Pocatello Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Sept 24, 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello Idaho

20. FILED Sept 23 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932, 193..., to Sept, 1933.
I last saw her alive on Sept 21, 1933: death is said to have occurred on the date stated above, at 1:40 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	1 day

Other contributory causes of importance:
Pulmonary hemorrhage
General debility

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85829

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 24
Primary Registration District No. 2161
Local Registrar's No. 165

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ann Capell

(a) Residence. No. 735 West Bridger St. Robin, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Joseph E. Capell

6. DATE OF BIRTH (month, day, and year): Dec. 1, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

FATHER

13. NAME: Abram Romriell

14. BIRTHPLACE (city or town) (State or country): France.

MOTHER

15. MAIDEN NAME: Mary Marley

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Chas. W. Capell, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Robin, Idaho. Date Sept. 22, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Sept. 22, 1933. D Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 20, 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to Sep 20, 1933.
I last saw her alive on Sep 18, 1933: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Capell, M. D.
(Address) Pocatello, Idaho.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85830

PLACE OF DEATH
County of Bannock
City of Pocatello Idaho
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Hamilton Yarger 43

(a) Residence. No. 1800 So. 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1. 1854

7. AGE Years: 82 Months: 6 Days: 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsboro Ohio

FATHER
13. NAME Yarger
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) Mary Ellen Yarger Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Daniels Wyo. Date Sept 24 1933

19. UNDERTAKER (Address) H. L. McMahan Pocatello, Idaho

20. FILED Sept 21 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933, to Sept 20, 1933
I last saw him alive on Sept 20, 1933: death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Jaw. Date of onset: Past two years

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85832

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 161

(No.) Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fae Williams

(a) Residence. No. 1026 East Wyeth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of J. E. Williams

6. DATE OF BIRTH (month, day, and year): June 29, 1896.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri.

FATHER

13. NAME: Timothy Gunn

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Mae Lowery

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): J. E. Williams Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Portland, Ore. Date: On Arrival, 193

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED: Sept. 21, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Sept 19, 1933
I last saw he alive on Sept 19, 1933; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1923
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. A. Brothers M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85833

PLACE OF DEATH
County of Bannock
City of Pebble llo
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 160
(No. Sheep Camp, Pebble, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Wm. D. Orgill

(a) Residence. No. Bancroft, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep-herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portage,
(State or country) Utah.

FATHER

13. NAME Wm. Orgill

14. BIRTHPLACE (city or town)
(State or country) England.

MOTHER

15. MAIDEN NAME Almira Hall

16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMENT Nephi B. Orgill
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place McCammon, Idaho. Date Sept. 26, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Sept. 26, 1933. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury to head.	
Wounds inflicted by person or persons unknown. The jury did not believe this to be suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ?, Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur W Hall Coroner, M.D.

(Address) Pocatello, Idaho.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85834

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 159

(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Sonya D. Sexty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Sept. 11th 1933

7. AGE: Years | Months | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Millard G. Sexty
14. BIRTHPLACE (city or town) (State or country): Astoria Oregon

MOTHER
15. MAIDEN NAME: Lois Brooks
16. BIRTHPLACE (city or town) (State or country): Portland Oregon

17. INFORMENT (Address): Millard G. Sexty 109 Wooley Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Mt View Cem. Date: Sept 18, 1933

19. UNDERTAKER (Address): McHan Undertaking Co. Pocatello Ida.

20. FILED 9-17, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Sept 16, 1933
I last saw her alive on Sept 16, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adelectasis	
Congenital heart	
Atresia of cardiac	
End of stomach	

Other contributory causes of importance:

Name of operation: [illegible] Date of: –
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Green.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85835

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 157
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 F

2. FULL NAME Eliza Ann Clark

(a) Residence. No. 831 South 9th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Thomas Clark

6. DATE OF BIRTH (month, day, and year): Nov. 13, 1852.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): London, England.

FATHER

13. NAME: Wilson Simons

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Harriott Pinnor

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Mrs. John Cammeron, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Salt Lake City, Ut. Date: Sept. 7, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Sept. 5, 1933. D. O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 4, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 9-1-33, 193..., to 9-4-33, 193...

I last saw her alive on 9-3-33, 193...: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	
(b) [illegible]	

Other contributory causes of importance:

Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. F. Call, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85836

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 153

(No. General Hospital Pocatello
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Joe Balada

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 76 Months Days — If LESS than 1 day, hrs. or min.

given to Hospital on entry

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Minnie Rasmussen Dept Pocatello Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt View Cem Date Sept 2, 1933

19. UNDERTAKER (Address) K. L. McHan Pocatello Idaho

20. FILED Sept 2, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Sept 1, 1933.

I last saw him alive on Sept 1, 1933: death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Senility
Gastritis
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Iourn, M. D.

(Address) Poc.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85837

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 168

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

4'

2. FULL NAME San Juanita Garcia

(a) Residence. No. R. R. yards St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1930

7. AGE Years 3 Months 7 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Pricillano Garcia
14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER
15. MAIDEN NAME Felix Ferris
16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMENT (Address) Pricillano Garcia

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Sept., 1933

19. UNDERTAKER (Address) Downards Funeral Home Pocatello Idaho

20. FILED 9-26, 1933 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933, to Sept 25, 1933
I last saw her alive on Sept 25, 1933: death is said to have occurred on the date stated above, at 5:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Blood poisoning	
left foot	

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 9-4, 1933
Where did injury occur? at her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Now Baby
Manner of injury cut foot on glass
Nature of injury cut left foot on glass

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. Lynn, M. D.
(Address) Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85838

Registration District No. 2 V
Primary Registration District No. 2161
Local Registrar's No. 155

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Miss Elizabeth Driscoll

(a) Residence. No. 1036 N. Hayes St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Albans Vermont

FATHER

13. NAME Michael Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Keenan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. F. H. Cooper 1036 N. Hayes

18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date Sept. 4, 1933

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello Idaho

20. FILED 9-3, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Sept 1, 1933
I last saw her alive on Sept 1, 1933; death is said to have occurred on the date stated above, at 6:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Diabetes	

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in anyway related to occupation of deceased?
No If so, specify
(Signed) H. C. Dawson, M. D.
(Address) Pocatello Idaho

RECEIVED OCT 5 1933

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85839

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 154

(No. St. Anthony's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Mrs. Lizzie Conley Lyons

(a) Residence. No. 548 W. Wyeth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. ~~If married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Con Lyons

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1872

7. AGE Years 60 Months 11 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

FATHER
13. NAME Albert Baker
14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER
15. MAIDEN NAME Dora Huneke
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT Mrs. H. G. Proctor
(Address) 548 W. Wyeth

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Date Sept. 5, 1933

19. UNDERTAKER Downard's Fun. Home
(Address) Pocatello, Idaho

20. FILED 9-3, 1933 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Sept 2, 1933
I last saw her alive on Sept 2, 1933: death is said to have occurred on the date stated above, at 9:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Empyema	
Gall bladder	
Toxaemia	

Other contributory causes of importance:
Chr. Empyema
of gall bladder

Name of operation Cholecystectomy Date of 8/31/33
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. C. Jowin, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85840

PLACE OF DEATH
County of Bannock
City of Bancroft
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 19

(No. Co Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Sarah June Gilbert Moser

(a) Residence. No. Bancroft, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Alma A. Moser

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8/33

11. Total time (years) spent in this occupation all

12. BIRTHPLACE (city or town)
(State or country) Alma, Wyo

FATHER

13. NAME Jess Gilbert

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Harris

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMENT Kenneth A. Moser
(Address) Bancroft, Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Whitney, Idaho Date 10/2/33, 193

19. UNDERTAKER Lindquist
(Address) Logan, Ut

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from 9/28/33, 193, to 9/30/33, 193

I last saw her alive on 9/28/33, 193; death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sup. Maxillary	D.K.

Other contributory causes of importance:

None

Name of operation 0 Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ellis Rackley M. D.

(Address) Soda Springs Ida

RECEIVED OCT 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85841

PLACE OF DEATH

County of Bannock

City of Thatcher

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emanuel Crossley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lucy Bennett Crossley

6. DATE OF BIRTH (month, day, and year) Sept 12 1876

7. AGE Years 56 Months 10 Days 16 If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Lucy Crossley

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher Id. Date July 30, 1933

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Sept 30, 1933 Mrs G. J. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-27-33 193

22. I HEREBY CERTIFY, That I attended deceased from August-1932, 193..., to 7-27-33, 193...

I last saw him alive on 10-28-32, 193...: death is said to have occurred on the date stated above, at 4:00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [signature], M. D.

(Address) Grace Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED OCT 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85842

PLACE OF DEATH

County of Bannock
City of Bancroft, Ida

Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME John Eliason Kelly

(a) Residence. No. Bancroft, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June-25, 1932

7. AGE	Years	Months	Days	If LESS than 1 day,
	1	1	17	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho

PARENTS

10. NAME OF FATHER Teller H. Kelly

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Marie M. Eliason

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Taken from Birth report by Mrs. G.G.Fitz, Registrar
(Address)

15. Filed Aug, 31, 1933 Mrs. G.G. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug, (Month) 11, (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August, 1929, 1933, to Aug, 11, 1933
that I last saw him alive on Aug, 11 -1933, 1933
and that death occurred, on the date stated above, at 6;45 A.M. m.

The CAUSE OF DEATH* was as follows:

Intestinal Infection.
Ptomaine Poisoning, cause unknown

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? medical examination

(Signed) G.G. Fitz, M. D.

Aug, 15, 1933 (Address) Bancroft, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Bancroft,	Aug, 13 1933
20. Undertaker: Had none.	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85844

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 17
(No.) 36
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Davis Bower

(a) Residence. (No.) Lava Hot Springs Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Bower
6. DATE OF BIRTH (month, day and year): Dec 31, 1874
7. AGE: Years 58 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Labor.
(c) Name of employer: None
9. BIRTHPLACE (city or town) (State or country): Alma Wyo.

PARENTS
10. NAME OF FATHER: William Bower
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England.
12. MAIDEN NAME OF MOTHER: Martha Davis.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14. Informant: Mrs. Amelia Bower
(Address): Lava Hot Springs

15. Filed Sept 30, 1933 Mrs G. J. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 15, 1933, to Aug 24, 1933
that I last saw h[illegible] alive on Aug 24, 1933
and that death occurred, on the date stated above, at 5:30 P. m.
The CAUSE OF DEATH* was as follows: Tubercular Peritonitis

(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary): None known
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Examination
(Signed) L A Rich, M. D.
8 24, 1933 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of St Charles

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 55

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 85845

(No. ....)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Frank Edward Floyd

(a) Residence. No. St Charles - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M. Floyd

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Charles Ida

MOTHER

13. NAME Leonard Floyd

14. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

15. MAIDEN NAME Emma Boler

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Rose Floyd St Charles - Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St Charles, Ida Date Sept 30th 1933

19. UNDERTAKER Matthew Pugmire (Address) St Chas - Ida

20. FILED Sept 30, 1933 Hannah J. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 -, 1933, to Sept 27th, 1933
I last saw h. alive on Aug 30, 1933. death is said to have occurred on the date stated above, at 430 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	6 mos.

Other contributory causes of importance:

Myocarditis.	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No Injury
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. N. Hines, M. D.
(Address) Montpelier, Idaho

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85846

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 5-3
Primary Registration District No.
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

4

2. FULL NAME Hannah Thornock Hess

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Jacob Hess

6. DATE OF BIRTH (month, day, and year): Sept 22, 1853

7. AGE: Years 80 | Months | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: John Thornock
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Ann Bott
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Arthur Hess Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Paris Date: Sept 29 1933

19. UNDERTAKER (Address): D. L. Price Paris, Idaho

20. FILED Oct 1, 1933 Barbara Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Sept 27, 1933
I last saw her alive on Sept 17, 1933: death is said to have occurred on the date stated above, at 5:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	9/27/31

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) O O Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
85847
State File No.

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No.
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Harley Thomas Rich.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Schedegger Rich

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation All of Life.

12. BIRTHPLACE (city or town) (State or country) Centerville Utah.

FATHER

13. NAME Charles Coulsen Rich.

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Harriet Sargent.

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Rose S. Rich Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Sept 25, 1933

19. UNDERTAKER (Address) Dan Price Paris Idaho.

20. FILED Sept 30, 1933 Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1933 to Sept 23, 1933
I last saw him alive on Sept 23, 1933: death is said to have occurred on the date stated above, at 6:50a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Other contributory causes of importance: Carcinoma of Larynx.	

Operation performed for relief of pressure

Name of operation Enlargement of opening in throat Date of operation Sept 23
What test confirmed diagnosis? Microscopic examination showed Malignancy of larynx with involved tissue. Was there an autopsy? Wassermann Negative

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Spencer D. Rich, M. D.
(Address) Paris Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85848

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 14 75

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza M. Sorensen Roberts. Lived in Bear Lake

(a) Residence. No. St. since 1883
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Roberts.

6. DATE OF BIRTH (month, day, and year) April 15, 1858

7. AGE Years 75 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 1933
11. Total time (years) spent in this occupation (All or Life)

12. BIRTHPLACE (city or town) (State or country) Vensedild Denmark.

FATHER
13. NAME Lars Christian Sorensen
14. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

MOTHER
15. MAIDEN NAME ~~Eliza~~ Carrie M. Abrahamson
16. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

17. INFORMENT (Address) Lyman Roberts 459 N. 6 E. Logan Utah

18. BURIAL, CREMATION, OR REMOVAL Place Liberty Idaho Date Sept 19, 1933

19. UNDERTAKER (Address) Dan Cruce Paris Idaho

20. FILED Sept 30, 1933 Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Sept 5, 1933, to Sept. 17, 1933
I last saw her alive on Sept 17, 1933 death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Sided Hemiplegia	

Other contributory causes of importance:
Arterial Hypertension

Name of operation None Date of
What test confirmed diagnosis? Spastic sided paralysis (Face arm + leg) Was there an autopsy? No.
P. Spoolie 195 D 120

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85849

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 5-3
Primary Registration District No.
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Anne Alfred Wilcox

(a) Residence. No. Paris Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. ~~If married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Minor Wilcox

6. DATE OF BIRTH (month, day, and year) Nov 12, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME James Alfred
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) D. S. Price Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Cem. Date Sept 18 1933

19. UNDERTAKER D. S. Price
(Address) Paris Idaho

20. FILED Sept 29, 1933 Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown but natural. No Physician attending.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify
(Signed) O. O. Moore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85850

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 12
(No. Platt's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME James E Norton
(a) Residence. No. Calder, Ida ~~St.~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Dullie Norton

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 82 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison Co
(State or country) N C

FATHER
13. NAME William Norton
14. BIRTHPLACE (city or town)
(State or country) N C

MOTHER
15. MAIDEN NAME Nancy Ponder
16. BIRTHPLACE (city or town)
(State or country) N C

17. INFORMENT H T Norton
(Address) Calder Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Ida Date Oct 4, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries Ida

20. FILED 10-7, 1933 W Boberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1933, to 9/30, 1933
I last saw ~~her~~ alive on 9-30, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bowell.	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clin Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Owen D Platt
(Signed) Stanley Ida, M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85851

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 3049
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. FULL NAME Rasbun Bearden

(a) Residence. No. St Maries Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, ~~widowed, or~~ divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/2 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Card Woodsmen

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Spirit Falls
(State or country) Wisconsin

FATHER

13. NAME E R Bearden

14. BIRTHPLACE (city or town) .....
(State or country) N H

MOTHER

15. MAIDEN NAME Emily Kendell

16. BIRTHPLACE (city or town) .....
(State or country) N H

17. INFORMENT E R Bearden
(Address) St Maries

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St Maries Date Oct 3, 1933

19. UNDERTAKER Geo E Mitchell
(Address) St Maries

20. FILED 10-7, 1933 W R Boley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-29-1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw h...alive on ✓, 193?...: death is said to have occurred on the date stated above, at 2:15 p.m. 9/29

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by a falling tree	
Crushing Skull	

Other contributory causes of importance:

Accidental	
Killed instantly	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In woods employed by Ferguson & Johnson

Manner of injury Hit by falling tree

Nature of injury Crushed Skull

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Hit by falling tree

(Signed) Geo E Mitchell Coroner, M. D.
(Address) St Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85852

PLACE OF DEATH
County of Benewah
City of Idaho
St Maries.

Registration District No.
Primary Registration District No.
Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Emory Smith

(a) Residence. (Usual place of abode) No. E 2927 Fairview St. Spokane, Wash. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 11 ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha nelson Smith

6. DATE OF BIRTH (month, day, and year) Mar. 5 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Guelph, Ont Canada

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Seamons

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Edward J Smith St Maries Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Date 9-29, 1933

19. UNDERTAKER (Address) Mitchells Mortuary St Maries Ida

20. FILED 10-7, 1933 J W Bolerjack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1933, to 9-27, 1933

I last saw h—alive on 9/26, 1933; death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Nephritis	
Other contributory causes of importance:	

Name of operation ——— Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Owen D. Platt, M. D.

(Address) St. Maries Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85853

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 9
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ed Donnelly

129

(a) Residence. No. ..... St. Fernwood, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 67 Years Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) C. A. Robins St. Maries

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Maries Date 9-11, 1933

19. UNDERTAKER (Address) Geo. E. Mitchell St. Maries

20. FILED 10-7, 1933 W. Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1932, to 9/9/33, 193..
I last saw him alive on 9/9/33, 193..: death is said to have occurred on the date stated above, at 2:37 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, parenchymatous, chronic	Unknown
Other contributory causes of importance: Myocarditis	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Lab. No Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Robins, M. D.
(Address) St. Maries, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85854

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Paul Norris

(a) Residence. No. 305 College St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m

4. COLOR OR RACE: w

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 7-1908

7. AGE: 9 Years: 25 Months: 1 Days: 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) St. Maries Idaho

FATHER

13. NAME Robert B. Norris

14. BIRTHPLACE (city or town) (State or country) Irondown West Virginia

MOTHER

15. MAIDEN NAME Emma B. Shafer

16. BIRTHPLACE (city or town) (State or country) Riffle West Virginia

17. INFORMENT (Address) Robert B. Norris St Maries Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Ida Date Sept, 1933

19. UNDERTAKER (Address) [illegible] Mitchell St Maries Ida

20. FILED 10-7, 1933 W. Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1933, to Sept 6, 1933.

I last saw him alive on Sept 6, 1933: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Pneumonia	

Other contributory causes of importance:

Intestinal Haemorrhage which rendered him weak

Name of operation ..... Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Bad water & food

(Signed) Owen D Platt, M. D.

(Address) St Maries Ida

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85855

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91 b

2. FULL NAME James Guilmore Nevin

(a) Residence. No. 325 Main St. St. Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of Clara Nevin

6. DATE OF BIRTH (month, day, and year) Mar 5 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. timber
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bruisfield Ontario Canada

FATHER
13. NAME Dave Nevin
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Clara M. Nevin St Maries Ida

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Date Sept 7, 1933

19. UNDERTAKER (Address) Geo E Mitchell St Maries Ida

20. FILED 10-7, 1933 W Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Sept 4, 1933.
I last saw him alive on Sept 2, 1933: death is said to have occurred on the date stated above, at 4:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Hypertensive disease	1930
Hypertensive heart disease	1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) St Maries Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Bannock State Idaho Registered No. 12
Township ____ or Village ____ 85856 or
City Dr Smet No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mariette Reymond

(a) Residence. No. ____ St., ____ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Indian	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	85			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ____
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9 BIRTHPLACE (city or town) Coeur d'Alene Reserve
(State or country)

PARENTS
10 NAME OF FATHER Martin Sichizzi
11 BIRTHPLACE OF FATHER (city or town) ____
(State or country) Coeur d'Alene Reserve
12 MAIDEN NAME OF MOTHER Sophia
13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) Coeur d'Alene Reserve

14
Informant Louis Sam
(Address) DeSmet, Idaho

15
Filed Sept. 18, 1933 John Post
REGISTRAR

11—8184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933, to Sept 17, 1933,
that I last saw h[illegible] alive on Sept 17, 1933
and that death occurred, on the date stated above, at 9:30 P.M.
The CAUSE OF DEATH* was as follows:
Gastroenteritis
Intestinal Obstruction

(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) ____
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of ____
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) J. C. Nelson, M. D.
9/18, 1933 (Address) DeSmet

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
DeSmet, Idaho	Sept 19 1933
20 UNDERTAKER Louis Lucke	ADDRESS DeSmet, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2—209 d
V. S. No. 68

RECEIVED OCT 4 1933

PLACE OF DEATH
County of Bingham
City of Ft Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85857

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 138

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myral Christensen

(a) Residence. No. Ft Hall St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): 9-30-33

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or 55 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ✓
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Ft Hall Idaho

FATHER
13. NAME: Irven Christensen
14. BIRTHPLACE (city or town) (State or country): Presto Idaho

MOTHER
15. MAIDEN NAME: Lucy Irene Harris
16. BIRTHPLACE (city or town) (State or country): Wilford Idaho

17. INFORMENT (Address): Irven Christensen Fort Hall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Busach Ida Date: Sept 30 1933

19. UNDERTAKER (Address): Irvin Christensen Ft. Hall Idaho

20. FILED: Sept 30 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1933, to ....., 193..
I last saw him alive on 9-30, 1933: death is said to have occurred on the date stated above, at 2:14 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Breathed for 10 min	
heart action for 55 min	
premature less than 5 mo. Cause unknown.	

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. O. Humphrey, M. D.
(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

PLACE OF DEATH

County of Bingham

City of Firth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85858

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Priest

(a) Residence. No. Firth Rt #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joan Priest

6. DATE OF BIRTH (month, day, and year) Mar 12, 1857

7. AGE Years 76 Months 5 Days 28 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Yorkshire England

FATHER

13. NAME William Priest

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Allmark

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) John R. Priest Firth, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Taylor, Idaho Date Sept 13, 1933

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls, Idaho

20. FILED Sept 11, 1933 Mrs Walter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Sept 10th, 1933.
I last saw him alive on Sept 10, 1933: death is said to have occurred on the date stated above, at 4:34 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age	

Other **contributory causes** of importance: Malnutrition from absorption from extensive skin ulcers 2 yrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury.., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. E. Roberts M. D.
(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85859

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 136.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME HANNAH PARKER

(a) Residence. No. St. Melba, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

77

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOW

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year): April 14, 1855

7. AGE: 78 Years | Months: 5 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ---

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): --- Utah

FATHER

13. NAME: ---do not know

14. BIRTHPLACE (city or town) (State or country): do not know

MOTHER

15. MAIDEN NAME: do not know

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Asylum Cem Date Sept. 26, 1933

19. UNDERTAKER (Address): Marion Clark Blackfoot

20. FILED Sept. 26, 1933 Wm Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24th, 1933, to Sept 25th, 1933

I last saw her alive on Sept 25th, 1933: death is said to have occurred on the date stated above, at 5:20PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	Sept. 1932

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: ---

(Signed) Chas. R. Lowe, M. D.

(Address) State Hosp. South Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85860

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 135
(No. Bucks Hospital Eccles Bldg.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merlin C. Jackman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 22, 1933

7. AGE Years — Months — Days — If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME Clifford S. Jackman
14. BIRTHPLACE (city or town) (State or country) Salem Utah

MOTHER
15. MAIDEN NAME Mary Barnes
16. BIRTHPLACE (city or town) (State or country) Blackfoot Rd Idaho

17. INFORMENT (Address) Willard Barnes

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place L.C. Cem. Blackfoot Date 9-23, 1933

19. UNDERTAKER (Address) Clifford C. Jackman Blackfoot Ida #1

20. FILED Sept 23, 1933 Wm. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933, to Sept 22, 1933
I last saw him ~~alive~~ on Sept 22, 1933: death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonetorum	

Other contributory causes of importance:

Toxemia of Pregnancy

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 3 193

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85861

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

124

2. FULL NAME Donna Marie Warthen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 22 1931

7. AGE: Years 2, Months 6, Days 19; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

FATHER

13. NAME: James Warthen

14. BIRTHPLACE (city or town) (State or country): Stinnes Ville Utah

MOTHER

15. MAIDEN NAME: Jessie Clark

16. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

17. INFORMENT (Address): James Warthen Blackfoot R. 3

18. BURIAL, CREMATION, OR REMOVAL. Place: Fremont Idaho Date: Sep 12 1933

19. UNDERTAKER (Address): E. F. Peck Blackfoot

20. FILED: Sept. 11, 1933. Mrs Mattie E. Gabriel, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9 - 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 9 - 1, 1933, to 9 - 10, 1933

I last saw her alive on 9 - 10, 1933: death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	5 days

Other contributory causes of importance:

acute diarrhea	10 days

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Hampton, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85862

PLACE OF DEATH

County of Bonneville
City of Antelope Range
35 Miles North of Soda Springs
(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 132

2. FULL NAME John Edward Irby

(a) Residence. No. [illegible] Blackfoot City of Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Irby.

6. DATE OF BIRTH (month, day, and year) March 19 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live Stock Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCallister Oklahoma

FATHER

13. NAME John Irby

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Myrtle Irby Blackfoot Ida

18. BURIAL, CREMATION, OR REMOVAL. Place Soda Springs Date Sept 12 1933

19. UNDERTAKER (Address) C. B. Christensen Soda Springs Ida

20. FILED 9-11-1933 Mrs. Nadine E. Hedrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Sept. 8, 1933: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Ranch Yard

Manner of injury Gun Shot Wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred Gorton M.D.

(Address) Idaho Falls Idaho

RECEIVED OCT

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 127
Primary Registration District No. 2194
Local Registrar's No. 131

DO NOT WRITE IN THIS SPACE
State File No. 85863

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FRANKLIN M. HANSON

(a) Residence. No. ... St. MENAN, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) --- (State or country) West Virginia

FATHER
13. NAME Do not know
14. BIRTHPLACE (city or town) do not know (State or country)

MOTHER
15. MAIDEN NAME ---
16. BIRTHPLACE (city or town) --- (State or country)

17. INFORMENT Records of State Hospital So. (Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Meriam Idaho Date Sept. 6, 1933

19. UNDERTAKER J. M. Clark (Address) Blackfoot Idaho

20. FILED Sept. 6, 1933 Mrs Nellie Eskelsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1932, 193..., to Sept 5th, 193 3
I last saw him alive on Sept 5th, 193 3 death is said to have occurred on the date stated above, at 10:30 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILE DEMENTIA	Feb. 1 1932

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Symptoms Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Ida.

RECEIVED OCT 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85864

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 130

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Hooper

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Clarissie Hooper

6. DATE OF BIRTH (month, day, and year): May 5 1857

7. AGE: Years 76 | Months 3 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Knox Co Indiana

FATHER
13. NAME: James Hooper
14. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER
15. MAIDEN NAME: Sarah Ellen Parker
16. BIRTHPLACE (city or town) (State or country): USA

17. INFORMENT (Address): Mary Reid Blackfoot Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Geoncity Cem Date: Sep 3rd, 1933

19. UNDERTAKER (Address): E F Peak Blackfoot Idaho

20. FILED: Sept 4, 1933 M D Nelson E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9 — 1 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Sept 1, 1933
I last saw him alive on Sept 1, 1933: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Retention	Aug 23, 1933

Other contributory causes of importance:
Inlarged prostate

Name of operation: — Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

RECEIVED OCT 9 '33

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85865

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2192 Local Registrar's No. 137
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John H. Murphy

(a) Residence. No. Blackfoot R. F. D. #5 St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Minerva Murphy

6. DATE OF BIRTH (month, day and year) Aug. 15, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	1	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Burlington Iowa

PARENTS

10. NAME OF FATHER William Murphy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant (Address) J E Murphy Blackfoot, Idaho

15. Filed Sept. 27, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Sept 26, 1933
that I last saw h alive on Sept 25, 1933
and that death occurred, on the date stated above, at 9:13 PM.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Chronic nephritis
(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Clinical findings
(Signed) J. O. Hueneplatz, M. D.
Sept 27, 1933 (Address) Rockford Ill.

19. Place of Burial, Cremation, or ~~Removal~~ Grove City Cem. Date of Burial Sep. 28 1933

20. Undertaker Eg T Peck Address Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85867

PLACE OF DEATH

County of Bingham
City of Shelley
Registration District No. 127
Primary Registration District No. 2194
Local Registrar's No. 139
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Wyatt Jones

(a) Residence. No. St. Shelley Route #2
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day and year):
7. AGE: Years | Months | Days: 3 5 7 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Shelley Ida
PARENTS
10. NAME OF FATHER: Captain Jones
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Oklahoma
12. MAIDEN NAME OF MOTHER: Linda Barley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Springfield Ill
14. Informant: C. W. Jones
(Address) Shelley Route #2
15. Filed Sept. 8, 1933 Mrs. Nalie E. Tate Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 6 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Sudden death
that I last saw h alive on 19
and that death occurred, on the date stated above, at 6.30 a m.
The CAUSE OF DEATH* was as follows:
Not known
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) T. W. Roberts, M. D.
Sept 6, 1933 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~: Shelley Dist Cemetery — Date of Burial: Sept 8 1933
20. Undertaker — Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85868

PLACE OF DEATH
County of Bingham
City of Sterling
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 11
(No.) 204
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebecca Elvira Claunch

(a) Residence. No. St. Sterling, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William Claunch Sr.

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Sept. 5, 1933

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Pulaski County Kentucky

FATHER

13. NAME James H. Brinkley

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sarah Elvira

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Reuben Claunch Sterling Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen Idaho Date 9-6, 1933

19. UNDERTAKER E T Peck
(Address) Blackfoot Idaho

20. FILED Sept 6, 1933 M. C. McKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died suddenly from natural	
but undetermined causes	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) M. C. McKinnon, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED OCT 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85869

PLACE OF DEATH
County of Blaine
City of Carey

Registration District No. 51
Primary Registration District No. 2025
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Chidester

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Lorenzo Chidester

6. DATE OF BIRTH (month, day, and year) Dec. 2nd 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freedom Utah

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Helen Draper
16. BIRTHPLACE (city or town) (State or country) Freedom Utah

17. INFORMENT (Address) Lorenzo Chidester Carey, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Carey Cemetery Date April 20 1933

19. UNDERTAKER (Address) no undertaker Family acted

20. FILED 10-1, 1933 J. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1933, to 4-20, 1933
I last saw her alive on 4-20, 1933, death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85870

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Unidentified Baby

(a) Residence. No. Found in hay field St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Aug 6-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country) X

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place County Plot Date Aug 7, 1933

19. UNDERTAKER .....
(Address) Hailey Ida.

20. FILED Oct-1, 1933 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in hay-field—	
Parentage unknown, supposedly died shortly	
after birth—	
No inquest	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. H. Wright County Coroner, M. D.

(Address) Blaine Co. Hailey, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85871

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ailey McKibben

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~Sept 1 1853~~ Jan 1st 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bayfield Ontario Canada

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs R. P. Peterson 1121 Cedar Ave. Payette Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mausoleum Hailey Date Sept 3, 1933

19. UNDERTAKER (Address) T. J. Harris Hailey Idaho

20. FILED Oct-1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933 to Sept 1, 1933

I last saw h alive on Sept 1, 1933; death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Jones, M. D.

(Address) Hailey, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85872

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 39
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Charles Leroy Pitman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): X

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Mar 19-1928

7. AGE: Years 5 | Months 7 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country): Rupert Idaho

FATHER
13. NAME: James W. Pitman
14. BIRTHPLACE (city or town) (State or country): Bellevue Idaho

MOTHER
15. MAIDEN NAME: Della Potter
16. BIRTHPLACE (city or town) (State or country): Samaria Idaho

17. INFORMENT (Address): James W. Pitman Muldoon Ida.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place: Rupert Ida. Date: Sept 20 1933

19. UNDERTAKER (Address): L. J. Harris Hailey Ida.

20. FILED Oct-1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1933, to 9/19, 1933
I last saw him alive on 9-19, 1933; death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	4 days

Other contributory causes of importance:

Cellulitis from Bee sting of R arm	5 days

Name of operation: Arm drained Date of 9-19-33
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. W. Fox, M. D.
(Address) Hailey, Ida.

RECEIVED OCT 1 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85873

PLACE OF DEATH
County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 5022
Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Werry — wright

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ×

6. DATE OF BIRTH (month, day, and year) Feb 3 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cornwally England

FATHER

13. NAME Joseph Werry

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Grace Tribbles

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Beryl Werry Bellevue Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cem Date Sept 27 1933

19. UNDERTAKER L. P. Harris (Address) Hailey Ida.

20. FILED 10-1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1933, to 9-25, 1933
I last saw h[illegible] alive on 7-5, 1933 death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Died instantly	

Other contributory causes of importance:
Arterio Sclerosis
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85874

PLACE OF DEATH
County of Payne
City of Payette — Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Niels Rustand

(a) Residence. No. Seattle Wash St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 28 - 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Seattle Wash

PARENTS

10. NAME OF FATHER Elmer Niels Rustand
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Douglas Alaska
12. MAIDEN NAME OF MOTHER Viola Margey Carson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salem Ore

14. Informant Mrs E. N. Rustand
(Address) Payette, Idaho

15. Filed 10-1, 1933 P. H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 — 9 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-9, 1933, to 9-9, 1933
that I last saw h— alive on 9-9, 1933
and that death occurred, on the date stated above, at 2:45 p.m.
The CAUSE OF DEATH* was as follows:
Congenital Heart disease
Pericarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis
(Signed) E. W. [illegible] M. D.
9-9, 1933 (Address) Payette, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Payette, Idaho	9-11 1933
20. Undertaker ✓	Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85876

PLACE OF DEATH
County of Sandpoint
City of (Bonner)
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 66

(No. County Farm)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael McNichols

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT (Address) Turnbull Co. Sandpoint

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Cemetery Date 9/24, 1933

19. UNDERTAKER Turnbull Co.
(Address) Sandpoint Idaho

20. FILED Sept 26, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Sept 25, 1933
I last saw alive on Sept 20, 1933: death is said to have occurred on the date stated above, at 5 10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance: Arter[illegible] Sclerosis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F Taylor, M. D.
(Address) Sandpoint, Idaho

RECEIVED OCT 6 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85877

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 76

Primary Registration District No. 2155 Local Registrar's No. 65

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME James Gibbons

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) Page Hospital Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date 9/26, 1933

19. UNDERTAKER Turnbull Co (Address) Sandpoint Idaho

20. FILED Sept 26, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to Sept 24, 1933.

I last saw him alive on Sept 23, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal carcinoma	1932
Strangulated omental hernia	Sept 22 1933

Other contributory causes of importance:

Name of operation Herniaa Date of Sept 23 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F Tipler, M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85878

PLACE OF DEATH
County of Bonner
City of Westmond

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samantha Hewlett Venters.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Venters.

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pierce City Mo.
(State or country)

FATHER

13. NAME James Hewlett

14. BIRTHPLACE (city or town) .....
(State or country) mo

MOTHER

15. MAIDEN NAME Mary Spillman

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Mrs. Mary Smith
(Address) Westmond, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Westmond Ida Date Sept 19 1933

19. UNDERTAKER L. P. Moon
(Address) Sandpoint Idaho.

20. FILED Sept 19, 1933. Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 17, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1933, to Sept. 7, 1933.
I last saw h.r alive on Sept. 7, 1933.: death is said to have occurred on the date stated above, at 3:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	?
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) L. P. Moon, M. D.
(Address) Sandpoint Idaho.

RECEIVED OCT 9 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Oden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85879

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hanna Wicks.

205

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Wicks

6. DATE OF BIRTH (month, day, and year) November 13, 1859

7. AGE Years 73 Months 9 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1933

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Rahm

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Miss Lillian Hallgren Spokane, Washington.

18. BURIAL, CREMATION OR REMOVAL Place Spokane, Wash. Date Sept. 10 1933

19. UNDERTAKER (Address) L. G. MOON Sandpoint, Idaho.

20. FILED Sept. 9, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 8 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:10 m.p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown Natural Causes	
Probable Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. Allan M. D.
(Address) Sandpoint, Idaho Coroner

RECEIVED OCT 9 193

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85880

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 62

(No. Alcorn Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Mildred Edna Graves

(a) Residence. No. ..... St. Sagle, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lawrence Graves

6. DATE OF BIRTH (month, day, and year) April 25, 1914

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1933

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country): Meadow Creek Idaho

FATHER

13. NAME: Ernest P Ames

14. BIRTHPLACE (city or town) (State or country): Dunbar Wis

MOTHER

15. MAIDEN NAME: Myrtle Edna Reed

16. BIRTHPLACE (city or town) (State or country): Sauk Center Minn.

17. INFORMANT (Address): Ernest P. Ames Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Sandpoint, Ida. Date Sept. 10 1933 Pinecrest Co

19. UNDERTAKER (Address): L. G. Moon Sandpoint, Idaho

20. FILED Sept. 9, 1933 Viola Allen Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 193 3

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 193 3 to Sept 7, 193 3

I last saw h.. alive on Sept 7, 193 3; death is said to have occurred on the date stated above, at 1...4...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis Peritonei	
Other **contributory causes** of importance: Pulmonary Tuberculosis	

Name of operation Laparotomy Date of Sept 4 33

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Sandpoint, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85881

County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Ira Reeves.

(a) Residence. No. Priest River St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, and year) Feb 23-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. White Cross Drug Store

10. Date deceased last worked at this occupation (month and year) Sept 16-1933

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Geo Reeves.

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Rachel Murphy

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMENT (Address) Mrs Carrie Reeves Priest River, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Park Date Sept 20, 1933

19. UNDERTAKER Hagen & Jaeger (Address) Sandpoint, Idaho

20. FILED Sept 18, 1933 L. E. Wesa Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from on Sept 16, 1933, to , 193
I last saw him alive on Sept. 16, 1933; death is said to have occurred on the date stated above, at 3:29 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage.	Sept. 16 1933

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Leslie J. Stauffer, M. D.
(Address) Priest River, Idaho

RECEIVED OCT 1 1933

PLACE OF DEATH

County of Bonner

City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85882

Registration District No. 80

Primary Registration District No. 2157 Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME William Yohee

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 7, 1864

7. AGE Years 69 Months 1 Days 11 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manheim Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Chas. Olson Hope, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hope, Idaho. Date Sept. 20 1933

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho.

20. FILED Sept. 20 1933 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Alcholism	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.
(Signed) [signature] Coroner, M. D.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED SEP 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85883

PLACE OF DEATH

County of Bonner

City of ✓

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 54

(No. Cedar Creek)
(If death occurred in a hospital or institution, give its name instead of street and number.)

193

2. FULL NAME Mrs Alice B Mills

(a) Residence. No. Cedar Creek, Hope, Idaho, rural
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edwin E Mills

6. DATE OF BIRTH (month, day, and year): Aug 4, 1854

7. AGE: Years 79 | Months 0 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mich

FATHER

13. NAME: Pheaneas Brown

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Poe

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): E E Mills, Cedar Creek

18. BURIAL, CREMATION, OR REMOVAL
Place: Hope Date: Aug 26 1933

19. UNDERTAKER (Address): Turnbull Co, Sandpoint

20. FILED Aug 26, 1933 Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Case	
Death due	

Other contributory causes of importance:
to Exposure cold
Demented, staid in mountains several days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) [illegible]

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85885

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 147

(No. 145 Tenth Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Rowe

(a) Residence. No. 145 Tenth Street St.
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of W. J. Rowe

6. DATE OF BIRTH (month, day, and year) Dec. 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc At Home

10. Date deceased last worked at this occupation (month and year) April 19..

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London, Ontario
(State or country) Canada

FATHER

13. NAME Richard Reycraft

14. BIRTHPLACE (city or town) Doublin
(State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Doublin
(State or country) Ireland

17. INFORMENT W. J. Rowe
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Idaho Falls Date Oct. 1, 1933

19. UNDERTAKER C. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Sept 30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 28th, 1933, to Sept 29th, 1933

I last saw h[illegible] alive on Sept 25th, 1933: death is said to have occurred on the date stated above, at 2:05 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Name of operation ~~None~~ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~None~~ Date of injury ~~None~~, 1933

Where did injury occur? ~~None~~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas C. Wilson M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85886

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 1450 Local Registrar's No. 173

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Price Fullmer

(a) Residence. No. Menan Ida, Roberts St. Star Route. 117
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Fannie Whiting Fullmer

6. DATE OF BIRTH (month, day, and year) Nov. 10-1871.

7. AGE Years 61 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springville Utah.

FATHER
13. NAME William Price Fullmer Sr.
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah.

MOTHER
15. MAIDEN NAME Mariah Jane Curtis
16. BIRTHPLACE (city or town) (State or country) Springville Utah.

17. INFORMENT (Address) Mrs. W. P. Fullmer Roberts Star Route Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pine Butte Idaho Date Aug 31, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho.

20. FILED Sept. 7, 1933 Wm Fumiaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Aug 28, 1933.
I last saw him alive on Aug 28, 1933: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows: 3 days following operation for acute gangrenous appendicitis

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of Aug 24, 33
What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address) H Ray Hatch Idaho Falls

RECEIVED OCT 15 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85887

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 174

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Heseret Taylor Austin

(a) Residence. No. 1160 - Idaho Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Heber C. Austin

6. DATE OF BIRTH (month, day, and year) March 29, 1859

7. AGE Years 74 Months 5 Days 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lehi Utah

FATHER

13. NAME James W. Taylor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Rogers

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Victor Austin Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Sept 6 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Sept 9, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933 to Sept. 4, 1933

I last saw her alive on Sept. 3, 1933 death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with heart block	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....

(Signed) J. C. Mellor M. D.

(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85888

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21V-0
Local Registrar's No. 12V

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Taylor Barney

(a) Residence. No. 415 - 1st. Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dan Barney

6. DATE OF BIRTH (month, day, and year) October 12, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Harmony
(State or country) Utah

MOTHER FATHER

13. NAME Independence Taylor

14. BIRTHPLACE (city or town)
(State or country) Utah

15. MAIDEN NAME Sarah Anner

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Dan Barney
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Sept. 9, 193.3

19. UNDERTAKER Jack Taylor Idaho Falls Idaho
(Address)

20. FILED Sept. 9, 1933 C. A. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6. p...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bow Ries woman ...	
A year ago she had ...	
Cancer of the uterus ...	
This time and I suppose ...	
This is what caused her ...	
death. Hemorrhage of tissue ...	
from cervix sent to Colorado ...	
Springs allowed operation ...	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) John E. Miller M. D.
(Address) Idaho Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85889

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 2107 Local Registrar's No. 176
(No. Idaho Falls L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Helen Fitzgerald

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Walkerville, Mont.

FATHER

13. NAME Patrick Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Tighe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Tom Stewart Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Sept. 12, 1933

19. UNDERTAKER O.C. Buck
(Address) Idaho Falls, Idaho

20. FILED Sept. 12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933, to Sept 10, 1933

I last saw h[illegible] alive on Sept 10, 1933; death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Sept 9

Other contributory causes of importance:

Staphylococcic Abscess Cyst	Aug 26
Acute Appendicitis	Aug 26

Name of operation Appendectomy Date of Aug 30

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85890

PLACE OF DEATH
County of Bonn.
City of Ida Falls

Registration District No. 73
Primary Registration District No. 2 1 4 0
Local Registrar's No. 17+

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isabel Lenore Johnson

164

(a) Residence. No. 298 E 20th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 83 Months 1 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence R.I.

FATHER
13. NAME Mark Jaynes
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT Mrs. C. L. Cary
(Address) Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Ida Falls Date Sept. 19, 1933

19. UNDERTAKER O.C. Buck
(Address) Ida Falls

20. FILED Sept 1+, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1933, to Sept 17th, 1933
I last saw her alive on Sept 16th, 1933: death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows: Senility

Date of onset

Other contributory causes of importance: An attack of apoplexy one year ago.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) G. A. Aupperle D.O. ~~M.D.~~
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85891

Registration District No. 73

Primary Registration District No. 2 14-0 Local Registrar's No. 179

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Staley

(a) Residence. No. St. Anthony Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 16, 1933

7. AGE Years Months Days If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME Mr Ira Urban Staley

14. BIRTHPLACE (city or town) S. Dakota (State or country)

MOTHER

15. MAIDEN NAME Lucille Marie Johnson

16. BIRTHPLACE (city or town) Burton Idaho (State or country)

17. INFORMANT Ira Staley (Address) St Anthony R 3

18. BURIAL, CREMATION OR REMOVAL
Place St Anthony Ida Date Sept, 1933

19. UNDERTAKER none (Address)

20. FILED Sept 18, 193... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1933, to Sept 16, 1933.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12:50 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Seven and half month fetus	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. Ray Patet, M. D.
(Address) Idaho Falls

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85893

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 184
(No. Idaho Falls, L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maria Gibson

(a) Residence. No. St. Havre, Montana
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

18

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gibson

6. DATE OF BIRTH (month, day, and year) August 18, 1894

7. AGE Years 39 Months 1 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. 'Bronco' Rider
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rodeo Performances
10. Date deceased last worked at this occupation (month and year) Sept. 24, 1933
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Joseph Massoz
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Lucian A. Gibson Havre, Montana

18. BURIAL, CREMATION, OR REMOVAL Place Havre, Montana Date Removal 9-, 1933

19. UNDERTAKER (Address) O. C. Buck Idaho Falls, Idaho

20. FILED Sept. 23, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933 to Sept 24, 1933
I last saw her alive on Sept 24, 1933: death is said to have occurred on the date stated above, at 2:10 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull with brain injury	9.23.33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Wild horse fell on her
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify She was bronco rider
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85894

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 23

Primary Registration District No. 2 1 4 20

Local Registrar's No. 141

(No. 165 16th Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jo Anne Webb

(a) Residence. No. 165 ~~South~~ Sixteenth St.
(Usual place of abode)
Length of residence in city or town where death occurred. 0 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME A. J. Webb

14. BIRTHPLACE (city or town) (State or country) Richmond, Utah

MOTHER

15. MAIDEN NAME Anne McDermott

16. BIRTHPLACE (city or town) (State or country) Max, Nebraska

17. INFORMENT (Address) A. J. Webb, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 7, 1933 Burial

19. UNDERTAKER C. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Oct 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933, to Sept 25, 1933
I last saw h[illegible] alive on Sept 25, 1933: death is said to have occurred on the date stated above, at 2:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Sept 24
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85895

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 141
(No. Idaho Falls, L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Israel Vadeboncouer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred about 40 yrs. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Nov. 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Montrael, Quebec, Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Dwight Lenzi, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 9-21-1937

19. UNDERTAKER O. C. Buck (Address) Idaho Falls, Idaho

20. FILED Sept 22, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1937, to Sept. 19, 1937
I last saw h[illegible] alive on Sept. 15 1937; death is said to have occurred on the date stated above, at 3:05 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdiaphragmatic abscess	unknown
Bronchiectasis of R. Lung	unknown
Myocarditis	unknown
Interstitial nephritis	unknown.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Harry K. Gillespie, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85896

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 72
Primary Registration District No. 2116
Local Registrar's No. 142

(No. Idaho Falls, L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gordon Dale McFee

(a) Residence. No. Idaho Falls RFD #7 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) July 9, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-8-	-2-	-11-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Sweden School

10. Date deceased last worked at this occupation (month and year) Sept. 20 33

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Hamilton, Missouri

FATHER

13. NAME Norman McFee

14. BIRTHPLACE (city or town) (State or country) Hamilton, Missouri

MOTHER

15. MAIDEN NAME Sackman

16. BIRTHPLACE (city or town) (State or country) Hamilton Missouri

17. INFORMENT (Address) Norman McFee Idaho Falls, RFD #7

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Idaho Falls, Ida. Date Sept. 24 1933

19. UNDERTAKER C. C. Buck
(Address) Idaho Falls, Idaho

20. FILED Oct. 22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933 to Sept 20, 1933
I last saw him alive on Sept 20, 1933; death is said to have occurred on the date stated above, at 10:08 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	
Extensive brain injury	9,20,33
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 20 1933
Where did injury occur? Idaho Falls, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Stone wall fell upon him
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Bonneville

City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85897

Registration District No. 73

Primary Registration District No. 2 N.O. Local Registrar's No. 143

(No. L.O.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Cross Orme

(a) Residence No. 258 - 6th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gretude Orme

6. DATE OF BIRTH (month, day, and year) August 1, 1864

7. AGE Years 72 Months 01 Days 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer & Sheepman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tooele Utah

FATHER

13. NAME Samuel W. Orme

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Cross

16. BIRTHPLACE (city or town) (State or country) Lindchester England

17. INFORMANT (Address) Mrs. J. C. Orme Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Tooele, Utah Date Sept 27 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED Sept 26, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1933, to Sept 24, 1933.

I last saw him alive on Sept 24 1933: death is said to have occurred on the date stated above, at 12:40a m.

The **principal cause of death** and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset Sept 22, 33

Other **contributory causes** of importance:

Acute retention urine, Prostatic hypertrophy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) H. Clay Fatts, M. D.

(Address) Idaho Falls

RECEIVED OCT 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85898

PLACE OF DEATH

County of Butte
City of Martin

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 67
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Henry Miller

(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 17, 1882

7. AGE Years 51 Months Days If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED Miner
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fleetwood Pennsylvania Berkocounty

PARENTS

10. NAME OF FATHER William Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Berkoco. Pa
12. MAIDEN NAME OF MOTHER Amanda Readinger
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Berkocounty Pa.

14. Informant (Address) Cora Williams or Williamson 1228 Helmet St Jersey Shore Pa

15. Filed Sept 5 1933 Ruth E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 3 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1933, to Sept. 3, 1933
that I last saw him alive on Aug. 30, 1933
and that death occurred, on the date stated above, at 9:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute dilation of heart (following exertion) climbing mountain.
5 min.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 3 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical exam.
(Signed) R. P. Egbert M. D.
Sept. 4, 1933 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal: Arco, Idaho.
Date of Burial: Sept. 5 1933
20. Undertaker: Garnier Mortuary
Address: Arco, Ida.

N. B.—... information should be carefully supplied. AGE should be stated EXACTLY. PHYS... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85899

PLACE OF DEATH
County of Butte
City of Arco

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

183

2. FULL NAME Walter Richard Miller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 2, 1918

7. AGE: Years 15 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Portland, Oregon

PARENTS

10. NAME OF FATHER: Clarance F. Miller
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Portland, Oregon
12. MAIDEN NAME OF MOTHER: Hilda C. Marks
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Portland, Oregon

14. Informant: Clarance F. Miller
(Address)

15. Filed Sept 11, 1933. Ruth E Nichols, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1933, to Aug. 27, 1933
that I last saw him alive on Aug. 27 1933
and that death occurred, on the date stated above, at 4 30 p. m.
The CAUSE OF DEATH* was as follows:
Accidental gun shot through heart. Died suddenly. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Physical exam
(Signed) M. Egbert, M. D.
Aug. 28, 1933 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Arco, Idaho
Date of Burial: Aug 29 1933

20. Undertaker: G. Garnier
Address: Arco.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85900

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Sotiago Arrombata~~
(a) Residence. No. Santiago Arrizabieta
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Juana Irigoien ~~Irigoien~~
6. DATE OF BIRTH (month, day, and year) 1880
7. AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 22 years

12. BIRTHPLACE (city or town) (State or country) Spain Mendigo Vizava

FATHER
13. NAME Cant Lill
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Cant Lill
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Removal
Place ~~[illegible]~~ Gooding Idaho Date ~~Sept~~ Aug. 14, 1933

19. UNDERTAKER (Address) McHan Fairfield

20. FILED Aug 14, 1933 W B Parkinson Fairfield Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1933, to Aug 13, 1933
I last saw him alive on Some time during the night, 193 ; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
hung himself	8-13-33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Aug 13, 1933
Where did injury occur? Big Smokey canyon
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury hung himself to a tree
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W B Parkinson, M. D.
(Address) Fairfield Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85901

PLACE OF DEATH
County of Camas
City of Hill City.

Registration District No.
Primary Registration District No.
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard Hezakiah Skyles

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Dont Know

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: cattle and wheat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: all his life

12. BIRTHPLACE (city or town) (State or country): Chattanooga Tenn

FATHER

13. NAME: Hezakiah Skyles

14. BIRTHPLACE (city or town) (State or country): Chattanooga Tennessee

MOTHER

15. MAIDEN NAME: Charity Skyles

16. BIRTHPLACE (city or town) (State or country): Chattanooga Tenn.

17. INFORMENT (Address): Mrs Geo Skyles Hill City Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Hill City Date: Sept 8, 1933

19. UNDERTAKER (Address): E McHenry Fairfield Idaho

20. FILED Sept 20 1933 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933, to Sept 6, 1933

I last saw him alive on Sept 6, 1933: death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchial Pneumonia	Aug. 24-33

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W B Parkinson, M. D.

(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85902

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theada Marie Sallee 60a
Shaver.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19-1908

7. AGE: Years 25, Months 5, Days 17, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville Malheur Co Ore

FATHER
13. NAME J. Arthur Shaver
14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER
15. MAIDEN NAME Marry Elizabeth Rose
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) H. A. Sallee Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 10-8, 1933

19. UNDERTAKER (Address) J. V. Peckham Caldwell Ida

20. FILED 10-10, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Oct 6, 1933.
I last saw her alive on Oct 6, 1933; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithalmic Goitre	Several years

Other contributory causes of importance:

Diabetes	2 yrs +
Nephritis	Net known
Pregnancy	2 mo

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. A. Newberry M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85903

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 75
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Verna Lee Haines
(a) Residence. No. R. F. D. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): 9-17-33
7. AGE: Years — Months — Days 1 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

PARENTS
10. NAME OF FATHER: Oscar L. Haines
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Oklahoma
12. MAIDEN NAME OF MOTHER: Rosetta Robinson
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Denver Colo

14. Informant (Address): Oscar L. Haines R F D Caldwell Idaho
15. Filed 9-22, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9-17 (Month) (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1933, to Sept. 17, 1933
that I last saw her alive on Sept 17, 1933
and that death occurred, on the date stated above, at 12 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Traumatic injuries at birth
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Mother-Primipera, Ivy, breaks presentation hemorrhage necessitated extraction, 8½ lb. baby
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) A C Whittenburger DO M. D.
Sept. 21, 1933 (Address) Caldwell, Ida

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: 9-18 1933
20. Undertaker: Earl L. Case
Address: Caldwell Ida

RECEIVED OCT 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85905

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora Cooper

(a) Residence. No. Main St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Davenport
(State or country) Iowa

FATHER

13. NAME Andrew Doering

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Gloria E Hess

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMENT (Address) Mrs Maysel McCutcheon 904 Main St

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Sept. 21, 1933

19. UNDERTAKER J. W. Peckham
(Address) Caldwell Idaho

20. FILED 9-22, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933, to Sept 18, 1933
I last saw h[illegible] alive on Sept 18, 1933: death is said to have occurred on the date stated above, at 8:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis	April 1933

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Whittenberger M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85906

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Horsatio Walker Van Dyke

(a) Residence. No. R D #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Des Moines Co
(State or country) Iowa

FATHER

13. NAME B. F. Van Dyke

14. BIRTHPLACE (city or town) .....
(State or country) Holland

MOTHER

15. MAIDEN NAME Francis Walker

16. BIRTHPLACE (city or town) .....
(State or country) Ohio.

17. INFORMENT Eugene J. Van Dyke
(Address) Silver City Iowa

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Canyon Hill Date Sept 27, 1933

19. UNDERTAKER C. A. Peckham
(Address) Caldwell Idaho.

20. FILED 9-28, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Sept 25, 1933
I last saw him alive on Sept 25, 1933: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W Montgomery M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85907

RECEIVED OCT [illegible]

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 79

(No. Memorial Park Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Joseph Kenneth Hunt

(a) Residence. No. Caldwell, Idaho St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Carrie Kimball

6. DATE OF BIRTH (month, day and year) 7-5-74

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)

PARENTS

10. NAME OF FATHER F. Wm. Hunt

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER Susan Ellsworth

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Paul L. Case
(Address) Caldwell, Idaho

15. Filed 10-10, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) – 2 (Day) – 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-22-33 1933, to 10-2 1933,
that I last saw him alive on 10-1 1933,
and that death occurred, on the date stated above, at 8:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Keember M. D.

10-4, 1933. (Address) Caldwell

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Star, Idaho	10-6-1933

20. Undertaker	Address
Paul L. Case	Caldwell, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED ... 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85908

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lola Ett Feltwell 124

(a) Residence. No. S. 10th St Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Arthur Feltwell

6. DATE OF BIRTH (month, day, and year) May 25 1882

7. AGE Years 51 Months 3 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelby Co Iowa

FATHER
13. NAME Xanthus Duncan
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Anaseliza Bolt
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT Arthur Feltwell
(Address) Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 9-10, 1933

19. UNDERTAKER C. V. Pickham
(Address) Caldwell Ida

20. FILED Oct-2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933, to Sept 8, 1933. I last saw her alive on Sept 8, 1933: death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Operation for Gall Stones	

Other contributory causes of importance: General Peritonitis

Name of operation Removal of stones from common duct, & Gall Bladder & Drainage Date of Sept. 6, 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thos E Mangum M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVE 19

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85909

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr. H. H. Stocker

205

(a) Residence. No. 5 1/2 miles South of Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. ~~If maried~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mannie O. Stocker

6. DATE OF BIRTH (month, day, and year) Jan. 15, 1857

7. AGE: 76 Years | Months: 8 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holstein, Germany

FATHER

13. NAME Louis Stocker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Best

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fohlerlawn Date 9-22, 1933

19. UNDERTAKER (Address) Wm D. Talley Nampa, Ida.

20. FILED Oct 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept 18th, 1933.

I last saw h... alive on ....., 1933: death is said to have occurred on the date stated above, at about 10 A m.

The principal cause of death and related causes of importance were as follows:

History of Case. Complained of Pain in region of heart. Probable Valvular heart disease.

Date of onset

Other contributory causes of importance:

Complained of Catching Bdd Cold. Over.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury No injury.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm D Talley Coroner M.D.

(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A-25M. 1-19

RECEIVED OCT 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 85910

Local Registrar's No. 100

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2006

(No. State Colony + School St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Iva Cooper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: June (Month) 6 (Day) 1882 (Year)

7. AGE: 47 Yrs. 3 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF Father: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Mary Ann Morris

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Poynter
(Address) Nampa Idaho

15. Filed Oct 2 1933 Lyda Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

90

16. DATE OF DEATH: 9 (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-21- 1931, to 9-19 1933, that I last saw her alive on 9-19- 1933, and that death occurred on the date stated above, at 12 30 a M.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of heart

(Duration) 2 or 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) Arthritis Deformans

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Don Poynter M. D.

19..... (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 yrs. 6 mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Don't Know
Former or usual residence Weiser Idaho

19. PLACE OF BURIAL OR REMOVAL: Rosedale

DATE OF BURIAL: 9/23 1933

20. UNDERTAKER: H. D. Tallus

ADDRESS: Nampa

...PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
...—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 10 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85911

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 104

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME James W. Cleek

(a) Residence. No. 3 miles No. of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If ~~married, widowed~~, or divorced HUSBAND of (or) ~~WIFE of~~: Nellie Cleek

6. DATE OF BIRTH (month, day, and year): March 24-1866

7. AGE: Years 67 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Caldwell County Missouri

FATHER

13. NAME: Adam D. Cleek

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Dorothy Plost

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMENT (Address): Mrs. Callaway (Sister)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place ~~[illegible]~~ Stan, Idaho Date Sept 21, 1933

19. UNDERTAKER (Address): Wm D. Talley Nampa, Idaho

20. FILED Oct-2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw h✓alive on ✓, 193✓ death is said to have occurred on the date stated above, at 6 45 A.m.

The principal cause of death and related causes of importance were as follows:

History of Cape
Valvular Heart
Disease

Date of onset: 2 years previous

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm D. Talley Coroner, M. D.

(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85912

PLACE OF DEATH
County of Canyon
City of Rural
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 105

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Jack

(a) Residence. No. 2 Mile So. of Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER
13. NAME McLaren
14. BIRTHPLACE (city or town) Scottland
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mrs W.G.Parsons
(Address) Nampa, Ida.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Yakima, Wash. Date 9-19, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Oct-2, 1933 Ryder Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-18 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to 9-18, 1933
I last saw h... alive on 9-17, 1933: death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes of importance: Fracture of Hip	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thos E. Mangum, M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 0 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85913

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 106

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eleanor Amanda Seward

(a) Residence. No. 5th & 8th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-27-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc none

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.Y.
(State or country)

FATHER

13. NAME D.M. Webster

14. BIRTHPLACE (city or town) N.Y.
(State or country)

MOTHER

15. MAIDEN NAME Rosetta Fellows

16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMENT Mrs J.P. Gray
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date 9-8-33 193

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Oct-2, 1933 Sylvia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193 3, to Sept 6, 1933
I last saw h alive on Sept 5, 1933; death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation heart following coughing Con had one week	

Other contributory causes of importance:

Senility & Myocarditis	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest Belknap M. D.
(Address) Nampa - Idaho.

B

RECEIVED OCT 10 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85914

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

69

2. FULL NAME Petra Jensen

(a) Residence. No. 703-11th Ave. So. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-16-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT L. Jensen
(Address) Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa, Ida. Date 9-10, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Oct-2, 1933 Zyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Sep 5, 1933
I last saw h[illegible] alive on Sep 5, 1933; death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina of 2 hrs duration; Dead on Arrival of Physician	

Other contributory causes of importance:
Chronic Myocarditis and Coronary Sclerosis

Name of operation None Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. P. Foss, M. D.
(Address) Nampa,

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85915

PLACE OF DEATH
County of Canyon
City of Nampa,
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 109

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Anny Agnes Earle

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-12-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse ic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nev.

FATHER

13. NAME James Earle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridgit Kubury

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Harry Earle Salt Lake City, Utah.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 9-18, 1933

19. UNDERTAKER F.K. Robinson
(Address) Nampa, Ida.

20. FILED Oct-2, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept 14, 1933.
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Disease	
for several years	
Sudden failure, pneh	
Other contributory causes of importance:	
only few minutes	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O C Beckwith M. D.
(Address) Nampa Ida

RECEIVED OCT 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85916

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 110

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leonard Lee Graham

118 F

(a) Residence. No. Melba, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr.

FATHER

13. NAME Wm C. Graham

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Nanny Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) James Graham Melba, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 9-19, 1933

19. UNDERTAKER F.K.Robinson (Address) Nampa, Ida.

20. FILED Oct 2, 1933 Lester Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933, to Sept 16, 1933

I last saw him alive on Sept 16, 1933: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction and impaired circulation in mesentery.	

Other contributory causes of importance:

Name of operation Loosened Adhesions of intestines Date of 9-16-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Swayne, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE

State File No. 85917

Local Registrar's No. 112

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1006

2. FULL NAME Glenn A. Moffatt

(a) Residence. No. 1113-12 ave S St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nellie Moffatt

6. DATE OF BIRTH (month, day, and year) 2-23-87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME D. W. Moffatt

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Watson

16. BIRTHPLACE (city or town) (State or country) Neck

17. INFORMENT (Address) Mrs Glenn Moffatt Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date 9-29, 1933

19. UNDERTAKER F. H. Robinson (Address) Nampa, Idaho

20. FILED Oct-6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-26-33, 193, to 9-26, 1933

I last saw h. alive on 9-26-, 1933: death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Hypostatic Oedema of the lungs	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Swayne, M. D.

(Address) Nampa, Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1933

FORM V. S. NO. 5-A-25M. 1-19-

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 7
Primary Registration District No. 2006
(No. State School & Colony)

State File No. 85918
Local Registrar's No. 111

1. PLACE OF DEATH
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Truman Howe

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: May (Month) 19 (Day) 1905 (Year)

7. AGE: 28 Yrs. 4 Mos. 7 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF Father: Arthur Howe

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Phoeba Hunt

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lydia Rodgers
(Address) Nampa Idaho

15. Filed Oct 6 1933 Lydia Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 9 (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1924, to 9-27-1933, that I last saw him alive on 9-27-1933, and that death occurred on the date stated above, at 4 A.M.
The CAUSE OF DEATH* was as follows:
Status Epilepticus
(Duration) ....yrs. ....mos. ....ds.
Contributory (Secondary) Exhaustion
(Duration) ....yrs. ....mos. ....ds.
(Signed) Lydia Rodgers M. D.
9-29-1933 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 9 yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death? Orofino
Former or usual residence Orofino

19. PLACE OF BURIAL OR REMOVAL: Nampa, Ida — DATE OF BURIAL: 10-1 1933

20. UNDERTAKER: [redacted] F. K. Robinson — ADDRESS: Nampa, Ida.

RECEIVED OCT 10 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85919

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Logan Bumgarner

(a) Residence. No. Rural, Nampa, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13, 1855

7. AGE Years 78 Months 3 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER
13. NAME Alexander Bumgarner
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER
15. MAIDEN NAME Matilda Fisher
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMENT (Address) Carl Bumgarner Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 9-27, 1933

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED Oct-6, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1933, to Sept 25, 1933.
I last saw him alive on Sep 24, 1933: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arteria Sclerosis

Name of operation None Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V. C. Bellman M.D.
(Address) Nampa Idaho

FORM V. S. No. 15—25M. 1-33

RECEIVED OCT 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 7

Primary Registration District No. 2006

State File No. 85920

Local Registrar's No. 101

1. PLACE OF DEATH

County of Canyon

City of Nampa

(No. State School St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Orrill Leroy Portner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6. DATE OF BIRTH: Sept (Month) 7 (Day) 1899 (Year)

7. AGE: 33 Yrs. Mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ida

10. NAME OF Father:

11. BIRTHPLACE OF FATHER (State or Country): York Pa

12. MAIDEN NAME OF MOTHER: Sophie Bell Portner

13. BIRTHPLACE OF MOTHER (State or Country): Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Poynter
(Address) Nampa Idaho

15. Filed Oct- 2 1933 Lyda Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-2- 1928, to 9-16- 1933, that I last saw h.. alive on 9-16- 1933, and that death occurred on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Don Poynter M. D.

9-16 1933 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 5 yrs. 3 mos. 14 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Nampa Idaho
Former or usual residence Lafayette Idaho

19. PLACE OF BURIAL OR REMOVAL: Nampa Idaho — DATE OF BURIAL: Sept 20 1933

20. UNDERTAKER: H. M. Talley — ADDRESS: Nampa

Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V.S. No. 5 A-25M-19.

RECEIVED OCT 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 85921
Local Registrar's No. 102

1. PLACE OF DEATH

County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. State School & Colony)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lenore M Day

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (Write the word)

6. DATE OF BIRTH (Month) (Day) (Year) 1907

7. AGE 26 Yrs. Mos. ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Waitress
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Wyo

10. NAME OF Father Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Rogers
(Address) Nampa Idaho

15.
Filed Oct 2 1933 Lyda A Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-9 1918, **to** 9-12-1933 **that I last saw h~~e~~r alive on** 9-11-1933, **and that death occurred on the date stated above, at** 8 45 AM.

The CAUSE OF DEATH* was as follows:

Diabetes Epilepsy Cirrhosis

since Birth (Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Don Rogers M. D.

19 (Address) Nampa Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 15 yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Moscow Idaho

Former or usual residence Moscow Idaho

19. PLACE OF BURIAL OR REMOVAL Kohlerlawn-Nampa — **DATE OF BURIAL** 9-14 1933

20. UNDERTAKER Mrs Nina M Talley — **ADDRESS** Nampa, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19. RECEIVED OCT 10 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2006

(No. State School & Colony) St.

State File No. 85922

Local Registrar's No. 103

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alma Stagg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: July (Month) 5 (Day) 1913 (Year)

7. AGE: 20 Yrs. 2 Mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF Father: Thomas J Stagg

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: Harris

13. BIRTHPLACE OF MOTHER (State or Country): ~~Tenn~~ Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dorr Poynter
(Address) Nampa Idaho

15. Filed Oct 2 1933 Lydia Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH 78

16. DATE OF DEATH: 9 (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to 9 — 7 — 1933, that I last saw him alive on 9 — 7 — 1933, and that death occurred on the date stated above, at 12 45 M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Infected leg

(Duration) Since Birth yrs. ..... mos. ..... ds.

(Signed) Dorr Poynter M. D.

19..... (Address) Nampa Idaho

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 3 yrs. 2 mos. 14 days. In the State since Birth yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Ucon Idaho
Former or usual residence Ucon Idaho

19. PLACE OF BURIAL OR REMOVAL: Kohlerlawn-Nampa

DATE OF BURIAL: 9-14 1933

20. UNDERTAKER: Wm D. Talley

ADDRESS: Nampa, Ida

...UNFADING INK—THIS IS A PERMANENT RECORD
...tion should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85923

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 108

(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm. Geo. Hannaford

(a) Residence. No. Colonial Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-21-74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rail Road Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Geo. Hqnnaford

14. BIRTHPLACE (city or town) (State or country) N.H.

MOTHER

15. MAIDEN NAME Da

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Mrs Geo. Hannaford Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 9-9- 1933

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Ida.

20. FILED Oct 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept-7 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1933, 193, to Sept. 7, 1933.
I last saw him alive on Sept 6, 1933: death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	

Other contributory causes of importance:

Name of operation prostatectomy Date of March 1933
What test confirmed diagnosis? Lab, Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. R. Proctor, M. D.
(Address) Nampa, Idaho.

RECEIVED SEP 8 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85924

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

202

2. FULL NAME Duane Elbert Ford

(a) Residence. No. Nampa, Ida. Rt.#4 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-18-27

7. AGE: 5 Years | Months: 11 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER
13. NAME Jessie B. Ford
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Grace Hale
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Mrs Grace Ford Nampa, Rt.#4

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 8-23, 1933

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED Sept 1, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to 8-21-, 1933.

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Killed in accident
Instant death
Riding in wagon & one end of chain
rapped about hub (wheel) & other end
about boys neck. Pulled him
against wagon bed and broke
his neck.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No
(Signed) V C Beeman M. D.
(Address) .....

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85925

Registration District No. 17

Primary Registration District No. 2196 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Williams

(a) Residence. No. 601 - North Overland St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 23 - 1849

7. AGE Years 83 Months 11 Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Thomas Singletone

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Christena

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mr. Jack Williams Burley, Ida

18. BURIAL, CREMATION OR REMOVAL

Place Almo Ida Date 9-18, 1933

19. UNDERTAKER (Address) D. E. Johnson Burley Idaho

20. FILED 9-16, 1933 Louise Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-15 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Sept 15, 1933.

I last saw her alive on Sept 15, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Incompetency	

Other **contributory causes** of importance:

Advanced age

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. H. Cutler, M. D.

(Address) Burley

RECEIVED [illegible] 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85926

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel James Gilman

(a) Residence. No. 338 N. Elba St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carlaine Gilman

6. DATE OF BIRTH (month, day, and year) Oct-4-1860

7. AGE: Years 72 | Months 11 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cattleman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sheep & Cattle
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME James Gilman
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Beader
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Carlaine J. Gilman

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date 9/21, 1933

19. UNDERTAKER (Address) W. E. Johnson Burley Idaho

20. FILED 9/18, 1933 Hanna Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1933, to Sept. 17, 1933.
I last saw him alive on Sept. 17, 1933.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Other **contributory causes** of importance:	
Arteria Sclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ....., M. D.
(Address) .....

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85927

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Wells Moncur.

(a) Residence: No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14 - 1933

7. AGE Years Months Days 5 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley (State or country) Ida.

FATHER

13. NAME Wayne Moncur.

14. BIRTHPLACE (city or town) Rupert (State or country) Idaho.

MOTHER

15. MAIDEN NAME Bernice Drake.

16. BIRTHPLACE (city or town) Heyburn (State or country) Ida.

17. INFORMANT (Address) Wayne Moncur Rupert Ida.

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date 9/20, 1933

19. UNDERTAKER (Address) D. Johnson Burley Ida.

20. FILED 9/20, 1933 Lewis Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933, to Sept 19, 1933.

I last saw him alive on Sept 17, 1933: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Failure of closure of Foramen Ovale	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) F. H. Outler, M. D.

(Address) .....

RECEIVED OCT 9 1933

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Milner
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 117
Primary Registration District No. 2196
(No. ..... St.)

File No. 85928
Registered No. 64
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fransisco Acevez

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH June (Month) 9 (Day) 1929 (Year)

7. AGE 4 yrs. 3 mos. 11 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho.

10. NAME OF FATHER Cecilio Acevez

11. BIRTHPLACE OF FATHER (State or Country) Mexico

12. MAIDEN NAME OF MOTHER Cecilia Hernandez

13. BIRTHPLACE OF MOTHER (State or Country) Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) x Cecilio Acevez
(Address) Milner Idaho.

15.
Filed Sep 20 1933 Laura Greco
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

88a

16. DATE OF DEATH Sept. (Month) 19 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1933, to Sept 19 1933 that I last saw him alive on Sept 17 1933 and that death occurred on the date stated above, at 6.50 am M.

The CAUSE OF DEATH* was as follows:
Endocarditis (acute).

..... (Duration) ..... yrs. 2½ mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) H W Wilson M. D.
Sept 19 1933 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Burley Ida
DATE OF BURIAL Sept. 22 1933

20. UNDERTAKER D. E. Johnson
ADDRESS Burley Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

OCT 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85929

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 57

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

151

2. FULL NAME Violet Dawson

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 13 1922

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	10	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School Girl

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME W.W. Dawson

14. BIRTHPLACE (city or town) Mont
(State or country)

MOTHER

15. MAIDEN NAME L. Thorantan

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT W.W. Dawson
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Sep. 29., 193..

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED Sep. 29., 1933 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 27 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24., 1933 to Sept. 27, 1933.

I last saw h[illegible] alive on Sept 27 1933: death is said to have occurred on the date stated above, at 4.30 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Compound fracture	
right humerus	9/24/33

Other **contributory causes** of importance:

Gangrene (gas bacillus infection)	9/25/33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Hopkins, M. D.

(Address) Orofino, Idaho

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85930

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

58a

2. FULL NAME May Frensdorf

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. Color or Race: w
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 11 1911

7. AGE: Years 22 Months 2 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ida

FATHER

13. NAME Chas Frensdorf

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME Violet Ladd

16. BIRTHPLACE (city or town) (State or country): Ida

17. INFORMANT (Address): Chas Frensdorf Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 9/16, 193..

19. UNDERTAKER (Address): W. A. Shaw Orofino

20. FILED 9/16, 1933 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 1927, to 9/15, 1933

I last saw her alive on 9/15, 1933: death is said to have occurred on the date stated above, at 7:15 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia (Progressive)	

Other **contributory causes** of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? all of them Blood etc. Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury.., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ✓

(Signed) W. F. Robertson, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85931

PLACE OF DEATH

County of Clearwater

City of Dent

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Robert Graham

(a) Residence. No. Dent Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank etc** Labor work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Robert L. Graham

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Lola Young

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) R. L. Graham Culdesac Ida

18. BURIAL, CREMATION, OR REMOVAL Place Culdesac Ida Date 11 - 13, 1933

19. UNDERTAKER J. B. Merchant (Address) Clarkston Wn.

20. FILED 9/13, 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-12 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at about 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9-12 1933

Where did injury occur? at Bill McCullough Ranch
(Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wayne L. Herns Coroner, M. D.

(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85932

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 70
Primary Registration District No. 2107 Local Registrar's No. 54
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Ruth J. Babbitt

(a) Residence. No. Lloyd Ave Orofino St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 10 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Orofino Ida
(State or country)

FATHER

13. NAME Andrew Babbitt Jr

14. BIRTHPLACE (city or town) Neb
(State or country)

MOTHER

15. MAIDEN NAME Dorthy Bryant

16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMANT Andrew Babbitt Jr
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Sept 12, 1933

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 9/11, 1933. V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Sept 10, 1933.
I last saw her alive on Sept 10, 1933; death is said to have occurred on the date stated above, at 2:40 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ....
(Signed) A. B. Pappenhagen M. D.
(Address) Orofino Idaho

RECEIVED OCT 5 1933

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85933

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 53

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58

2. FULL NAME John Hillman

(a) Residence. No. St. Wardner, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE: Years 58; Months ?; Days ?; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meires Grove, Minnesota

FATHER

13. NAME Mathies Hillman

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Barbara FFridrick

16. BIRTHPLACE (city or town) (State or country) Unascerrtained

17. INFORMENT (Address) Records, State Hospital North Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place State Hosp. Cemetery Date Sept. 5, 1933

19. UNDERTAKER (Address) F. A. Billberg. Hosp. Attdt. Orofino - Idaho

20. FILED 9/5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, 193, to Sept. 2, 1933

I last saw him alive on Sept. 2, 1933: death is said to have occurred on the date stated above, at 9.20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Psychosis with cerebro-spinal syphilis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Wassermann 4 plus Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelway, M. D.

(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85934

PLACE OF DEATH

County of Clearwater

City of Orofino

Registration District No.

Primary Registration District No.

Local Registrar's No. 52

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Christina Coppinger

(a) Residence. No. Shoshone County Infirmary St. Wallace, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles Coppinger

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1892

7. AGE: Years 40 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER
13. NAME -----Hansen
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMENT (Address) Records, State Hospital North Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane Date 9/2, 193

19. UNDERTAKER (Address) Kalb-Bumgarner-Swanson Spokane Wn.

20. FILED 7/1, 1933 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933, to August 30, 1933.
I last saw her alive on August 29, 1933: death is said to have occurred on the date stated above, at 6.20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Psychosis with other brain and nervous diseases (combined sclerosis of the spinal cord).

Name of operation None Date of
What test confirmed diagnosis? Phys. signs Where an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho -

RECEIVED SEP 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85935

PLACE OF DEATH
County of Curtis
City of Clayton

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. ~~74~~ 158

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Frank E. Gilbert
(a) Residence. No. Mackey Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1870.

7. AGE: 63 Years, 2 Months, 2 Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CCC Camp F83
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clayton Idaho
10. Date deceased last worked at this occupation (month and year) Aug. 13, 1933.
11. Total time (~~years~~) spent in this occupation 2 months.

12. BIRTHPLACE (city or town) (State or country) Unionville, Nevada.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mackey Date Aug 16 1933

19. UNDERTAKER (Address) McHan Pocatello Idaho

20. FILED 8-12, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Aug. 12, 1933: death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	Aug. 14, 1933.
Coronary occlusion	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —
(Signed) C. R. Darnall, 1st Lt. MC, USA, M. D.
(Address) Camp F-83-Bonanza, Clayton, Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 20 1933

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85936

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 160
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles DeWitt
(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel De Witt
6. DATE OF BIRTH (month, day and year) Nov 26 1869
7. AGE Years 73 Months 8 Days 5 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher sawmill & Lumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Salem Center Indiana

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown Unknown
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Mrs Mabel De Witt Challis, Ida.
15. Filed Aug 1, 1933 Edna McPherson Registrar.
Sept 18, 1933

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 23 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw him alive on July 27, 1933
and that death occurred, on the date stated above, at m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. G. Ebbent Coroner M. D.
Aug 1 1933 (Address) Challis, Ida.

19. Place of Burial, Cremation, or Removal Challis, Ida. Date of Burial Aug 2 1933
20. Undertaker [illegible] Deobler Address Salmon, Ida.

RECEIVED SEP 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85937

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PHYSICIAN

PLACE OF DEATH

County of Custer
City of Challis
Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 159
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Hurley
(a) Residence. No. St. Billy Watson
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Unknown

7. AGE: Years: Approx 58; Months; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Custer Co. Idaho

PARENTS
10. NAME OF FATHER: John Hurley
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Catherine Mansfield
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14. Informant (Address): M. E. Hurley

15. Filed Aug 7, 1933 Elsa M. Kenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 5 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Heart trouble
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Dropsy
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. A. Edwards M. D.
19 (Address) Challis Ida.

19. Place of Burial, Cremation, or Removal: Mackay Idaho — Date of Burial: Aug 9 1933
20. Undertaker: [illegible] Address

RECEIVED SEP 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85939

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 36
Primary Registration District No. 2021
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

31

2. FULL NAME Lilly Ruth Volock

(a) Residence. No. GLENNS FERRY, IDAHO St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: CAUC
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Volock

6. DATE OF BIRTH (month, day and year) MAY 3, 1908

7. AGE 25 Years | Months 1 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at parents home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chicago Illinois

PARENTS
10. NAME OF FATHER Ernest Frommel
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Homisch
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) —

14. Informant ERNEST FROMMEL
(Address) GELNNS FERRY, IDA

15. Filed July 28, 1933 Mary Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH JUNE (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from JULY, 1932, to JUNE, 1933
that I last saw her alive on June 26, 1933
and that death occurred, on the date stated above, at 1:15 p.m.
The CAUSE OF DEATH* was as follows:
PULMONARY TUBERCULOSIS

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of .....
Was there an autopsy? ✓
What test confirmed diagnosis? CLINICAL
(Signed) M. P. Mendeling D.
7-20-33 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Glenns Ferry Ida | Date of Burial: July 27 1933

20. Undertaker: G C Zacher | Address: Mt Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 23 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85940

PLACE OF DEATH

County of ELMORE

City of GLENNS FERRY

Registration District No. 35

Primary Registration District No. 2021

(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME SYBIL ANNA BARTON

(a) Residence. No. FUENDELING HOSPITAL St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	CAUC	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CHARLES BARTON

6. DATE OF BIRTH (month, day and year) JAN 30 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) WISCONSIN

PARENTS

10. NAME OF FATHER LOOMIS L. HOSELY

11. BIRTHPLACE OF FATHER (city or town) (State or Country) WISCONSIN

12. MAIDEN NAME OF MOTHER EMMA REDMOND

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) MAINE

14. Informant MRS L.L.HOSELY

(Address) Boise Idaho.

15. Filed July 16, 1933 Mary L. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH JULY (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from JUNE 17, 1933, to JULY 16, 1933

that I last saw her alive on JULY 16, 1933

and that death occurred, on the date stated above, at 6:15 p.m.

The CAUSE OF DEATH* was as follows:

SUDDEN CIRCULATORY COLLAPSE

4 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac et Vasomotor failure (duration) 4 hours yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of July 12

Was there an autopsy? yes

What test confirmed diagnosis? clinical & path.

(Signed) [signature], M. D.

7-20-33 19 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Glenns Ferry Ida	7-20 1933

20. Undertaker G.C. Yadon Address Mt. Home.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85941

PLACE OF DEATH
County of Elmore
City of Mtn. Home

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Henry Louis Huguelet

(a) Residence. No. King Hill Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 60 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lora Huguelet

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1884

7. AGE: Years 48 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Apr 1933
11. Total time (years) spent in this occupation 19 yrs.

12. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio

FATHER
13. NAME ~~Unknown~~ Jules Huguelet
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMENT (Address) Mrs. Lara Huguelet King Hill.

18. BURIAL, CREMATION, OR REMOVAL
Place Glenns Ferry Date 5/17, 1933

19. UNDERTAKER (Address) D. S. Zeither Mt. Home, Ida.

20. FILED Sep 28, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 15, 1933
I last saw him alive on May 15, 1933: death is said to have occurred on the date stated above at 5.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	Apr 30 '33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Henry C. Rifford, M. D.
(Address) Mountain Home, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Prairie PO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85942

Registration District No. 34

Primary Registration District No. 2020 Local Registrar's No. 17

(No. Prairie, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William F. Davison.

(a) Residence. No. Emmett, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Davison.

6. DATE OF BIRTH (month, day, and year) October 22nd 1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs. Mattie Fess. Emmett, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Dry Creek Cem. Date 9/28/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED Sept 28 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h.. alive on ....., 193.. death is said to have occurred on the date stated above, at 5. A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.

(Address) Boise, Idaho.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85943

PLACE OF DEATH
County of Elmore
City of Atlanta

CERTIFICATE OF DEATH
Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 15
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** James A Comer.
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: French Creole
5. Single, Married, Widowed, or Divorced (write the word.): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE: 79 Years | Months: 9 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS
10. NAME OF FATHER: Geo W. Comer
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Washington D.C.
12. MAIDEN NAME OF MOTHER: Virginia Washington
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Richmond Va.

14. Informant (Address) .....

15. Filed Sep 19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
~~at~~ July (Month) 13 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found dead in bead in Barber Shop 7-14-1933.
Pulmonary Hemmorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Old age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Philo F. Green Coroner M. D.
7-18, 1933 (Address) Mt Home Ida

19. Place of Burial, Cremation, or Removal: Mt Home Cemetry | Date of Burial: 7-18 1933
20. Undertaker: [signature] | Address: Mt. Home Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 23 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85944

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Stewart

(a) Residence. No. Glenns Ferry, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas P Stewart - deceased

6. DATE OF BIRTH (month, day, and year) Jan - 26 - 1853

7. AGE Years 80 Months 6 Days 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loomi Illinois

FATHER

13. NAME Brice Weir

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Nancy Dodd

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) Brice E. Stewart

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Boise Date 8-14 1933

19. UNDERTAKER (Address) Schreiber & Mr Cann Boise

20. FILED Aug 17, 1933 Mary L Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to August 13, 1933

I last saw her alive on Aug 12 1933: death is said to have occurred on the date stated above, at 11.40 m.pm

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	

Other **contributory causes** of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Glenns Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85945

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Rawan Brewer.

(a) Residence. No. Glenns Ferry Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 10 - 1925

7. AGE — Years: 7 | Months: 3 | Days: 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glenns Ferry School
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 5 mos

12. BIRTHPLACE (city or town) (State or country): Glenns Ferry Idaho

FATHER
13. NAME: Clarence Lloyd Brewer
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Mabel Lucile Belmore
16. BIRTHPLACE (city or town) (State or country): California

17. INFORMANT (Address): Mr and Mrs. L. Brewer.

18. BURIAL, CREMATION, OR REMOVAL Place: Glenns Ferry Ida Date 3-26, 1933

19. UNDERTAKER (Address): J. C. Tacher

20. FILED 3-26, 1933 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw him alive on March 25, 1933; death is said to have occurred on the date stated above, at 6.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	3-23-33

Other contributory causes of importance:
Measles

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Davis, M. D.

(Address) Glenns Ferry Idaho

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85946

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leah Stowe Bench

(a) Residence. No. Preston Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

137

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. Bench

6. DATE OF BIRTH (month, day, and year) May. 21, 1874

7. AGE: Years 59 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lemington England

FATHER
13. NAME Jacob Stowe
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ann Taylor
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ann Holman Logan, Utah

18. BURIAL, CREMATION, OR REMOVAL Place Logan Utah Date Sept. 19, 1933

19. UNDERTAKER (Address) John M Richards Logan, Utah

20. FILED Oct 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933, to Sept 16, 1933.
I last saw her alive on Sept 16, 1933; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Ovarian cyst with Malignant degeneration Metastasis to Diaphragm Parietal peritoneum & liver	1930

Other contributory causes of importance:

Operation for removal of Ovarian cyst	Sept 9th 1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. R. Porter, M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 193

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85947

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Theodore Daniel Alder

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1880

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): ~~single~~ Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice Alder

6. DATE OF BIRTH (month, day, and year): Sept 17 1857

7. AGE: Years 75 Months 11 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kaysville Utah

FATHER

13. NAME: Alfred Alder

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Susan Field

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Verna Alder Kidd Preston

18. BURIAL, CREMATION, OR REMOVAL
Place: Prestob Idaho Date: Sept 12 1933

19. UNDERTAKER (Address): MW Hendricks Preston

20. FILED Oct 8, 1933 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 8-45 m P.M.

The principal cause of death and related causes of importance were as follows:

Death was caused by ~~him~~ hitting an auto.
verdict
unavoidable accident

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193..

Where did injury occur? Preston
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature], M. D.

(Address) coroner

RECEIVED OCT 10 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 2114

DO NOT WRITE IN THIS SPACE
State File No. 85948

Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Catherine Nelson

50

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. I ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Orson Nelson

6. DATE OF BIRTH (month, day, and year) July 17 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minkcreek Id.

FATHER
13. NAME Emanuel Keller , Utah
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Hannah Roberts
16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMENT (Address) Orson Nelson husband Minkcreek Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Minkcreek Id. Date Sept 22 1933

19. UNDERTAKER (Address) M.W.Hendricks Preston Id.

20. FILED Oct 8, 1933 G. W. State Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to Sept 19, 1933.
I last saw her alive on Sept 18, 1933; death is said to have occurred on the date stated above, at 7.15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative	
Hyperpyrexia	36 hours,

Other contributory causes of importance:
Sensation - Hysterectomy 2 days
Large Myoma of Fibroids

Name of operation Hysterectomy Date of 9-17-33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A.R. Curtis, M. D.
(Address)

RECEIVED OCT 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85949

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No.
Primary Registration District No.
Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucius Ethelbert Crane

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. I ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Louise Crane

6. DATE OF BIRTH (month, day, and year): Feb 4 1899

7. AGE: Years 34 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Draper Utah

FATHER
13. NAME: Wm Crane
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Susana Kidd.
16. BIRTHPLACE (city or town) (State or country): Harriman Utah

17. INFORMENT (Address): Louise Crane wife

18. BURIAL, CREMATION, OR REMOVAL
Place: Minkcreek Id. Date: Oct I, 1933

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED: Oct 8, 1933 G. W. State Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1933, to Sept 27, 1933
I last saw him alive on Sept 27, 1933: death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	Sept 20 1933
Peritonitis	
Septicemia	

Other contributory causes of importance:

Name of operation: Appendectomy Date of: Sept 25
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Orson S. Daines, M. D.
(Address) Preston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A—25 M. 1-19. RECEIVED OCT 10 1933

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Franklin

City of Weston

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 27

Primary Registration District No. 2119

(No. ..... St.)

File No. 85950

Registered No. 12

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Donald K. Binggeli

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant (Write the word.)

6. DATE OF BIRTH: Sept (Month) 7 (Day) 1933 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many 3 hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Weston

10. NAME OF FATHER: Joseph B. Binggeli

11. BIRTHPLACE OF FATHER (State or Country): Weston

12. MAIDEN NAME OF MOTHER: Dorotha E. Kofoed

13. BIRTHPLACE OF MOTHER (State or Country): Preston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dorotha Binggeli

(Address) Weston Idaho

15. Filed Oct 7 1933

G. W. Staley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

161a

16. DATE OF DEATH: Sept (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933, to Sept 7 1933 that I last saw him alive on Sept 7 1933 and that death occurred on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... Yrs. ..... mos. 3 hrs

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. R. Cutler M. D.

9-8 1933 (Address) Preston, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weston Idaho

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: John M. Richards

ADDRESS: Logan Utah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED SEP - 0

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85951

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ellen Halgren 99

(a) Residence. No. St. Anthony, Idaho. 2177 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Heber J. Halgren

6. DATE OF BIRTH (month, day, and year) Dec. 22nd, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hooper Utah
(State or country)

FATHER
13. NAME Edward Hobert Thompson
14. BIRTHPLACE (city or town) Ogden, Utah
(State or country)

MOTHER
15. MAIDEN NAME Rhoda A. Davis
16. BIRTHPLACE (city or town) E. Weber Utah
(State or country)

17. INFORMENT E. H. Thompson
(Address) St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilford Date 9/13/33 193

19. UNDERTAKER W. H. Hansen
(Address) St. Anthony, Idaho.

20. FILED 9/12/33, 193 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1933, to Sept 10, 1933
I last saw her alive on Sept 8th, 1933: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85952

PLACE OF DEATH
County of ~~Madison~~ Fremont
City of ~~Rexburg~~ Newdale

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 104

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James S. Andrews
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alice Montgomery Anderson

6. DATE OF BIRTH (month, day, and year) Sept 30/1861

7. AGE: Years 72 Months 0 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation to date

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER
13. NAME John Anderson
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Wright
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Alice Anderson

18. BURIAL, CREMATION, REMOVAL Wilford Idaho
Place ~~Stanford~~ Ida Date Oct 7, 1933

19. UNDERTAKER (Address) A. B. Eckersell Rigby Idaho

20. FILED Oct 11, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933, to Oct. 1, 1933.
I last saw him alive on Oct 1, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 28

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [signature], M. D.
(Address) Rexburg, Idaho

RECEIVED OCT 1 5 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE
State File No. 85953

Local Registrar's No. 103

(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia Augusta Sorensen

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Hans Sorensen

6. DATE OF BIRTH (month, day, and year) Apr. 17-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME George William May

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Annie K. Kjalcup

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs Sophia Powell St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 10/4/33 193

19. UNDERTAKER W. H. Hammond (Address) St. Anthony, Idaho

20. FILED Oct 4, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28—, 1933, to Oct. 1, 1933

I last saw he alive on Sept. 28, 1933; death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis (Hemorrhagic)	Sept. 27
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Ida.

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Newdale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85954

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 102

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Minnie Poulson

(a) Residence. No. Newdale, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. – mos. – ds. How long in U. S., if of foreign birth? 60 yrs. – mos. – ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Niels Poulson

6. DATE OF BIRTH (month, day, and year): May 4, 1869

7. AGE: Years 64 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home
10. Date deceased last worked at this occupation (month and year): 9-1-33
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Soren Kelson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Mrs Fay Andrews Newdale, Ida.

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Wilford, Ida. Date: 10-10, 1933

19. UNDERTAKER (Address): O. C. Buck Idaho Falls.

20. FILED: Oct 9, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Oct 6, 1933
I last saw her alive on Oct 1, 1933: death is said to have occurred on the date stated above, at 6:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT

PLACE OF DEATH

County of Fremont

City of Newdale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85955

Registration District No. 99

Primary Registration District No. 2197

Local Registrar's No. 181

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

160

2. FULL NAME Marylin Thomas.

(a) Residence. No. Newdale Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	S.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 3- 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	✓	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newdale
(State or country)

FATHER

13. NAME Glenn R. Thomas.

14. BIRTHPLACE (city or town) Lehi Utah
(State or country)

MOTHER

15. MAIDEN NAME Beatrice Haws.

16. BIRTHPLACE (city or town) Teton, Idaho
(State or country)

17. INFORMENT Mrs. J. L. Thomas
(Address) Sugar, City Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Ida. Date Oct 9th, 1933.

19. UNDERTAKER Vern J. Keller
(Address) Rexburg Idaho.

20. FILED Oct 10, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 9, 1933

I last saw her alive on Oct 8, 1933: death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Blue Baby	
Patent Ductus Arteriosus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. H. Bigley, M. D.

(Address) Rexburg

RECEIVED SEP 13 1933

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85956

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. ~~86~~ 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lucy May Sorton

146

(a) Residence. No. Rexburg Route #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Howard L. Sorton

6. DATE OF BIRTH (month, day, and year) June 19, 1909

7. AGE: Years 24 Months 2 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Hibbard, Idaho

FATHER
13. NAME Alfred Higley
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER
15. MAIDEN NAME Elizabeth Hart
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Clyde Higley Rexburg #2

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Sept 11, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg, Idaho

20. FILED Sept 10, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sep 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933, to Sept. 9, 1933
I last saw her alive on Sept. 9, 1933: death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	

Other contributory causes of importance:
Operative
Removal of macerated 5 mo. foetus

Name of operation Curettment Date of 9-9-33
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) P. M. Kelly, M. D.
(Address) St. Anthony Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 20 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Fremont

City of St. Anthony

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 99

Primary Registration District No. 2177

(No. ....., ... St.)

File No. 85957

Registered No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant, Orme

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Infant.

6. DATE OF BIRTH: Sept. (Month) 12 (Day) 1933 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): St. Anthony Idaho

10. NAME OF FATHER: Martel Orme

11. BIRTHPLACE OF FATHER (State or Country): Tooele Utah ~~Sugar City Idaho~~

12. MAIDEN NAME OF MOTHER: Annette Walker

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T A Ellison

(Address) St. Anthony

15.

Filed Sep 14 1933 Sarah Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1933 to Sept 13 1933 that I last saw him alive on Sept 13 1933 and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage following birth -

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T A Ellison M. D.

9/13 1933 (Address) St. Anthony Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 1 days. In the State ..... yrs. ..... mos. 1 days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sugar City

DATE OF BURIAL: 9/14 1933

20. UNDERTAKER: W H Hansen

ADDRESS: St. Anthony Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED OCT 5 1933

FORM V. S. No. 6-A-25M 1-29.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 85958

Local Registrar's No.

1. PLACE OF DEATH
County of Gem
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 6
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Clark B. Girton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Single

6. DATE OF BIRTH: Sept. (Month) 20 (Day) 1891 (Year)

7. AGE: 42 Yrs. Mos. 14 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): La Grande, Ore.

10. NAME OF Father: Charles W. Girton

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Embre T. Bolanger

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Bess Olsen
(Address) 1654 N. Harrison Pocatello Ida

15.
Filed 10-5- 1933 J. L. Reynolds
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1933, to Oct 4 1933, that I last saw h~~im~~ alive on Oct 4 1933, and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(Duration) yrs. mos. 9 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
10/5 1933 (Address) Emmett

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Idaho — DATE OF BURIAL: Oct 7 1933

20. UNDERTAKER: C D Buchanan — ADDRESS: Emmett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 85959

PLACE OF DEATH
County of Gem
City of Emmett

CERTIFICATE OF DEATH
Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James R. Ackaret
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-26-1857

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter & wagon
(b) General nature of industry, business, or establishment in which employed (or employer) Maker —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ills

PARENTS

10. NAME OF FATHER Henry Ackaret
11. BIRTHPLACE OF FATHER (~~city or~~ town) (State or Country) Switzerland
12. MAIDEN NAME OF MOTHER Maryanne Cooper
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Canada

14. Informant (Address) Mrs James R. Ackaret Emmett Idaho

15. Filed 10-5, 1933. J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9-17- (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Twenty years 9/17, 1933
that I last saw him alive on 9-16, 1933
and that death occurred, on the date stated above, at 8 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic myocardial disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J L Reynolds M. D.
....., 19.... (Address) .....

19. Place of Burial, Cremation, or Removal: Emmett Cemetery
Date of Burial: 9-20 1933

20. Undertaker: Paul L. Case
Address: Caldwell Ida

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85960

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 245

(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fayette S Franklin

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Hollie Franklin

6. DATE OF BIRTH (month, day, and year) Feby 16 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
78	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Springfield (State or country) Mo

FATHER
13. NAME Samuel Franklin
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT Edw S Franklin (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 9-17, 1933

19. UNDERTAKER E E Lickrok (Address) Shoshone Idaho

20. FILED 9-30, 1933 J H Cromwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Sept 14, 1933

I last saw him alive on Sept 14, 1933: death is said to have occurred on the date stated above, at 1 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Sept 8

Other contributory causes of importance:

Crushed Contused Great Toe	Oct, 1932

Name of operation Amputation Date of Sept 14
What test confirmed diagnosis? Sight Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify
(Signed) T. E. O Ramett, M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85961

PLACE OF DEATH

County of Gooding

City of [illegible]

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 244

(No. Gooding Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin C. Calhoun

(a) Residence. No. ..... Gooding Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thelma May Calhoun

6. DATE OF BIRTH (month, day, and year) 3-5-1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Creamery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 9-24-

12. BIRTHPLACE (city or town) (State or country) Gannett Ida

FATHER

13. NAME J. E. Calhoun.

14. BIRTHPLACE (city or town) (State or country) Boise Ida

MOTHER

15. MAIDEN NAME Anna James

16. BIRTHPLACE (city or town) (State or country) St. James Mo

17. INFORMENT (Address) Wm C Calhoun. Gooding Ida

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Ida Date 9-28-, 1933

19. UNDERTAKER (Address) A. E. Thompson Gooding Ida

20. FILED 9-30, 1933 J H Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-26- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-24-, 1933, to 9-26-, 1933

I last saw him alive on 9-26-, 1933; death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendicitis	9-23
Intestinal obstruction	9-25
General peritonitis	9-24
Other contributory causes of importance:	

Name of operation Lap. Date of 9-25

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Cromwell, M. D.

(Address) Gooding Ida

FORM V. S. No. 5-A-25M—1-19.

RECEIVED OCT 4 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 85962

Local Registrar's No.

1. PLACE OF DEATH

County of Twin Falls Registration District No.

City of Wendell (Primary Registration District No.

If death occurs away from usual residence, give facts called for under special information. (No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Herbert Covell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6. DATE OF BIRTH: Sept (Month) (Day) 1870 (Year)

7. AGE: 63 Yrs. 0 Mos. — ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker + farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF Father: ✓

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Maxwell
(Address) Wendell Ida

15. Filed 9-11 1933 C. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 9th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1933, to Sept 9 1933, that I last saw him alive on Sept 9 1933 and that death occurred on the date stated above, at 1130 M.

The CAUSE OF DEATH* was as follows:
Cerebral Embolism
+ thrombosis

(Duration) yrs. mos. 21 ds.

Contributory (Secondary) Diabetes

(Duration) 10 yrs. mos. ds.

(Signed) C. L. Simonton M.D.
9-11 1933 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Ida | DATE OF BURIAL 19

20. UNDERTAKER: Sampson | ADDRESS Gooding

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19

RECEIVED OCT 4 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 85963

Local Registrar's No.

1. PLACE OF DEATH

County of Gooding

City of Wendell

Registration District No.

Primary Registration District No.

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME, instead of street and number.

2. FULL NAME John Williamson Mathewson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: May (Month) 11 (Day) 1874 (Year)

7. AGE: 59 Yrs. 3 Mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF Father: William Mathewson

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Janet Brown

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Mathewson

(Address)

15. Filed Sep 5 1933 E. R. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

44.

16. DATE OF DEATH: Sep (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Sep 2 1933 that I last saw him alive on Sept 2 1933 and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows: Cancer of the gall bladder

(Duration) 1 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. R. Simonton M.D.

1933 (Address) Wendell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wendell Idaho

DATE OF BURIAL: 9-5 1933

20. UNDERTAKER: Gordon Gosmith

ADDRESS: Wendell Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85964

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No. 18
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Driebergen 206

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years X Months X Days X If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wendell Idaho

FATHER
13. NAME Dick Driebergen
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Cecil Sams
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Dick Driebergen

18. BURIAL, CREMATION, OR REMOVAL
Place Jerome Cemetery Date Aug 31 1933

19. UNDERTAKER (Address) D A Harrison Jerome

20. FILED Oct , 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Aug 30, 1933
I last saw her alive on Aug 30, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	
Separation of	
Placenta premature.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

PLACE OF DEATH

County of Idaho

City of Elk City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85965

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Peter Larsen

(a) Residence No. Elk City Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX about 64

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 64 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** "

10. Date deceased last worked at this occupation (mo. and yr.) Sept 14

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Adolph Miller Elk City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Elk City Date Sept 18, 1933

19. UNDERTAKER (Address) Glenn Aslor Grangeville Ida

20. FILED Oct 13 1933 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on Sept. 14, 1933: death is said to have occurred on the date stated above, at 9.15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	9/14/33
Dropped or fell dead on mountain trail.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) A. W. Boyd M. D.
(Address) Elk City Idaho

Justice of the Peace, Elk City Precinct.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 11 1933

PLACE OF DEATH

County of Idaho

City of Fall Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85966

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 39

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Emmett Leonard

(a) Residence. No. Fall Creek, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug. 6, 1933

7. AGE — Years | Months: 2 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Infant

11. Total time (years) spent in this occupation: Infant

12. BIRTHPLACE (city or town): Grangeville
(State or country): Idaho

MOTHER FATHER

13. NAME: Floyd Leonard

14. BIRTHPLACE (city or town)
(State or country): Michigan

MOTHER

15. MAIDEN NAME: Jean Williams

16. BIRTHPLACE (city or town): Oregon
(State or country)

17. INFORMANT: Earl McHargue
(Address): Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL: XXXXXXXXXXXX
Place: Mt Idaho Date: Sept. 5, 1933

19. UNDERTAKER: Glenn Ailor
(Address): Grangeville, Idaho

20. FILED: 10-12-, 1933 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1933, to Sept. 7, 1933
I last saw h[illegible] alive on 9-3-, 1933. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	9-4-33.

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) B. Chapman M. D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

PLACE OF DEATH
County of Idaho
City of Grangeville,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85967

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 38
(No. At Home In Grangeville)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gaylord Allen

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) Sept. 4, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Grangeville, Idaho

FATHER

13. NAME Glade Allen

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Shirley Jackues

16. BIRTHPLACE (city or town) (State or country) California

17. INFORMANT Glade Allen
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Sept. 8, 1933

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Sept. 8, 1933 B. E. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 93

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1933, to 9-7, 1933.
I last saw him alive on 9-7, 1933.: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	9-7-33

Other **contributory causes** of importance:

Enlarged Thymus	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...
(Signed) B. E. Chapman ..., M. D.
(Address) Grangeville, Ida. ...

RECEIVED OCT 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85968

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Abigail Stockdale

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Eli Stockdale

6. DATE OF BIRTH (month, day, and year) 5/11/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Oregon

FATHER

13. NAME Gilbert Middaugh

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Houston

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMENT (Address) N.E. Stockdale

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Grangeville Date Sept 15, 1933

19. UNDERTAKER Hancock
(Address) Grangeville Ida

20. FILED Oct 13, 1933 B E Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/13/33

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Sept. 12, 1933
I last saw her alive on Sept. 12, 1933: death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) B E Chapman M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85969

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 109
Primary Registration District No. 2181
Local Registrar's No. 43

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Scott Rhett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Rice Rhett

6. DATE OF BIRTH (month, day, and year) Sept 25 74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Slate Creek
(State or country) Idaho

FATHER

13. NAME Wm Hudson Rhett

14. BIRTHPLACE (city or town) Eastern State
(State or country)

MOTHER

15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (city or town) Mt Miniville
(State or country) Oregon

17. INFORMENT E W Rhett
(Address) Grangeville Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Grangeville Date Sept 28 1933

19. UNDERTAKER C A Hancock
(Address) Grangeville

20. FILED 10-17-, 1933 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1933, to Sept. 28, 1933
I last saw him alive on Sept 28, 1933: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-27-33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) D Chapman M. D.
(Address) Grangeville Ida

RECEIVED OCT 9 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85970

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Cornelius English 46

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lafayette Grover English

6. DATE OF BIRTH (month, day, and year) December 7 - 1865

7. AGE Years 67 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubuque Iowa

FATHER

13. NAME Edward Lake

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Della Hoover

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Lenora G. Newland Cashmere Wash

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Country Date Sept-25 1933

19. UNDERTAKER (Address) George Frenary Kooskia - Idaho

20. FILED Sept-24, 1933. J. M. Verbeekmoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept-22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Sept-22, 1933.
I last saw her alive on Sept-22 1933: death is said to have occurred on the date stated above, at 9:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1929

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Microscope Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. M. Verbeekmoes M. D.
(Address) Kooskia - Idaho

RECEIVED OCT 9 1933

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85971

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 35-4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premature birth - 6½ mos

161a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-17-1933

7. AGE Years Months Days If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kooskia - Idaho

FATHER

13. NAME Edward J. Bowles

14. BIRTHPLACE (city or town) (State or country) Silver City Idaho

MOTHER

15. MAIDEN NAME Ethel May Dunnidge

16. BIRTHPLACE (city or town) (State or country) Nez Perce Idaho

17. INFORMANT (Address) Edward J. Bowles

18. BURIAL, CREMATION OR REMOVAL
Place Kidder Ridge Date Sept-17 1933

19. UNDERTAKER (Address) Family

20. FILED Sept-17 1933 J M Verbeekmoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-17, 1933, to Sept-17, 1933.
I last saw her alive on Sept-17 1933: death is said to have occurred on the date stated above, at 4:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth - 6½ mos	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J M Verbeekmoes, M. D.
(Address) Kooskia - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM [illegible] No. 5-25 M. 1-16-13

RECEIVED OCT 5 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation Hospital)

File No.

Registered No. 85972

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Ruby Dawson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married (Write the word.)

6. DATE OF BIRTH. Sept (Month) 7 (Day) 1898 (Year)

7. AGE 35 Yrs. Mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Denver, Idaho

10. NAME OF FATHER James P. Rush

11. BIRTHPLACE OF FATHER (State or Country) Ark.

12. MAIDEN NAME OF MOTHER Alice U. Rush

13. BIRTHPLACE OF MOTHER (State or Country) Ark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Chase

(Address) Grangeville, Idaho

15. Filed Sept. 7 1933 W. F. Orr per I.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

118

16. DATE OF DEATH Sept. (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1933, to Sept 7 1933, that I last saw her alive on September 7 1933, and that death occured on the date stated above, at 8:20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Obstruction of Bowel - due to old inflammatory adhesion

(Duration) Yrs. mos. 10 ds.

Contributory (Secondary) Toxemia & operation

(Duration) yrs. mos. ds.

(Signed) W. F. Orr M. D.

9/7 1933 (Address) Cottonwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Cottonwood Ida. yrs. mos 3 days In the State yrs. mos. days

Where was disease contracted if not at place of death? Grangeville Ida.

Former or usual residence Grangeville Ida.

19. PLACE OF BURIAL OR REMOVAL: Grangeville, Idaho

DATE OF BURIAL: Sept. 10 1933

20. UNDERTAKER: Glenn Ailor

ADDRESS: Grangeville

SYMS - YORK CO., PTRS. & BDRS. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED OCT 5 1933

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85973

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Ahler

(a) Residence. No. Cottonwood, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years about 68 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired section hand

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired section hand

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Geo. W. Tremary, Kooskia, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date Sept 15 1933

19. UNDERTAKER (Address) Glenn Acor, Grangeville, Idaho

20. FILED Sept 15, 1933. W. F. Ars, Registrar.
per D.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Coroner Case to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide. Train ran over Center of body	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12 1933
Where did injury occur? Cottonwood, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Railroad track
Manner of injury... Train injury
Nature of injury..... " .....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Geo. W. Tremary, M. D.

(Address) Coroner Idaho Co.

Kooskia Ida

RECEIVED OCT 5 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85974

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 31

(No. In Grave Creek Canyon)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Martha Aichlmayer

(a) Residence. No. Cottonwood, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Student

6. DATE OF BIRTH (month, day, and year) May 5, 1919

7. AGE Years 14 Months 4 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ,,

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood, Idaho

FATHER

13. NAME Otto Aichlmayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Sherer

16. BIRTHPLACE (city or town) (State or country) Keutenville

17. INFORMANT (Address) Otto Aichlmayer Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Cottonwood Date Sept. 19 1933

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho

20. FILED Sept. 19, 1933 W. F. Orr Registrar.

per I. B.

MEDICAL CERTIFICATE OF DEATH 16-1933

21. DATE OF DEATH (month, day and year) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died from a blow on the back of the head from some blunt instrument coming from a source unknown.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) Geo. W. Tiendry ~~M. D.~~

(Address) Coroner Idaho Co.

Kooskia Idaho

RECEIVED OCT 1 0 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85976

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 37

(No. 1610)
(If death occurred in a hospital or institution, give its name instead of street and number.)

PLACE OF DEATH

County of Jefferson
City of Clark

2. FULL NAME Baby Schluter.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 9, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	0	0	4 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

PARENTS

10. NAME OF FATHER John Schluter.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oregon.

12. MAIDEN NAME OF MOTHER Mable Jennieve Clark.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rigby, Idaho.

14. Informant John Schluter.
(Address) Ririe, Idaho.

15. Filed 9/10, 1933 C B Eckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 10 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10 33, 1933; to Sept. 10, 1933
that I last saw h~~im~~ alive on Sept. 9, 1933
and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows: Accidental - exposure of birth canal outside on ground Premature.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ~~—~~

(Signed) A. R. West, M. D.

Sept. 10, 1933 (Address) Rigby, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	9/10/33

20. Undertaker C B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED OCT 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85977

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 36
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1882

2. FULL NAME Vera Lucile Sharp.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 14, 1922

7. AGE	Years	Months	Days	If LESS than 1 day,
	11	1	12	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Taft, Calif.

PARENTS

10. NAME OF FATHER Samuel C. Sharp.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oklahoma.
12. MAIDEN NAME OF MOTHER Sarah Caroline Brown.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho Falls, Idaho.

14. Informant S. C. Sharp
(Address) Rigby, Idaho.

15. Filed Sept 27, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 26, 1933.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ ....., 19.. to ....., 19..
that I last saw ~~her~~ alive on Sept 26, 1933
and that death occurred, on the date stated above, at 4:15 P m.
The CAUSE OF DEATH* was as follows:
Basic Fracture of Skull.

..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Automobile Accident.
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? no.
What test confirmed diagnosis? .....
(Signed) A B Eckersell Coroner
Sept 27, 1933 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho Falls, Idaho.	Sept. 30-33

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85978

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. ____

PLACE OF DEATH

County of Jerome

City of Jerome

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Ole Thoresen

(a) Residence. No. ____ St. Main

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) Feb 27-1845

7. AGE: Years 88 | Months 6 | Days 13 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Hafslo dal Norway

FATHER

13. NAME Ole Thoresen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Gunt Brown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) O L Thoresen Jerome

18. BURIAL, CREMATION, OR REMOVAL Place ____ Date ____, 193

19. UNDERTAKER (Address) O. L. Thoresen Jerome

20. FILED 9/30, 1933 Chas. P. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Sept 20, 1933

I last saw him alive on Sept 19, 1933; death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	June 1933
Carcinoma of Stomach	?
Other contributory causes of importance:	

Name of operation no Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Chas. P. Zeller, M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85979

PLACE OF DEATH

County of Jerome

City of Jerome

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph H. Powell

(a) Residence. No. 4½ mi N W. Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Powell

6. DATE OF BIRTH (month, day, and year) Aug 23, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Joseph City Utah

FATHER

13. NAME J J Powell

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Amanda Gifford

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) J H Powell Jerome

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date Sept 14 1933

19. UNDERTAKER C R Wiley (Address) Jerome Idaho

20. FILED 9/14, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933, to Sept 12, 1933

I last saw him alive on Sept 12, 1933: death is said to have occurred on the date stated above, at 11:00 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Sept 10 33
Myocarditis	1920?

Other contributory causes of importance:

Nephritis Chronic	?

Name of operation No Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome Idaho

RECEIVED OCT 1 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85980

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rebecca Loney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. J. Loney

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: 64 Months: Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wichita Kan.

FATHER

13. NAME J. N. Partrige

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rebecca Partrige

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) J. J. Loney Jerome

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) J. R. Wiley Jerome, Ida

20. FILED 9/10, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Sept 9, 1933

I last saw her alive on Sept 7, 1933: death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928

Other contributory causes of importance:

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85981

PLACE OF DEATH
County of Jerome
City of

Registration District No. 18
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlie Brownley

(a) Residence. No. 2½ Mi East of Jerome, near Hanson Bridge
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Placer Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address) E. F. Barnhill Hanson Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Snake River Cemetery Date Aug 14, 1933

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED Aug 8, 1933 Chas. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) About Aug 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead at his Camp, in Snake River Canyon, Apparently from Natural Causes No Inquest	

Other contributory causes of importance:

By Order Co. Commissioners

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. R. Wiley (Coroner)

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 1 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 18

County of Jerome

Primary Registration District No.

File No. 85982

City of Jerome (No. ....., ... St.)

Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Laura Bell Gill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Jan (Month) 2 (Day) 1879 (Year)

7. AGE: 54 yrs. 7 mos. 20 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Yadoway Co. Mo.

10. NAME OF FATHER: L. L. Stockton

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Margaret L. White

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Georgia Stockton
(Address) Jerome

15. Filed 8/23 1933 C. T. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH. 41

16. DATE OF DEATH: August (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933 to Aug 22 1933, that I last saw her alive on Aug 22 1933, and that death occurred on the date stated above, at 9:00 A.M.

The CAUSE OF DEATH* was as follows: Staphylococcus Septicemia from Abscess of Head

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. T. Zeller M. D.

19..... (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Jerome Cemetery — DATE OF BURIAL: 8/24 1933

20. UNDERTAKER: Drake — ADDRESS: Jerome Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

RECEIVED OCT 1 1933

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Jerome

City of Jerome

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18

Primary Registration District No.

(No. ....., ... St.)

File No. 85983

Registered No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Florence May Turley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. married (Write the word.)

6. DATE OF BIRTH: Apr. (Month) 7 (Day) 1864 (Year)

7. AGE: 69 yrs. 4 mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Harvey Carr

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Wilfong

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice T. Callen

(Address) Jerome, Idaho.

15.

Filed 8/27 1933 Chas F. Zeller Jme, Local Registrar

MEDICAL CERTIFICATE OF DEATH. 74a

16. DATE OF DEATH: Aug. (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1933, to Aug 26 1933, that I last saw her alive on Aug. 24 1933, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ..... yrs. ..... mos. 21 ds.

Contributory (Secondary) arterio sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. F. Zeller M. D.

19..... (Address) Jerome, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? ——

Former or usual residence ——

19. PLACE OF BURIAL OR REMOVAL: Jerome Cemetery

DATE OF BURIAL: Aug 28 1933

20. UNDERTAKER: J. R. Wiley

ADDRESS: Jerome

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AUG 31 1933

Idaho d,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85984

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Barnes

(a) Residence. No. 1612 Hermeen St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 9. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME Phillip A Barnes

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Neoma Stevens (Stevens)

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) P. A. Barnes, Coeur d'Alene, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cd'Alene Date 8/10, 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene Ida.

20. FILED 8-16-, 1933. E. L. Lyon M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug-9- 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Asphyxia	
Other contributory causes of importance:	
Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Lyon, M. D.

(Address) Coeur d'Alene Id.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT [illegible] 1933

PLACE OF DEATH

County of Kootenai

City of Hayden Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 85986

Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Della Morris

(a) Residence. No. St. Hayden Lake Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of J. N. Morris

6. DATE OF BIRTH (month, day, and year) 1882 - 8 - 30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Wesley Handy.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Frances Schaffer

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs. Charlotte Thorp.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hayden Lake Cemetery Date Oct 25, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 10-4-, 1933 E. L. Spahn M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Sept 26, 1933
I last saw her alive on Aug. 15, 1933: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harold J. Stringer M. D.

(Address) Coeur d'Alene

RECEIVED OCT 9 1933

Dr. Sturges

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85987

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 87

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur M. Erum

(a) Residence. No. 801 - A. Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8-10-1896

7. AGE Years 37 Months 1 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Minn. Minnesota U.S.

FATHER
13. NAME Harry Erum
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Margaret H. Hanson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mr. Harry Erum CDA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest CDA. Date 9-12, 1933

19. UNDERTAKER (Address) Nooney Mortuary C.D.A.

20. FILED 10-4-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-10 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Sept, 1933
I last saw him alive on Sept 10, 1933: death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J Sturges, M. D.
(Address) CDA Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85988

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 867

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene Allan

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Ina Brookshire

(a) Residence. No. Allan Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, and year) 1885-7-29

7. AGE Years 48 Months 1 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Frank Lackaby

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Frankie Waddell

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMENT (Address) Mr. John Brookshire Allan Tracks

18. BURIAL, CREMATION OR REMOVAL Place Post Falls Pleasant View Date 9-14, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 10-4-, 1933. E L Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Sept 12, 1933

I last saw her alive on Sept 5, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypertension	
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E H Teed, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85989

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 86

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Edward Acoam

(a) Residence. No. Hayden Lake (Usual place of abode) Ida. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc U. S. Marines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Discharged Oct. 1932

10. Date deceased last worked at this occupation (month and year) Oct. 1932

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME Joseph P. Acoam

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Marie C. Constable

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. J. P. Acoam Hayden Lake, Idaho.

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Spokane, Wn. Date 9-9-, 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur D' Alene, Idaho.

20. FILED 9-7-, 1933 E. L. Spahn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1933, to Sept., 1933

I last saw h alive on Sept 5, 1933: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold K. Sturges, M. D.

(Address) Coeur d'Alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85990

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 85

(No.) 121
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Cullan

(a) Residence. No. St. Hayden Lake Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1854 - 6 - 12

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 31 - 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

FATHER
13. NAME Cullan
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs J J Powell

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Cd'Alene Ida Date 9-7, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 9-5-, 1933. E. L. Sparks M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Sept 3, 1933
I last saw him alive on Sept 3 -, 1933: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Absolute anuria of 60 hours Standing	
Other contributory causes of importance: Possible acute exacerbation of Chronic nephritis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alexander Barclay, M. D.
(Address) Coeur d Alene

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85991

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Alfred J. Cochran

(a) Residence. No. Tacoma St. Tacoma Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Henrietta Brown Unknown

6. DATE OF BIRTH (month, day, and year) April 18, 1859

7. AGE Years 74 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 23-1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) New York

FATHER
13. NAME Robert J. Cochran
14. BIRTHPLACE (city or town) unknown
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) Pennsylvania

17. INFORMENT Myrtle C. Brown
(Address) 7010 Montgomery Tacoma Wa

18. BURIAL, CREMATION, OR REMOVAL
Place Forest C D'Alene Ida Date 8-29, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 9-6-, 1933. E. L. Spohn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to Aug 26, 1933
I last saw him alive on Aug 26, 1933 death is said to have occurred on the date stated above, at 3.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Melitus	?
Other contributory causes of importance:	
Advanced Secondary Anemia (cause unknown).	?

Name of operation none Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O M Hurlett M. D.
(Address) Coeur d'Alene Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85992

PLACE OF DEATH
County of Kootenai
City of C. d'A.
Registration District No. 20
Primary Registration District No. 1056
Local Registrar's No. 83.
(No. 141 E Park)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George L. Stevens

(a) Residence. No. 707 Sherman St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): M.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie M. Stevens
6. DATE OF BIRTH (month, day, and year): June 2, 1883
7. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Elsie M. Stevens Forest
18. BURIAL, CREMATION, OR REMOVAL Place: Coeur d'Alene Ida. Date: 8-31, 1933
19. UNDERTAKER (Address): Cassidy Funeral Home Walenf Idaho
20. FILED 9-5-, 1933. E. L. Spohn. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8-28 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.. alive on 8-25, 1933.: death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by shooting	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8-28 1933
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury Suicide by shooting
Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) O. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Teed

DO NOT WRITE IN THIS SPACE

State File No. 85993

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 82

(No. Near Ohio Match Camp #23)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John O Holman

(a) Residence. No. 764 Gout way St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Olga

6. DATE OF BIRTH (month, day, and year) 3-11-1879

7. AGE Years 54 Months 5 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ~~7~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio Match Surveyor Co.

10. Date deceased last worked at this occupation (month and year) August 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Ole Holman

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs O. Holman CDA.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem C D Alene Date 8-30-, 1933

19. UNDERTAKER (Address) Mooney Mortuary CDA.

20. FILED 9-5-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 27 1933

22. I HEREBY CERTIFY, That I attended deceased from did not see, 193..., to did not, 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Supposedly Heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Teed Coroner, M. D.

(Address) Coeur d'alene Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85994

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1052
Local Registrar's No. 81

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Southard

(a) Residence. No. 1902 (Usual place of abode) Lakeside St. Ave.
Length of residence in city or town where death occurred 17 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Pearl Southard

6. DATE OF BIRTH (month, day, and year) 1882 - 12 - 12

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
50	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 15-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla

FATHER

13. NAME Geo. Southard

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Susan Pette

16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMENT (Address) Clara Southard

18. BURIAL, CREMATION, OR REMOVAL Forest
Place C D'Alene Ida Date 8-29, 1933

19. UNDERTAKER Cassed Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 9-5-, 1933 E. L. Spohn M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to Aug 27, 1933
I last saw h~~e~~ alive on 8-27, 1933: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peteshia Hemoragica	
Other contributory causes of importance Cardiac Asthma	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85995

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 80

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora A. Olson

(a) Residence. No. 520 - N. Harrison St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry Olson

6. DATE OF BIRTH (month, day, and year) 1863 - 10 - 4

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7-19-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Jas. Grosvenor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Durant Mangold (Address)

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Ida Date 9-25, 1933

19. UNDERTAKER Gorrell Funeral Home (Address) Coeur d'Alene Ida

20. FILED 9-5, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to Aug 23, 1933.
I last saw her alive on Aug 23, 1933; death is said to have occurred on the date stated above, at 9:08 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?

Other contributory causes of importance:

Chronic Cholecystitis

Name of operation Cholecystectomy Date of July 21
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 1933
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) O. M. Husted M. D.
(Address) Coeur d'Alene, Ida.

RECEIVED OCT 5 1933

Dr. Spohn.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85996

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 79

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Buchanan Wood

(a) Residence. No. Half Moon Bay St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fredrica

6. DATE OF BIRTH (month, day, and year) 5-14-1858

7. AGE Years 75 Months 3 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farm
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Union Co. Tenn.
(State or country) U.S.

FATHER
13. NAME Unknown —
14. BIRTHPLACE (city or town) U.S.
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) U.S.
(State or country)

17. INFORMENT Mrs. Fredrica Wood
(Address) Half Moon Bay

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Forest Cem Date 8-29, 1933

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. FILED 9-5-, 1933 E. L. Spohn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to May 11th, 1933
I last saw him alive on May 11, 1933: death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	3 years

Other contributory causes of importance:
Hemorrhage.

Name of operation Cystotomy Date of 1932
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85997

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Franc Osker Hedman

(a) Residence. No. 1902 - Sherman St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: about 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) about - 1885

7. AGE about - Years 48 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Bror Erickson C D Alene

18. BURIAL, CREMATION, OR REMOVAL Place C D Alene Ida Date 8-28, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Idaho.

Forest

20. FILED 9-5-, 1933. E. L. Spohn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to August, 1933

I last saw him alive on March, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis.

Other contributory causes of importance:

I saw him but once made diagnosis and advised care & treatment from time to time.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alexander Barclay, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85998

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 57

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1184

2. FULL NAME John L. Dawson

(a) Residence. No. ..... St. Grangeville, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ruby Dawson

6. DATE OF BIRTH (month, day, and year): Aug. 17, 1895

7. AGE: Years 38; Months 1; Days 12; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas engines
10. Date deceased last worked at this occupation (month and year): Sept. 1933
11. Total time (years) spent in this occupation: 15yr.

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Raymond Dawson, Grangeville, Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place: Grangeville Date: 9/29, 1933

19. UNDERTAKER (Address): Glenn Ailor, Mortuary, Grangeville, Idaho

20. FILED 10/5, 193 J. Harry Enhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/27/, 1933, to 9/29/, 1933
I last saw him alive on 9/29/, 1933; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction c̄ tox emia: Obstruction due to a Fecalith in the small intestine	9/24/33

Other contributory causes of importance:

Name of operation: Laparotomy Date of 9/29/33
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Joseph G. Wilson, M. D.
(Address) Moscow, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85999

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 6/
Primary Registration District No. 10 11
Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME William Adrian Adair

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Losina Warner Adair

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Own practice

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Red Oak
(State or country) Indiana

FATHER

13. NAME Edward Adair

14. BIRTHPLACE (city or town) Not known
(State or country) Indiana

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) Not known
(State or country) Michigan

17. INFORMENT Mrs. Elida Gibson
(Address) Moscow, Idaho

18. BURIAL, ######## ########
Place Moscow Date Sept. 26, 1933

19. UNDERTAKER W. R. Short
(Address) Moscow Ida.

20. FILED 10/5, 1933 James Cushard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/10/33, 193..., to 9/24/33, 193...
I last saw him alive on 9/24/33, 193...: death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of prostate with metastasis to spine. ↓ (metastasis)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Doyle M. Fuller, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86000

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 6-1
Primary Registration District No. 10-11
Local Registrar's No. 5-5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William James Hazeltine

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ann Hazeltine

6. DATE OF BIRTH (month, day, and year) March 6, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph Hazeltine

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jamina Bates

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. W. J. Hazeltine Moscow, ##### Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Ida. Date 9/19, 1933

19. UNDERTAKER (Address)

20. FILED 10/5, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from 3/31/33, 193, to 9/15/33, 193
I last saw him alive on 9/15/33, 193; death is said to have occurred on the date stated above, at 1:26 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Doyle M. Forbes, M. D.
(Address) Moscow Idaho

RECEIVED OCT 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

DEPARTMENT OF IDAHO PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86001

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 54

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME James Arbo

(a) Residence. No. St. Boville, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) New Brunswick, Canada

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Hospital records. Community Hospital

18. BURIAL, CREMATION, REMOVAL Place Moscow Date 9/15, 1933

19. UNDERTAKER (Address) H. T. Short Moscow

20. FILED 10/5, 1933 Harry Enhorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1933, to 9/14/33, 193

I last saw him alive on 9/14/33 1933: death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Uremia, and Shock.

Hypertrophy of Prostate

Date of onset

Other contributory causes of importance:

Name of operation Prostectomy Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Doyle M. Lochr, M. D.

(Address)

RECEIVED OCT 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 86002

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olof Johnson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 73 | Months: 0 | Days: 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: John Olson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Britta Monsson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Swante Johnson, Troy Ida

18. BURIAL, CREMATION, OR REMOVAL — Place: Westlake Date: Sept 23 1933

19. UNDERTAKER (Address): John J. Pickerd, Troy Ida — Sept 21-33

20. FILED Sept 30, 1933 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 20 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to Sept. 20, 1933.

I last saw him alive on Sept 20, 1933; death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. G. Meyer, M.D.

(Address) Troy Idaho

RECEIVED OCT 13 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86003

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 47
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Charles A. Edwson

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Day Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER
13. NAME: not known
14. BIRTHPLACE (city or town) (State or country): not known

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMENT (Address): Wm C Doebler Salmon Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Salmon Date 9/10/, 1933

19. UNDERTAKER (Address): Wm C Doebler Salmon Ida

20. FILED 10/9, 1933 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm C Doebler Coroner

(Address) Salmon, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86004

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME Mable Dorthy Combs

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Clarence H. Combs

6. DATE OF BIRTH (month, day, and year): May 9th. 1886

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: William Hatherton
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Crucan Jenny
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMENT (Address): Clarence H. Combs Salmon Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Date: 9/4/, 1933

19. UNDERTAKER (Address): MMC Hoeble Salmon Ida.

20. FILED: 10/9, 1933 Clio Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1933, to 9/3, 1933.
I last saw her alive on 7/1, 1933: death is said to have occurred on the date stated above, at 8-15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. S. Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86005

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilma Pearl Reynolds 114

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 3 Months 1 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

FATHER
13. NAME Wm Reynolds Jr
14. BIRTHPLACE (city or town) Steamboat Spring
(State or country) Colo.

MOTHER
15. MAIDEN NAME Mildred Nevans Lee
16. BIRTHPLACE (city or town) Hurter
(State or country) Nebraska

17. INFORMENT (Address) Wm Reynolds Jr Salmon

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) Wm. C. Doebler Salmon

20. FILED 10/9, 1933 Clio C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-4" 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1933, to 9/4, 1933
I last saw her alive on 9/4, 193 : death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic diarrhea	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) F S Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1933

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86006

Registration District No. 4

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Elizabeth Grace Lewis

(a) Residence. No. Salmon Idaho St. X
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) X

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Oct 7. 1922

7. AGE Years 10 yr Months 10 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc School Girl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Salmon Idaho
(State or country) Lemhi Co

FATHER

13. NAME William James Lewis

14. BIRTHPLACE (city or town) Cupedale
(State or country) Montana Park Co

MOTHER

15. MAIDEN NAME Thelma Blossom Cooper

16. BIRTHPLACE (city or town) Oaks
(State or country) North Dakota

17. INFORMENT William James Lewis
(Address) Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date 9/5/, 1933

19. UNDERTAKER Wm C Haebly
(Address) Salmon Ida

20. FILED 10/9, 1933 Clio C. Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-3 1933

Cancel I HEREBY CERTIFY, That I attended deceased from July 31-, 1933, to Sept 3, 1933

I last saw her alive on Aug 3, 1933: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis	
with Colapse	July 31-

Other contributory causes of importance:
none except - acute infection and slight hemorrhage of intestine

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 193

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify X

(Signed) A. H. McFarland, M. D.

(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86007

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Edwin Korah Abbott

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Theo Abbott

6. DATE OF BIRTH (month, day, and year): Jan. 12, 1866

7. AGE: 67 Years | Months: 7 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Newspaper Office

10. Date deceased last worked at this occupation (month and year): May 1927

11. Total time (years) spent in this occupation: 37 yrs

12. BIRTHPLACE (city or town) (State or country): Evansville Indiana

FATHER

13. NAME: Nathan Abbott

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Phoebe Jane Vanhorton

16. BIRTHPLACE (city or town) (State or country): Germantown Pennsylvania

17. INFORMENT (Address): Mary Abbott Salmon Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Salmon Date: Aug 29" 1933

19. UNDERTAKER (Address): Mrs C Hoebler Salmon Ida

20. FILED: 10/9 – 1933 Clio E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 25" 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to Aug 25, 1933

I last saw him alive on Aug 25, 1933: death is said to have occurred on the date stated above, at 4.56 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	1932

Other contributory causes of importance: Prostatitis

Name of operation: None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F Hammer, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 193

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86008

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Edgar Bowler

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Harriet Esther Bowler

6. DATE OF BIRTH (month, day, and year) Mch-31-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer & Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Mine

10. Date deceased last worked at this occupation (month and year) Sept-5-1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Shawangunk N.Y. New York

FATHER

13. NAME Samuel Edgar Bowler

14. BIRTHPLACE (city or town) (State or country) Shawangunk New York

MOTHER

15. MAIDEN NAME Sarah Elizabeth Graham

16. BIRTHPLACE (city or town) (State or country) Shawangunk New York

17. INFORMENT (Address) Mrs. Harriet Esther Bowler Salmon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Date 193

19. UNDERTAKER Wm. C. Doubler
(Address)

20. FILED 10/9, 1933 Alva E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Sept 4, 1933

I last saw him alive on Sept 4, 1933; death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/4/1933
Other contributory causes of importance:	
Chr. Interstitial nephritis	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F Hammer, M. D.

(Address) Salmon

RECEIVED OCT 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86009

PLACE OF DEATH
County of Lewis
City of Idaho Kamiah

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Sorvaag

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 1, 1860

7. AGE Years 73 Months 11 Days 16 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS
10. NAME OF FATHER Benjamin Tebeson Sorvaag
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway
12. MAIDEN NAME OF MOTHER Johanna Marie Andreasdotter
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant Charles F. Anderson
(Address) Woodland Idaho

15. Filed 9/16, 1933 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 16 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to Sept. 16th, 1933
that I last saw him alive on Sept. 15, 1933
and that death occurred, on the date stated above, at 1 a.m.
The CAUSE OF DEATH* was as follows:

Myocarditis —

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) C. H. Bryan, M. D.
Sept. 17, 1933 (Address) Kamiah Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Woodland Idaho — Date of Burial: Sept 20 1933

20. Undertaker Kamiah Funeral Home — Address Kamiah Ida.
B. D. Renshaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86010

PLACE OF DEATH
County of Lewis
City of Winchester near,

Registration District No. 50
Primary Registration District No. 427 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James DeHaven 31

(a) Residence, No. Ranch 2 mi N. 1 mi E
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed Divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Husb Kate Mason
6. DATE OF BIRTH (month, day, and year) June 18-1854
7. AGE Years 79 Months Two Days 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer
10. Date deceased last worked at this occupation (month and year) Rest Farming
11. Total time (years) spent in this occupation 20 yrs Law

12. BIRTHPLACE (city or town) (State or country) Ferndale Cal

FATHER
13. NAME Jacob DeHaven
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Elizabeth Wells
16. BIRTHPLACE (city or town) (State or country) USA this?

17. INFORMENT (Address) John DeHaven Winchester
18. BURIAL, CREMATION, OR REMOVAL Place Greenwich Date Sep 3 1933
19. UNDERTAKER (Address) Glenn Ailor Enoxville 2
20. FILED 9/23, 1933 R C Dudlow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 1st 1933
22. I HEREBY CERTIFY, That I attended deceased from Only Jan, 1933 to ....., 193...
I last saw h.....alive on Jan, 1933 death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	Since young man

Other contributory causes of importance: Old age + Gland Enlargement

Name of operation — Date of —
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Lawson M. D.
(Address) Winchester

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86011

PLACE OF DEATH

County of Lewis
City of Craigmont
Registration District No. 50
Primary Registration District No. 429
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johnnie Clayd Howerton

(a) Residence, No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Bernice Howerton

6. DATE OF BIRTH (month, day, and year) Sept 29 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ilo (State or country) Idaho

FATHER

13. NAME James Walter Howerton

14. BIRTHPLACE (city or town) Missouri (State or country)

MOTHER

15. MAIDEN NAME Mary Ellen Leach

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) Mrs Joe Rosenbrans Genesee Ida

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 9-9, 1933

19. UNDERTAKER C E Clark (Address) Craigmont Ida

20. FILED 9/10, 1933 P A Dellett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to Sept. 7, 1933
last saw h[illegible] alive on Sept. 7, 1933: death is said to have occurred on the date stated above, at 8:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub acute Bacterial Endocarditis	July 1933
Other contributory causes of importance:	

Name of operation Blood Culture Date of
What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Collins, M. D.
(Address) Craigmont Idaho

RECEIVED SEP 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86012

PLACE OF DEATH
County of Lincoln
City of Richfield

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 33

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John G Hettman

1870

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Iris Hettman

6. DATE OF BIRTH (month, day, and year): Dec 1 1871

7. AGE: Years 61, Months 8, Days 30, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER
13. NAME: Chas Hettman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Mrs Iris Hettman

18. BURIAL, CREMATION, OR REMOVAL Place: The Dallas Ore Date: Sept 1, 1933

19. UNDERTAKER (Address): C E Hickok, Shoshone Idaho

20. FILED: 9/1, 1933 J. L. Fuller Registrar.
By A M Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 193 to 193
I last saw Dead when arrived, 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing Injury to Chest	Aug 31-33

Other contributory causes of importance:
Run over by wagon

Name of operation Date of
What test confirmed diagnosis? Ex Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/31, 1933
Where did injury occur? Richfield Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury Runaway Team
Nature of injury Wagon passed over Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) L. E. Barrett, M. D.
(Address) Shoshone Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED SEP 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 36013

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Pridgen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 15-31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone Ida
(State or country)

FATHER

13. NAME O W Pridgen

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Manda Gilliver

16. BIRTHPLACE (city or town) Hartwell
(State or country) Ind

17. INFORMENT Manda Gilliver
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Ida Date Sept 1, 1933

19. UNDERTAKER C E Hickok
(Address) Shoshone

20. FILED 9/1, 1933 J. L. Fuller Registrar.
By A McMahan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Aug 31, 1933
I last saw h[illegible] alive on Aug 31st 1933: death is said to have occurred on the date stated above, at 7:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Bychitis Edematis of neck	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) H. E. Lamb, M. D.
(Address) Twin Falls

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86014

PLACE OF DEATH
County of Madison
City of Rexburg.

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Morgan Phillip Evans

(a) Residence. No. 231 North 3rd E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Evans

6. DATE OF BIRTH (month, day, and year) Jan. 20 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer & Ice Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Ice plant

10. Date deceased last worked at this occupation (month and year) Apr. 1933

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Farmington Utah Co

FATHER

13. NAME Samuel Morgan Evans

14. BIRTHPLACE (city or town) (State or country) Glamorganshire South Wales

MOTHER

15. MAIDEN NAME Mary Phillips

16. BIRTHPLACE (city or town) (State or country) Glamorganshire South Wales

17. INFORMENT (Address) Jesse E. Evans Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Logan Utah Date Sept 14, 1933

19. UNDERTAKER Ryon & Keller (Address) Rexburg Idaho.

20. FILED Oct 5, 1933 M. Lyons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1933, to Sept 10, 1933.
I last saw h/M alive on Sept 8, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932
Other contributory causes of importance: Cerebral embolism	Sept 7-1933
Excretion	

Name of operation None Date of
What test confirmed diagnosis? Laboratory tests & findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 193
Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

9/11/33 (Signed) Lorin L. Rich, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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RECEIVED OCT 9 1933

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86015

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Verena Zollinger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ~~84 yrs. 4 mos. 10~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If ~~married, widowed,~~ or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE ~~of~~ Albert Zollinger

6. DATE OF BIRTH (month, day, and year) Apr 17/1849

7. AGE Years 84 Months 4 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Switcherland
(State or country)

FATHER

13. NAME Jacob Alliker

14. BIRTHPLACE (city or town) .....
(State or country) Switcherland

MOTHER

15. MAIDEN NAME Magdlena Alliker

16. BIRTHPLACE (city or town) ~~Sw~~
(State or country) Switcherland

17. INFORMENT (Address) Charles Zollinger Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Am Date 10/2 1933

19. UNDERTAKER (Address) J. B. Eckwell Rigby Ida.

20. FILED Oct 5, 1933 J. B. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1932, to Sept 27, 1933.

I last saw her alive on Sept 26, 1933; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Chronic interstitial	
	1931

Other contributory causes of importance:

Exaustion
Senility

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory & Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Lorine H. Rich

(Signed) ....., M. D.

(Address) Rexburg Idaho

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86016

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 57

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Johann Herman Pfeiffer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anna Katarina Pfeiffer

6. DATE OF BIRTH (month, day, and year): June 2/1857

7. AGE: Years 76 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Johann Georg Pfeiffer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Adelheid Hoap

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Anna Pfeiffer, Rexburg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: Sept 5, 1933

19. UNDERTAKER (Address): A. B. Eckersell, Rigby, Ida.

20. FILED: Oct 5, 1933 J. R. Young, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 9-12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to Sept. 12, 1933. I last saw him alive on Sept 12, 1933: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? urine analysis Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? M If so, specify .....

(Signed) W. Hutherland, M. D.

(Address) Rexburg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86018

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma E. Sorensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Margaret P. Sorensen

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 46, Months 8, Days 20, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Agriculturist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation July 15

12. BIRTHPLACE (city or town) (State or country): Richmond Utah

FATHER
13. NAME: Jas. L. Sorensen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Mary Nielsen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): Margaret P. Sorensen

18. BURIAL, CREMATION, OR REMOVAL
Place: Heyburn Date: 9-18, 1933

19. UNDERTAKER (Address): Jas. P. Payne, Burley

20. FILED Sept. 25, 1933 E. H. Elmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1933, to Sept. 14, 1933
I last saw him alive on Sept. 13, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Aug. 1-33

Other contributory causes of importance:

Acute Myocarditis	Sept 9-33

Name of operation: None Date of .....
What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Charles B. Beymer, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1 1933

PLACE OF DEATH

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86019

Registration District No. 19

Primary Registration District No. 2016 Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Minnie Whitney

(a) Residence. No. Heyburn Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of D. J. Whitney

6. DATE OF BIRTH (month, day, and year) Nov. 10th 1866 ~~1933~~

7. AGE Years 67 Months 10 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Wesley Sheeley

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Laving Spencer

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Mrs. M. F. Welch Heyburn

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 9-20, 1933

19. UNDERTAKER (Address) Jos. P. Payne Burley Ida

20. FILED Sept. 26, 1933 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to Sept. 16, 1933

I last saw her alive on Sept. 16, 1933: death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardiitis	1927

Other contributory causes of importance:

Chr. Nephritis	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh E. Dean, M. D.

(Address) Burley Id.

RECEIVED OCT 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86020

PLACE OF DEATH
County of Minidoka
City of Paul

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Melba Cunningham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Feb 27 - 1922

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 11 Months 6 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jackson
(State or country) Ida

FATHER
13. NAME Emory Cunningham
14. BIRTHPLACE (city or town) Lewiston
(State or country) Utah

MOTHER
15. MAIDEN NAME Mary Fran Worth
16. BIRTHPLACE (city or town) Mt Pleasant
(State or country) Ut

17. INFORMENT Emory Cunningham
(Address) Paul Id

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Date 8 - 22 1933

19. UNDERTAKER Jos. F. Lupe
(Address)

20. FILED Sept 26, 1933 E W Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8 - 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-23-, 1933, to 8-31-, 1933
I last saw her alive on 8-31, 1933 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickness as diagnosed by me — Valv Heart Disease Mitral Insufficiency	

Other contributory causes of importance:
Ac. Bright's disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Leland Frazier, M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

Dr. Scott.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86023

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

#9

2. FULL NAME Orland Eugene Blyton

(a) Residence. No. Lewiston orchards. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Write	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bess Blyton

6. DATE OF BIRTH (month, day, and year) July 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maple Hill
(State or country) Kansas

FATHER

13. NAME Seymor Blyton

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Elvira Banta

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMENT (Address) Mrs. Bess Blyton Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash Date Sept. 15 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 2, 1933 Ray E. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to Sept 15, 1933

I last saw him alive on Sept 15, 1933; death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance:	

Name of operation Cystotomy Date of June 21

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

Mr Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86024

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Viola May Strickland

(a) Residence. No. Snake River Ave, Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idahol

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Bessie Strickland

16. BIRTHPLACE (city or town)
(State or country) South Dakato

17. INFORMENT (Address) Mr. F. C. Strickland Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Sept. 18 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Oct. 3, 1933 J. M. Lyle Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933 to Sept. 17, 1933

I last saw him alive on Sept. 17, 1933: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Impaired Vitality

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. M. Lyle M.D.

(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86025

PLACE OF DEATH
County of Nez Pine
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Sister Mary Catherine Becker
(a) Residence. No. Clarkston, Wn. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation About 40

12. BIRTHPLACE (city or town) Belle Plaine
(State or country) Minnesota

FATHER
13. NAME Peter Becker
14. BIRTHPLACE (city or town)
(State or country) Prussia, Germany

MOTHER
15. MAIDEN NAME Catherine Peifer
16. BIRTHPLACE (city or town)
(State or country) Prussia, Germany

17. INFORMENT School Sisters of Notre Dame
(Address) Mankato, Minn.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarkston, Wn. Date 9/20, 1933

19. UNDERTAKER H R Merchant
(Address) Clarkston Wash

20. FILED Sept. 29, 1933 J. M. Tyle by EP Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 17, 1933.
I last saw her alive on Sept 17th, 1933: death is said to have occurred on the date stated above, at 10 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operation	Sept 13th/33
Shock	

Other contributory causes of importance:

Name of operation For 2 fistula feet from aprevious operation Date of Sept 15/33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify
(Signed) O C Carrasco, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86026

PLACE OF DEATH

County of Nezperce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

12 9

2. FULL NAME Matilda McElvain

(a) Residence. No. Sycamore St. Clarkston Wn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of T.D. McElvain

6. DATE OF BIRTH (month, day, and year) Sept 22, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Du Zuoin, Ill

FATHER

13. NAME (?) Hill

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Dr J.S.McElvain Asotin, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wn Date 9/25/33

19. UNDERTAKER (Address) H.R.Merchant Clarkston, Wash.

20. FILED Sept 27, 1933 J. M. Eff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/22/33

22. I HEREBY CERTIFY, That I attended deceased from ..., 1926, to Sept 22, 1933

I last saw h[illegible] alive on Sept 21, 1933; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	years ago
Other contributory causes of importance:	

Name of operation none Date of -

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) [illegible] M. D.

(Address) Lewiston Idaho

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86027

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 1012

(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Borovac

(a) Residence. No. Transient St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unk own

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Matts Borovac

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT St. Joseph Hospital
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date , 193

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 3, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25 193 3

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 193 3, to Sept. 25, 193 3

I last saw him alive on Sept. 24, 193 3 death is said to have occurred on the date stated above, at 7:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86028

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth O'Brien

(a) Residence. No. Mission Creek St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Richard O'Brien
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Sarah Murphy
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) St. Joseph's Hospital Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Missouri Creek Date Sept. 29 1933

19. UNDERTAKER Vassar-Shaughnessy Mortuary (Address) Lewiston, Idaho

20. FILED Oct. 2, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1933, to Sept. 25, 1933
I last saw h[illegible] alive on Sept 25 1933; death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia	Sept 16 on
Other contributory causes of importance: 2nd & 3rd degree Burns on more than 1/3 of body	Sept 16/33

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? Nez Perce Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Home
Manner of injury Trying to put out fire
Nature of injury Burns to body & limbs

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. L. Carsson, M. D.
(Address) Lewiston Idaho

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MARGIN RESERVED FOR BINDING

Dr. Carsson

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86029

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Benjiman Anthony Moody

(a) Residence. No. St. Anatone, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Bellgena Forgey

6. DATE OF BIRTH (month, day, and year) April 5, 1879

7. AGE Years 54 Months 5 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Blowing Rock, N.C.

FATHER
13. NAME Benjiman Moody
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Sarah Bolick
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMENT (Address) Mrs B A Moody Anatone, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Asotin Wn Date 9/30/33, 193

19. UNDERTAKER (Address) H.R.Merchant Clarkston, Wash.

20. FILED Sept 30, 1933 J M Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from August 28th, 1933, to Sept 28, 1933
I last saw him alive on Sept 28, 1933: death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate found with Metastases to Liver	Aug 28th 33

Other contributory causes of importance:

Don't know

Name of operation Exploratory Date of Aug 28th 33
What test confirmed diagnosis? section Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carsson, M. D.
(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

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RECEIVED OCT 5 1933

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86030

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 1610)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence McIntyre

(a) Residence. No. St Joseph Hospital St. Lewiston Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 26 - 1933

7. AGE — Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Colonel W. McIntyre

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Florence J. Curtis

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) R. T. Scott - Lewiston Ida

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wn. Date Sept 29 1933

19. UNDERTAKER W. A. Merchant (Address) Clarkston Wash.

20. FILED Sept 29 1933 J. M. Fyfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Sept 29, 1933

I last saw him alive on Sept 28, 1933; death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Sept 26 '33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. T. Scott, M. D.

(Address) Lewiston Ida

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86031

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 45

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Emma Crabb

(a) Residence. No. ..... St. Kooskia Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Jordan

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Long

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Mrs. V. M. Fuller Winchester, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kooskia Idaho. Date 10/2, 1933.

19. UNDERTAKER Brown-Wamsley Co. (Address) Lewiston, Idaho.

20. FILED Oct 2, 1933 J. M. Tyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/28-33, 193... to Sept 30, 1933

I last saw h[illegible] alive on Sept 30, 1933: death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute (Strangulation) obstruction of bowel	about Sept 20 th 1933
Other contributory causes of importance: Carcinoma of Sigmoid	about 6 month ago.

Name of operation Colostomy Date of 9/28-33.

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar L. W. Lee, M. D.

(Address) Lewiston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86032

PLACE OF DEATH
County of Nez Perce
City of Culdesac Idaho
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olive May Hollingsworth

(a) Residence. No. Lewiston Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William Hollingsworth

6. DATE OF BIRTH (month, day, and year) 1-5-1871

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 Years	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME John Hollingsworth

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Amelia Wells

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs Alden F Smith Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wn. Date 9-2-, 1933

19. UNDERTAKER Brauer-Wann Co.
(Address) Lewiston Idaho

20. FILED August 1933 George Gaumnitz M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-31-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28-, 1933, to 8-31-, 1933
I last saw h[illegible] alive on 8-29-, 1933: death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	1929
Other contributory causes of importance: Uterine Hemorrhage	
Secondary Anemia	

Name of operation Operation on uterus Date of 1929
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Gaumnitz, M. D.
(Address) Culdesac Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 20 1933

Haignard

PLACE OF DEATH

County of Nez Perce

City of Spalding, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86034

Registration District No. 1 - 5

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Mary Jacquilline White

(a) Residence. No. Spalding St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
--	--	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding
(State or country) Idaho

FATHER

13. NAME Jas White

14. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

MOTHER

15. MAIDEN NAME Eva Walker

16. BIRTHPLACE (city or town) Reubens
(State or country) Idaho

17. INFORMENT Mr. James White
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date Aug. 7, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED August, 1933 George Faignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24-, 1933, to 8-6-33, 193

I last saw her alive on 8-6-33 193 : death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? MD

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify George Faignard

(Signed) Culdesac, Idaho. M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 20 1933

PLACE OF DEATH

County of nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPAC

State File No. 86035

Registration District No. 1-

Primary Registration District No. ..... Local Registrar's No. .....

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellery Cloud

(a) Residence. No. Lapwai, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 13 yrs. 3 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Indian	S

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/3/20

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho

FATHER

13. NAME Ben Cloud

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Catherine Dickson

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMENT Sanatorium Records
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED August, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/2/33 193

22. I HEREBY CERTIFY, That I attended deceased from
7/26/33, 193, to 8/2/33, 193
I last saw him alive on Aug. 2, 1933; death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	7/23/33
Other contributory causes of importance:	
Pulmonary tuberculosis	not kn

Name of operation none Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86036

PLACE OF DEATH

County of Nez Perce

City of

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Juliaetta, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Smith Cox

(a) Residence. No. Juliaetta, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elszorah Cox

6. DATE OF BIRTH (month, day, and year) 1-1-63

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Smith Cox

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Malinda ----

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Mrs. W. S. Cox
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date August, 29 3 193

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Sept 14, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 193, to , 193
I last saw him alive on Dec 10, 1932: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. L. Scott, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

PLACE OF DEATH

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86037

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 825-9th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mrs Margery Harvey

(a) Residence. No. 825-9th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 24 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Dave Harvey Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida Date 9/7/33, 193

19. UNDERTAKER (Address) Vassar-Shaughnessy Co. Lewiston, Idaho.

20. FILED Sept. 7, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to ——, 193

I last saw h alive on ——, 193 : death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

Chronic Nephritis

Name of operation —— Date of ——

What test confirmed diagnosis Physical Signs Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of injury ——, 193

Where did injury occur? ——
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ——

Manner of injury ——

Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) William H. Habel, M. D.

(Address) Lewiston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86038

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Atkins Yarbcrcugh

(a) Residence. No. St. Moscow, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Ruth~~ Jacob Ruth Yarbcrcugh

6. DATE OF BIRTH (month, day, and year) Aug. 9, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Haywood County N. Car.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Vernon Yarbcrough Los Angeles

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date 9/2, 1933

19. UNDERTAKER (Address)

20. FILED Sept 2, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to Sept 2, 1933.
I last saw him alive on Sept 1, 1933: death is said to have occurred on the date stated above, at 7 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cancerous Stomach	Aug 1931
Other contributory causes of importance:	
Unknown	

Name of operation Exploratory Laparotomy Date of Aug 3 '33
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~X~~ Date of injury ~~X~~, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. B. Shackelford, M. D.
(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86039

PLACE OF DEATH
County of Nezperce
City of Wahe

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No.) 101a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Iva Ermina Moxley

(a) Residence. No. Wahe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thornton Moxley

6. DATE OF BIRTH (month, day, and year) Jan. 4, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton, Wash.

FATHER

13. NAME Alexander Taylor

14. BIRTHPLACE (city or town) (State or country) Wheeling Vir.

MOTHER

15. MAIDEN NAME Levina Gordan

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Thornton Moxley Wahe, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wash. Date 9/6/33 193

19. UNDERTAKER H.R.Merchant (Address) Clarkston, Wash.

20. FILED Sept 11, 1933 Jay M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/4/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933, to Sept 4, 1933

I last saw h[illegible] alive on Sept 3, 1933: death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 1-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86040

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho Registration District No. 10 9

Primary Registration District No. 2 6 Local Registrar's No.

(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph E. Arnold

(a) Residence. No. Culdesac, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 21, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane
(State or country) Washington

FATHER

13. NAME Willis R. Arnold

14. BIRTHPLACE (city or town) Kendrick
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mildred Goodbrick

16. BIRTHPLACE (city or town) Perris
(State or country) California

17. INFORMENT Willis Arnold
(Address) Culdesac Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Washington Date Sept. 11 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Sept 11, 1933 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933, to Sept 8, 1933
I last saw him alive on Sept 8, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforative appendicitis	
Other contributory causes of importance: general peritonitis	

Name of operation Appendectomy Date of 9/4/33
What test confirmed diaghosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. O. Clark M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86041

PLACE OF DEATH
County of Nez Perce
City of Lewiston, Idaho
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sillette Bush

(a) Residence. No. Lewiston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 ?			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Hanlon
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Kelley Lewiston, Ida

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Spokane, Washington Date Sept. 13 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Sept 13, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 11, 1933
I last saw h.. alive on Sept 11, 1933: death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1920
" Gastric ulcer	unknown

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. G. Broadbeck, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Scott.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86042

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 426-3rd Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME John W Marksberry

(a) Residence. No. 426 - 3rd Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mabel Marksberry

6. DATE OF BIRTH (month, day, and year) June 24 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME William Marksberry

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Not Obtaniable

16. BIRTHPLACE (city or town) (State or country) Not Obtanibale

17. INFORMENT (Address) Mrs Mabel Marksberry Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date , 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston, Idaho

20. FILED Sept 14 193 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/11/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 193 3, to Sept 11, 193 3

I last saw him alive on Sept 11, 193 3: death is said to have occurred on the date stated above, at 1.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?

Other contributory causes of importance:

Name of operation Radical Removal Growth Date of

What test confirmed diagnosis Path. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston Ida

RECEIVED OCT 10 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86043

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rulon Dean Jones

(a) Residence. No. [illegible] St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 20 1933

7. AGE Years | Months | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME Rulon M Jones
14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER
15. MAIDEN NAME Mildred Pierce
16. BIRTHPLACE (city or town) (State or country) Malad Idaho

17. INFORMENT (Address) Rulon M Jones Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Pleasantview Date Sept 29, 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho.

20. FILED 9/30, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Sept 28, 1933
I last saw him alive on Sept 28, 1933: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
Some form of toxemia causing large areas of skin sloughing.

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) V. P. Garst, M. D.
(Address) Malad, Ida.

RECEIVED OCT 1 [illegible]

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86044

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Ross South

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ethel May Eggers

6. DATE OF BIRTH (month, day, and year): Dec 5 1889

7. AGE: Years 44, Months 9, Days 18. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 30 Yrs

12. BIRTHPLACE (city or town) (State or country): Tracy North Carolina

FATHER

13. NAME: Enoch South

14. BIRTHPLACE (city or town) (State or country): Watauga County North Carolina

MOTHER

15. MAIDEN NAME: Laurie Thomas

16. BIRTHPLACE (city or town) (State or country): Watauga County North Carolina

17. INFORMENT (Address): Russell South Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Malad Idho Date: Sept 26 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idho

20. FILED 9/30, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 11:30 a.m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound in Head	Sept 23-33
(Verdict Coroners Jury inquest Sept. 26-33)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 23 1933

Where did injury occur? Malad Oda RFD #1
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Neighbors home.

Manner of injury Gun shot

Nature of injury Through head

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas R Davis County Coroner

(Address) Malad Oda

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 19 [illegible]

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 206

Local Registrar's No. 24

DO NOT WRITE IN THIS SPACE

State File No. 86045

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Mae Eggers South

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Ross South

6. DATE OF BIRTH (month) January (year) 19 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: Active life

12. BIRTHPLACE (city or town) (State or country): Trade Tennessee

FATHER

13. NAME: Hyrum Eggers
14. BIRTHPLACE (city or town) (State or country): Trade Tenn

MOTHER

15. MAIDEN NAME: Martha Jones
16. BIRTHPLACE (city or town) (State or country): Trade Tenn.

17. INFORMENT (Address): Russell South Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Malad Idaho Date: Burial Sept 26 1933

19. UNDERTAKER (Address): J. Guy Evans Malad Idaho

20. FILED 9/28, 1933 J. M. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 11:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot bullet wounds in body, Jaw, head (Charles R. South (Verdict Coroners Jury signed Sept. 24-33)	Sept 23-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Sept 23 1933
Where did injury occur? Malad Ida R.F.D. #1
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Neighbors home
Manner of injury Bullet wounds
Nature of injury Wound, Fleshy

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. R. Wasden Coroner
(Address) Malad Idaho

RECEIVED OCT 10 1933

PLACE OF DEATH

County of Oneida

City of Malad R F D #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86046

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 F

2. FULL NAME William Donald Thorpe

(a) Residence. No. Malad Rt 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 31 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad R F D # 1 Idaho

FATHER

13. NAME William Thorpe

14. BIRTHPLACE (city or town) (State or country) Samaria Idaho

MOTHER

15. MAIDEN NAME Wanda Hughes

16. BIRTHPLACE (city or town) (State or country) Pleasantview Idaho

17. INFORMENT (Address) Ramona Hughes Malad Ida R F D #1

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Pleasantview Date Sept 23 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 9/30, 1933 J. M. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Sept 21, 1933

I last saw h alive on Sept 21, 1933: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lungs Possibility Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86047

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2064

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elvira Marston Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: James Johnson

6. DATE OF BIRTH (month) February 27 1876

7. AGE: Years 57 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston Idho

FATHER
13. NAME Charles Marston
14. BIRTHPLACE (city or town) (State or country) New Hampshire Maine

MOTHER
15. MAIDEN NAME Etta Dees
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) C E Johnson Malad Ida

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Sept 7 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 9/30, 1933 J M Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) September 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 193..., to Sept 5, 1933

I last saw her alive on Sept 5, 1933: death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury to large too and gangrene	Aug 20 33

Other contributory causes of importance:

Diabetes

Name of operation No Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] M.D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86048

PLACE OF DEATH

County of Owyhee
City of Bruneau
4 Miles from ↑

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 16
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

98

2. FULL NAME Walter Gray De Forest.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose De Forest.

6. DATE OF BIRTH (month, day and year): 5-25-1865

7. AGE: Years 68 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Calif.

PARENTS

10. NAME OF FATHER: Gilbert C. De Forest.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Iowa.
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (city or town) (State or County): ✓

14. Informant (Address): Mrs. W. G. De Forest. Bruneau Idaho.

15. Filed Sep 19, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Aug 2, 192_, to ....., 19....
that I last saw him alive on August 22, 192_
and that death occurred, on the date stated above, at 7.15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Coronary Occlusion

..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary): Arterio sclerosis
unknown (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ——
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None.
(Signed) Henry C. Rixford, M. D.
Aug 25, 1933 (Address) Mtn Home, Ida.

19. Place of Burial, ~~Cremation, or Removal~~: Mt. Home Idaho. Date of Burial: 8/25 1933

20. Undertaker: G. S. Zerber. Address: Mt. Home Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86049

PLACE OF DEATH
County of Payette
City of Payette
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Bradley

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Mar 20 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middleton
(State or country) Idaho

FATHER
13. NAME John Bradley
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Stina Stillson
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMENT Lillie Millegan
(Address) Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date Aug 4, 1933

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Idaho

20. FILED Aug. 10, 1933 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from
Sept., 1932, to Aug. 3, 1933.
I last saw h alive on Aug. 2 - 1933; death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
	Don't know

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify Don't know
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 30 1933

PLACE OF DEATH

County of Payette

City of Fruitland I.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86050

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME L. M. Boehm

131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ada Boehm

6. DATE OF BIRTH (month, day, and year): July 18

7. AGE: Years 66 | Months — | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Blue Island Cook Co. Ill.

FATHER

13. NAME: Michel Boehm

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margrete Hertsell

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Ada Boehm Fruitland Ida

18. BURIAL, CREMATION, OR REMOVAL Place: New Plymouth Ida Date: 8-6-1933

19. UNDERTAKER (Address): Glenn C. Landon Payette Idaho

20. FILED Aug 10, 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933, to Aug 4, 1933. I last saw him alive on Aug 3, 1933: death is said to have occurred on the date stated above, at 5 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	July 28-33

Other contributory causes of importance:

Enlarged Prostate of several years duration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86051

PLACE OF DEATH
County of Payette
City of Payette
Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 38.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Retta Ann Duncan

(a) Residence. No. 1102 1st Ave. N. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. C. Duncan.

6. DATE OF BIRTH (month, day, and year) May 9 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	3	3.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home maker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Cygne Kansas

FATHER
13. NAME Raphael M. Smith.
14. BIRTHPLACE (city or town) (State or country) Indianapolis Indiana

MOTHER
15. MAIDEN NAME Sarah Ann Thompson
16. BIRTHPLACE (city or town) (State or country) Frankfort Kentucky

17. INFORMENT (Address) Mary A. Duncan Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Ida. Date Aug 15 1933

19. UNDERTAKER (Address) Glenn C. Gardner. Payette Idaho.

20. FILED Aug 14 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to Aug 12, 1933
I last saw her alive on Aug 12, 1933; death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	5 years

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas R. [illegible], M. D.
(Address) Payette Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86052

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME P. E. Silkett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Ida Silkett

6. DATE OF BIRTH (month, day, and year): Oct-15-1863

7. AGE: Years 69 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Mohaska. Iowa.

FATHER
13. NAME: Joel Silkett
14. BIRTHPLACE (city or town) (State or country): Charlston. W. Virginia

MOTHER
15. MAIDEN NAME: Matilda Pickeral
16. BIRTHPLACE (city or town) (State or country): Crawfordsville Indiana

17. INFORMENT (Address): Mrs Mattie Russell. Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: New Plymouth Ida. Date: Aug 26, 1933

19. UNDERTAKER (Address): Glenn C Landon Payette Idaho

20. FILED: Aug 31/33 193.. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 23 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1933, to Aug. 23, 1933.
I last saw him alive on Aug 23 1933: death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 30 1933

PLACE OF DEATH

County of Payette

City of Fruitland Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86053

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edith Maybell Harris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas C. Harris

6. DATE OF BIRTH (month, day, and year): April 24 1873

7. AGE: Years 60 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nevada Missouri

FATHER

13. NAME: Jacob Craft

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Rosanna Decker

16. BIRTHPLACE (city or town) (State or country): Cincinatta Ohio

17. INFORMENT (Address): Edna V. Hobbs Cornelius Oregon

18. BURIAL, CREMATION, OR REMOVAL Place: Payette Ida. Date: Aug 29 1933

19. UNDERTAKER (Address): Glenn C. Gardner Payette Idaho

20. FILED: Aug 31/33 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 27, 1933

I last saw her alive on Aug 27, 1933; death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Aug 23, 1933

Other contributory causes of importance:

Diabetes mellitus	
Arteriosclerosis	

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) W. D. Reese M. D.

(Address) Cornelius Ore.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86054

PLACE OF DEATH

County of Payette

City of Payette

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

76

2. FULL NAME Alice Ann Reimers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Reimers

6. DATE OF BIRTH (month, day, and year) Dec 11-1868

7. AGE Years 64 Months 9 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tower
(State or country) Iowa

FATHER

13. NAME Thomas Hulme

14. BIRTHPLACE (city or town) .....
(State or country) Eng.

MOTHER

15. MAIDEN NAME Ann Hyde

16. BIRTHPLACE (city or town) .....
(State or country) Eng.

17. INFORMENT (Address) W. J. Reimers Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date 9/26/33 1933

19. UNDERTAKER (Address) Glenn C. Lowden Payette Idaho

20. FILED Sep 30, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 1910, 193.. to Sept 23, 1933

I last saw her alive on Sept 23, 1933: death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia paralytica	2 yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. R. Woodward, M. D.

(Address) Payette Idaho

RECEIVED SEP 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86055

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 42

(No.) 161a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacueline Suez Stump.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 25 - 1933

7. AGE Years — Months — Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payette Idaho

FATHER
13. NAME J. L. Stump.
14. BIRTHPLACE (city or town) (State or country) Chehalis Wash.

MOTHER
15. MAIDEN NAME Willie Rose Grist.
16. BIRTHPLACE (city or town) (State or country) Sargas Miss.

17. INFORMENT (Address) J. L. Stump Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date 9/31, 1933

19. UNDERTAKER (Address) Glenn C. Landon Payette Idaho

20. FILED Sep 30, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 -, 1933, to Sept 2, 1933
I last saw her alive on Sept 2, 1933; death is said to have occurred on the date stated above, at 320 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	
This was a premature child.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR E[illegible]DING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

3.15
Paxton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED SEP 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86056

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Cayuse

City of New Plymouth Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 43

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adelbert Relyea

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-1-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Cato
(State or country) NY

PARENTS

10. NAME OF FATHER Jacob D. Relyea

11. BIRTHPLACE OF FATHER (city or town) New York
(State or Country) NY

12. MAIDEN NAME OF MOTHER Margaret E. Van Horn

13. BIRTHPLACE OF MOTHER (city or town) New York
(State or County)

14. Informant Mrs Veda Dobson
(Address) New Plymouth Ida

15. Filed Sep 30 19 33 J O Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8-28-1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Aug 24, 1933, to Aug 28, 1933
that I last saw him alive on Aug 24, 1933
and that death occurred, on the date stated above, at 10:40 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Senility

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 12 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) Alfred M. Popma, M. D.
Sept 2, 1933 (Address) New Plymouth, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
New Plymouth Ida	8-31 1933

20. Undertaker	Address
Paul L. Lane	Caldwell Ida

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86057

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 76
Primary Registration District No. 111
Local Registrar's No. 110

(No. Residence / If death occurred in a hospital or institution give its name instead of street and number.)

131

2. FULL NAME Mary Clarissa Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year): Feb 2-1862

7. AGE: Years: 71 | Months: 7 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Garden Grove Iowa.

FATHER

13. NAME: Charles Mabee
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Martha Yocum
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMENT (Address): Mrs Edward Haugen. Wallace
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Wisconsin. Date: Shipped Sept 18 1933
19. UNDERTAKER (Address): J. A. Buser (Wash Undt Co.) Wallace, Ida.
20. FILED Sept 18, 1933 — C. E. Stone, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to Sept 16, 1933
I last saw h.. alive on Sept 15, 1933: death is said to have occurred on the date stated above, at 1125 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9-7-33
Hypertensive cardio vascular disease	unknown
Other contributory causes of importance: Hemiplegia (cerebral hemorrhage)	Sept 15
Bronchio-pneumonia	Sept 12

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Pancretelli's, M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86058

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 106

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

178

2. FULL NAME Florence Cage

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Albert Cage
6. DATE OF BIRTH (month, day, and year): Sept 27-1880
7. AGE: Years 52 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER
13. NAME: Chris Murray
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMENT (Address): Albert Cage Wallace Ida.
18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Wallace Ida. Date: Oct 14, 1933
19. UNDERTAKER (Address): J. A. Brown Ward Mort Co. Wallace, Ida.
20. FILED Oct 14th, 1933 Division Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 12 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1933, to Sept 11, 1933
I last saw h[illegible] alive on Sept 11, 1933: death is said to have occurred on the date stated above, at 2:30 a m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis acute Sypnemia Gangrenous	15 Days

Other contributory causes of importance:
Embolism to Left Lower Extremity Gangrene Amputation Thigh Heart Failure

Name of operation: ..... Date: .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86059

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Torpey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ~~25~~ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Idaho

FATHER
13. NAME Carl Torpey
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Jane Marsh
16. BIRTHPLACE (city or town) Wisconsin
(State or country)

17. INFORMENT Carl Torpey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Idaho Date Sept 15, 1933

19. UNDERTAKER Harold Thornhill
(Address) Kellogg, Idaho

20. FILED Sept 15th, 1933 C S Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/15 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 15, 1933
I last saw her alive on Sept 14, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth injury	
Possible cerebral hemorrhage.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86060

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 103
(No. at home on Canyon Creek)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rolla Blaine Woolley
(a) Residence. No. about 1 mile east of Wallace St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Marguerite F Woolley

6. DATE OF BIRTH (month, day, and year) Nov 7 1875

7. AGE: Years 57 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Neosho County
(State or country) Kansas

FATHER
13. NAME John Wesley Woolley
14. BIRTHPLACE (city or town) McCombe
(State or country) Illinois

MOTHER
15. MAIDEN NAME Hattie Bennett
16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMENT Marguerite F Woolley
(Address) Wallace Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Wallace Date Oct, 1933

19. UNDERTAKER B. Warstell
(Address) Wallace Id

20. FILED Oct 2nd, 1933 C. A. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/30 1933

22. ~~I~~ HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to Sept 30th, 1933
I last saw him alive on Sept 20th, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease & pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. G. Lindsay, M. D.
(Address) Kellogg & Jahn

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86061

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 104

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Ahrens

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER
13. NAME Clyde Ahrens
14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ruth McCarty
16. BIRTHPLACE (city or town)
(State or country) Washington

17. INFORMENT Clyde Ahrens
(Address) Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date Sept 7th 1933

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg Idaho

20. FILED Sept 8th, 1933 C. L. Thorne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1933, to , 193
I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. A. Lindsay, M. D.
(Address) Kellogg Ida.

RECEIVED OCT 9

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86062

Registration District No. 78

Primary Registration District No. 1011 Local Registrar's No. 105

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William S Karpe

(a) Residence. No. ..... St. 165
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 50 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) None

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Wallace Ida Date Sept. 11 1933

19. UNDERTAKER (Address) J. A. Beer (Ward Und Co) Wallace Ida

20. FILED Sept. 11 F, 1933. O. Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193... to ....., 193...

I last saw him alive on Sept 7 1933 death is said to have occurred on the date stated above, at 2:40 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Phenol Poisoning as had drank from a glass	few minutes

Other **contributory causes** of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury 9 7 1933

Where did injury occur? Wallace Ida
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mr Mowery Coroner

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86063

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 71
Primary Registration District No. 1011 Local Registrar's No. 107
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME T. E. Applegate

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 83 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Hospital Records. Wallace Ida.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Mullan Ida Date Sept 18 1933

19. UNDERTAKER (Address) J. A. Beer (Ward Funeral Home) Wallace, Ida.

20. FILED Sept 18th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows: apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No.
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86064

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 105

(No. Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Michael Durick

(a) Residence. No. Mullan Idaho St. Mullan Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus N. D.

FATHER

13. NAME Michael Durick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Isabelle Norris

16. BIRTHPLACE (city or town) (State or country) S D

17. INFORMENT (Address) Michael Durick Mullan Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida Date Sept 15, 1933

19. UNDERTAKER (Address) J. A. Bower (Ward Funeral Home) Wallace Idaho

20. FILED Sept 15, 1933 C. J. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933, to Sept 13, 1933.

I last saw him alive on Sept 12, 1933: death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Blow to the head	
cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis Inspect. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury Sept 12, 1933

Where did injury occur? School Grounds Recess Mullan
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury Blow to the head

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.

(Address) Mullan Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 1933 STATE OF IDAHO
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
DO NOT WRITE IN THIS SPACE

City of Wallace

Registration District No. 78

Primary Registration District No. 1011 Local Registrar's No. 111

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert David Gamble

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bessie Gamble

6. DATE OF BIRTH (month, day, and year) Aug 25-1867

7. AGE Years 66 Months 0 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Milling

10. Date deceased last worked at this occupation (month and year) Nov-1932

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Wisc.

FATHER

13. NAME David Gamble

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Sennett Young

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Bessie Gamble Wallace Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida. Date ....., 193..

19. UNDERTAKER (Address) J. A. Beer (Ward Aud Co) Wallace Ida

20. FILED Sept 22, 1933 6 S Elston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1933, to Sept 19th, 1933

I last saw him alive on Sept 19, 1933: death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day 9-19-33
Other contributory causes of importance: Myocarditis Chr.	6 Mo.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) H. C. Mowery M.D.

(Address) Wallace Ida

Per JGB

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86066

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 7
Primary Registration District No. 1011 Local Registrar's No. 116
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles E Burns

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4 - 1863

7. AGE: Years 70 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Road Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov - 23 - 1932
11. Total time (years) spent in this occupation 49 yrs.

12. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

FATHER
13. NAME Patrick Burns
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Margaret Griffith
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Mrs M Hall Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Oct 2, 1933

19. UNDERTAKER (Address) J. A. Beer (Ward Und Co) Wallace Ida.

20. FILED Oct 2nd, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1933, to Sept. 29, 1933.
I last saw him alive on Sept 29, 1933: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	?

Other contributory causes of importance:

Pneumonia, Lobar	Sept 15th
Gangrene, Left Foot	Sept 15th

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E J Fitz Gerald, M.D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9

Du Lindsay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86067

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 115

(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME E. Bert Wheeler

(a) Residence. No. Burke, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): ~~Single~~ widowed

5a. If maried, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE~~ of Myrtle Shipman

6. DATE OF BIRTH (month, day, and year) Nov 11th 1873

7. AGE: Years 59 | Months 10 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Mo.

FATHER
13. NAME Geo. W. Wheeler
14. BIRTHPLACE (city or town) (State or country) Osmego N. Y.

MOTHER
15. MAIDEN NAME Ella Anderson
16. BIRTHPLACE (city or town) (State or country) Columbia Ill.

17. INFORMENT (Address) Earl Wheeler Burke Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Joplin Mo Date Sept 28 1933

19. UNDERTAKER (Address) B. G. Worstell Wallace Ida

20. FILED Sept 21st, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1933, to Sept 27th, 1933
I last saw him alive on Sept 25, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No.
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED JUL 6 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86068

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 114

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivor Engelbretson

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 15 - 1922

7. AGE: Years 10 | Months 9 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burke Ida.

FATHER
13. NAME: Lewis Englebretson
14. BIRTHPLACE (city or town) (State or country): Minn

MOTHER
15. MAIDEN NAME: Alice Disbrow
16. BIRTHPLACE (city or town) (State or country): Mich.

17. INFORMENT (Address): Lewis Englebretson Mullan Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Mullan Ida. Date: Sept 29 1933

19. UNDERTAKER (Address): J. A. Bower (Ward Und Co) Wallace Ida.

20. FILED Sept 29, 1933 C. O. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Punctured lung	9/26/33
Other contributory causes of importance: Compound fracture skull	9/26/33

Name of operation: ..... Date of .....
What test confirmed diagnosis: Physical Exam Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/26/33
Where did injury occur? Mullan Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public highway
Manner of injury Struck by car driven by auto
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Mowery M. D.
(Address) Kellogg

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86069

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 71
Primary Registration District No. 1811 Local Registrar's No. 112
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10/00

2. FULL NAME Malcolm Dale Crabaugh
(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) April 11-1919
7. AGE Years 14 Months 5 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER
13. NAME Cloe Crabaugh
14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER
15. MAIDEN NAME Hazel Mary Wright
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Cloe Crabaugh Mullan Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida Date Sept. 193
19. UNDERTAKER (Address) J. A. Bever (Ward Mud Co) Wallace, Ida.
20. FILED Sept 22nd, 1933 W. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1933
22. I HEREBY CERTIFY, That I attended deceased from 9-19-, 1933, to 9-21, 1933
I last saw him alive on Sept. 21, 1933: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	1 day
Other contributory causes of importance:	
Myocarditis	1 year
Nephritis 8 hr.	14 yrs.

Name of operation None Date of ✓
What test confirmed diagnosis? Phys findings Exam.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) Francis J Burns M. D.
(Address) 1279 Pacific Bldg. Spokane Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 193

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86070

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2261
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1612

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years | Months | Days: ½ day | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kellogg Ida.

FATHER
13. NAME: Jess Walker
14. BIRTHPLACE (city or town) (State or country): ~~[illegible]~~ ~~[illegible]~~ Minn

MOTHER
15. MAIDEN NAME: Theresa Fritchen
16. BIRTHPLACE (city or town) (State or country): Paradise Valley Neb.

17. INFORMENT (Address): Mrs Joe Neaver

18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Ida. Date: Sept 3, 1933

19. UNDERTAKER (Address): R. L. Stout, Kellogg Ida

20. FILED: Oct. 10, 1933 Mrs. Helen M. Bride, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1933, to ....., 193...
I last saw him alive on Sept 11th, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity one of twins	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
9/13-33 (Signed) W. L. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED OCT 10 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86073

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 51

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Alexander Reid

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Phoebe Reid

6. DATE OF BIRTH (month, day, and year): Nov 29-1866

7. AGE: Years 66, Months 10, Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bognor, Ontario Canada

FATHER
13. NAME: Robt. Reid
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: No inf.
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Phoebe Reid Kellogg Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place: Spokane Wy. Date: Oct 8, 1933

19. UNDERTAKER (Address): M. C. Thornhill Kellogg Idaho

20. FILED: Oct. 10, 1933. Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th, 1933, to Oct 6th, 1933
I last saw him alive on Oct 5th, 1933: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows: Carcinoma of liver & pancreas.

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: Pro.
10/6-33 (Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED OCT 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86074

Registration District No. 77

Primary Registration District No. 2176 Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Emma Fullmer

(a) Residence. No. St. R.F.D. Tetonia, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Halsey Dean Fullmer

6. DATE OF BIRTH (month, day, and year): December 20 1864

7. AGE — Years: 66 | Months: 8 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Providence Utah

FATHER

13. NAME: Jacob I Neef

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Mary Frey

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Halsey Dean Fullmer R.F.D. Tetonia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Tetonia Ida. Date: Sept 20 1933

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls, Idaho

20. FILED 9-21 1933 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933, to Sept. 17, 1933.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8:45 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Sept. 14

Other **contributory causes** of importance:

Acute Bronchitis	Sept. 11

Name of operation: — Date of: —

What test confirmed diagnosis?: — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?: — Date of injury.., 193.

Where did injury occur?:
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**: —

Manner of injury: —

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify:

(Signed) 9-19-33 L. T. C. Palmer, M. D.

(Address) Driggs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86078

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 7087
Local Registrar's No.
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eliza McCannell

(a) Residence. No. 200 - 8th St. South St.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Reuben McCannell

6. DATE OF BIRTH (month, day, and year) Oct 17 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Fillmore
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Theadora McCannell Buhl.

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date ....., 193

19. UNDERTAKER Evans & Johnson (Address) Buhl Evans & Johnson

20. FILED 10-7, 1933 J. T. Markley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Sept 28, 1933
I last saw her alive on Sept 27, 1933: death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvular Disease	

Other contributory causes of importance:
Chronic Nephritis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Lantz, M. D.
(Address) Buhl Ida

RECEIVED OCT 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86079

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 112
(No. Twin Falls R. F. D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Winfred Carroll 161a

(a) Residence. No. Twin Falls, Ida. R. F. D. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. - yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 13-1933

7. AGE - Years - Months - Days If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

FATHER
13. NAME J. W. Carroll
14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER
15. MAIDEN NAME Jocy Preston,
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) J. W. Carroll Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Sept. 14 1933

19. UNDERTAKER (Address) S. C. Phillips Twin Falls, Idaho.

20. FILED Sept. 13, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 9/12, 1933, ~~to~~, 193..
I last saw him ~~alive~~ on dead, 193..: death is said to have occurred on the date stated above, at 1030 A.M.
The principal cause of death and related causes of importance were as follows: Premature birth

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86080

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Twin Falls Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joulina Heckler 117
(a) Residence. No. Castleford, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles Heckler
6. DATE OF BIRTH (month, day, and year) Aug 5th 1870
7. AGE Years 63 Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Gilgin Genften
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Lucia Gertch
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Charles Heckler Castleford
18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date 9/26, 193
19. UNDERTAKER (Address) Evans & Johnson Buhl, L. Johnson
20. FILED 9-25, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/24 1933
22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1933, to 9-24, 1933
I last saw her alive on 9-24, 1933: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows: Ruptured appendix with bowel obstruction

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of 9-23
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo Jennings, M. D.
(Address) Buhl, Ida.

Dr Jennings

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86081

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D.
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Gladys Taylor

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Taylor
6. DATE OF BIRTH (month, day, and year): June 24 1903
7. AGE: Years 30 | Months 2 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kirkwood Ill

FATHER
13. NAME: Lew Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Elizabeth Johnston
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Ernest Taylor Buhl
18. BURIAL, CREMATION, OR REMOVAL Place: Buhl Date: 9/24 1933
19. UNDERTAKER (Address): Evans & Johnson Buhl
20. FILED 9-25, 1933 J. H. Maxfield Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 20 1933
22. I HEREBY CERTIFY, That I attended deceased from 9-2-, 1933, to 9-20, 1933
I last saw her alive on 9-20, 1933; death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Carcinoma	
of bowel	

Other contributory causes of importance:

Name of operation Exploratory Date of Aug. 33
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. Jennings, M. D.
(Address) Buhl, Ida.

Dr Geo 05

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86082

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wayne Burnett

92

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Oleta Burnett

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 34 Months 1 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grass Cove Tennessee

FATHER
13. NAME O. P. Burnett
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME K. C. Cox
16. BIRTHPLACE (city or town) (State or country) Grass Cove Tennessee

17. INFORMENT (Address) Mrs O. P. Burnett Buhl

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date 9/21, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl, L. Johnson

20. FILED 9-25, 1933 J. H. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 1924 to Sept 19 —, 1933, to , 193

I last saw him alive on 19 Sept —, 1933: death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows: Left middle

	Date of onset
Embolism meningeal	
preceded by rheumatism	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. W. MacManus, M. D.
(Address) Buhl, Idaho

Dr MacManus

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86083

PLACE OF DEATH

County of Twin Falls

City of Twin Falls County General Hospital

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. Twin Falls Co. Gen'l Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William Trowbridge Bulkley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Bulkley

6. DATE OF BIRTH (month, day, and year) June 28, 1841

7. AGE Years 92 Months 2 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grayville, Ill.

FATHER

13. NAME Daniel Bulkley

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Dana Knaw

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Rolfe Bulkley Castleford Ida.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Wirtchata Ran Date , 193

19. UNDERTAKER (Address) Evans & Johnson Twin Falls Ida L. Johnson

20. FILED Sept. 15, 1933 J. H. McCloskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1933, to Sept. 14, 1933

I last saw him alive on Sept. 14, 1933; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows: Senility

Date of onset

Other contributory causes of importance: Mild Indigestion

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McCloskey, M. D.

(Address) Buhl Ida

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86084

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josaphine Karpisek Kusy

90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Kusy

6. DATE OF BIRTH (month, day, and year) June 29 1866

7. AGE Years 67 Months 2 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER
13. NAME John Karpisek
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER
15. MAIDEN NAME Soukop.
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMENT (Address) Rudolph Kusy Buhl, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Buhl Date 9-12, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl J. Johnson

20. FILED 9-12, 1933 J. T. Wrighley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10-, 1933, to 9-10-, 1933
I last saw her alive on 9-10, 1933: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo Jennings, M. D.
(Address) Buhl Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86085

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew J. Baer

(a) Residence. No. Twin Falls St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 3/1882

7. AGE Years 50 Months 11 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME A. S. Baer
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Hattie Dice
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs Hal[illegible] Eble Twin Falls

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Sept 11, 1933

19. UNDERTAKER (Address) F. E. Drake Twin Falls

20. FILED Sept. 12, 1933 Geo. F. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 193..., to Sept 9th, 1933
I last saw him alive on Sept 8th, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mytral regurg.	First saw him July 8th 1933
Dilatation (heart)	

Other contributory causes of importance: The

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. A. Evans, M. D.
(Address) Twin Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86087

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 7085
Local Registrar's No. 114

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry S Slater

(a) Residence. No. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

187

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Slater

6. DATE OF BIRTH (month, day, and year) June 23 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr

FATHER
13. NAME Benjamin Slater
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Magdelena Stutzman
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Bessie Slater Filer

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date Sept 16 1933

19. UNDERTAKER (Address) J E Drake Twin Falls

20. FILED Sept 19, 1933 Geo. C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933, to Sept 14, 1933
I last saw him alive on Sept 14, 1933; death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury - Skull Fracture (Base)	
Jaw	
Internal Injuries to Chest	

Other contributory causes of importance: Threshing Machine Belt

Name of operation None Date of -
What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/14, 1933
Where did injury occur? On Ranch
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Farm
Manner of injury Belt to Thresher
Nature of injury Skull Fracture + Inter. Inj. to Chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Running Thresher.
(Signed) Dr John R Montgomery, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86088

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. ~~10~~ 37
Primary Registration District No. 2085
Local Registrar's No. 105
(No.) Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Frazer West

(a) Residence. No. 360 Jackson St.
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Violet Lenora West

6. DATE OF BIRTH (month, day and year) Feb. 2, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	37	7	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Columbus, Ohio

PARENTS

10. NAME OF FATHER Harry West
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cork County Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Violet Lenora West
(Address) 360 Jackson St. Twin Falls Ida

15. Filed Sept. 5, 1933 Geo. C. Hally M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Sept 2, 1933
that I last saw ~~him~~ alive on Sept 2, 1933
and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:
Urethral Stricture causing distention of bladder
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia.
(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death? not known
Did an operation precede death? yes Date of Aug 30, 1933
Was there an autopsy? no
What test confirmed diagnosis? operation

(Signed) George C. Hally M. D.
Sept 5, 1933 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or Removal	Date of Burial
Twin Falls Cemetery	9-6 1933
20. Undertaker White Mortuary, Inc.	Address Twin Falls, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86089

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 7085
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 109

1000

2. FULL NAME John Dittmer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Davenport Iowa

PARENTS

10. NAME OF FATHER Joahim Dittmer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14. Informant Albert Putzier
(Address) Twin Falls. R.7.D.

15. Filed Sept. 5, 1933 Geo. E. Kelley MD Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 3 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933, to Sept 3, 1933, that I last saw him alive on Sept 3, 1933, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:
Cardiorenal vascular disease

(duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia - bronchial

(duration) ... yrs. ... mos. 2 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of ...
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) C. R. Wagner, M.D.
Sept 5, 1933 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or Removal	Date of Burial
Twin Falls Cemetery	9-5 1933
20. Undertaker: White Mortuary Inc	Address: Twin Falls Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86090

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 111
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James R. Barlow

(a) Residence No. 351 - 5th ave N St.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Barlow

6. DATE OF BIRTH (month, day and year) July 26-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Harness maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10. NAME OF FATHER Judson Barlow
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Champlain New York
12. MAIDEN NAME OF MOTHER Emily Marvin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Vermont

14. Informant Mrs. Louisa Barlow
(Address) 351 - 5th Ave N. Twin Falls, Ida.

15. Filed Sept. 12, 1933 Geo. S. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to Sept 10, 1933
that I last saw him alive on Sept 10, 1933
and that death occurred, on the date stated above, at 10 a m.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Dr. F. W. Wilson by W. G. M. D.
Sept 11, 1933 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	9-12 1933
20. Undertaker	Address
White Mortuary Inc.	Twin Falls. Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86091

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
(No.)
Local Registrar's No. 11 5

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha M. Kinney

(a) Residence. No. Independent Packing Plant
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Floyd Kinney

6. DATE OF BIRTH (month, day and year) Jan. 27-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Afton Iowa

PARENTS

10. NAME OF FATHER Henry Jungst
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Able
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Iowa

14. Informant C. A. Jungst
(Address) 505-4th Ave E. Twin Falls.

15. Filed Sept. 18, 1933 Geo. C. Halley, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 16 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to Sept 16, 1933
that I last saw her alive on Sept 16, 1933
and that death occurred, on the date stated above, at 5 00 P m.
The CAUSE OF DEATH* was as follows:
Strychnine Poisoning
Accidentally ~~Mistaken~~ taken.
(duration) yrs. mos. 1/2 hrs.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John T. Edgerley M. D.
9-18, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation,~~ or ~~Removal~~	Date of Burial
Twin Falls Cemetery	9-19 1933
20. Undertaker	Address
White Mortuary Inc	Twin Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86092

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 117
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anne Ellis

(a) Residence. No. 150 Alexander - to Park St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

3a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William Ellis

6. DATE OF BIRTH (month, day and year) Dec 25 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Madison
(State or country) Wisconsin

PARENTS

10. NAME OF FATHER ✓ Daley

11. BIRTHPLACE OF FATHER (city or town) Norway
(State or Country)

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (city or town) Norway
(State or Country)

14. Informant Mrs Clara Smith
(Address) 150 Alexander & to Park Twin Falls Idaho

15. Filed Oct 2, 1933 Geo C. Halley, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 29 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1933 to Sept. 29, 1933
that I last saw her alive on Sept. 28, 1933
and that death occurred, on the date stated above, at 4:40 p m.

The CAUSE OF DEATH* was as follows: Chronic nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) C. D. Weaver M. D.
9-30, 1933 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cem	Oct 2 1933
20. Undertaker	Address
White Mortuary Inc	Twin Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, FRACTIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86093

PLACE OF DEATH

County of Twin Falls
City of Murtaugh

Registration District No. 37
Primary Registration District No. 2085
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 116

2. FULL NAME Mrs William E. Martin

(a) Residence. No. Oakley, St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm E. Martin Widowed

6. DATE OF BIRTH (month) Dec (day) 6 (year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Utah.

PARENTS

10. NAME OF FATHER Robert McKendrick
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland.
12. MAIDEN NAME OF MOTHER Agnes McGavin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant A. L. Martin of Oakley
(Address) Oakley Idaho

15. Filed Oct. 2, 1933 Geo. C. Valley M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw her alive on Sept. 27, 1933
and that death occurred, on the date stated above, at 3 P.M.
The CAUSE OF DEATH* was as follows:

Accidental death from collision of train & auto.
Instant death
(duration) ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? Clinical

(Signed) T. A. Dwight, M. D.
Sept. 27 1933. (Address) Filer.
Twin Falls County Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Marion Ida	Oct. 1 1933
20. Undertaker	Address
D. C. Johnson	Burley.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86094

PLACE OF DEATH

County of Valley
City of Cabarton Idaho

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME John Henry Melish

(a) Residence. No. Cabarton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	78			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME John Melish Sr.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs H. J. McFaul

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Idaho Date ....., 193..

19. UNDERTAKER (Address) A. D. Robb
Cascade Idaho

20. FILED Sept 28, 1933 Gardner Ready
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Sept 27, 1933
I last saw him alive on Sept 26, 1933; death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	9-26-33

Other contributory causes of importance:
Senility.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Roscoe C. Ward, M. D.
(Address) Cascade Idaho

RECEIVED OCT 9 1933

PLACE OF DEATH
County of Valley
City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86095

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 10

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME George R. Sheppard

(a) Residence. No. Cascade Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/29/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnson Coumty Texas

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Andrew Campbell Cascade Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cascade Idaho Date 9/8, 1933

19. UNDERTAKER (Address) A.D. Robb Cascade Idaho

20. FILED Sept 8, 1933 M. Gardner Ready Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933, to Sept 7, 1933
I last saw him alive on Sept 7, 1933: death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	?
Other contributory causes of importance: Cardiac asthma	?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Roscoe C. Ward, M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86096

PLACE OF DEATH

County of Washington

City of Campbell Hot Springs

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 86

(No. 7 Miles West of Weiser, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Galisano, Richard D (CC2-26559)

(a) Residence. No. 31 West Street, St. Mt. Kisko, N.Y.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

182

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Tinsmith helper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Unknown

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) New York City
(State or country) New York

MOTHER/FATHER

13. NAME Tony Galisano

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT 1st. Lt. W. H. Maglin
(Address) % Adj. Gen. War Dept. Wash. D.C.

18. BURIAL, CREMATION OR REMOVAL Shipped
Place Removal Mt. Kisco, N.Y. Date 9/12/33

19. UNDERTAKER McBratney
(Address) Boise, Idaho

20. FILED 9-12, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Not seen alive., 193..., to ..., 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning, accidental.	9/10/33
Other **contributory causes** of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis? Physical examination Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury .., 193.

Where did injury occur? Campbell Hot Springs
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public place

Manner of injury Drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George H. Donnelly, M. D.

(Address) % Adj. Gen. War Dept. Wash. D.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 26 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86098

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Newton Adamson

(a) Residence. No. Midvale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ina Adamson

6. DATE OF BIRTH (month, day, and year) July 31-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME J.A. Adamson
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Rosa Brittain
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) J.A. Adamson Midvale Idah.

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Ida. Date 8-8-, 1933

19. UNDERTAKER L.L. Northam
(Address) Weiser Idaho

20. FILED 8-12-33, 193.. DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 -, 193.., to Aug. 6 -, 193..
I last saw him alive on Aug. 6 -, 193.., death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Incurable Gastric Carcinoma.	1-32
Other contributory causes of importance: Intestinal Obstruction.	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. T. Whiteman M. D.
(Address) Cambridge Ida

RECEIVED SEP 26 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 85099

PLACE OF DEATH

County of Washington

City of Cambridge

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 14a) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Roberts

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Maried

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of George Roberts

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME P H Neal

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Manda J Bledshaw

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) R Rufus Roberts

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED 9-27-33, 193 DR. R. T. WHITE, Registrar. CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933 to Sept 7, 1933
I last saw h[illegible] alive on Sept 7, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. F. Hunt M.D., M. D.
(Address) Cambridge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 26 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86100

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No.
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Genevieve Marie Shroyer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. Date of Birth (Month, day and year): January 27, 1916

7. AGE: Years 17 Months 7 Days 17 If less than 1 day hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambridge Ida

Father
13. NAME James Earl Shroyer
14. BIRTHPLACE (City or Town, County and State, or Country): Arkansas

Mother
15. MAIDEN NAME Agnes Ruth Pitzer
16. BIRTHPLACE (City or Town, County and State, or Country): Colorado

17. INFORMENT (Address) Jacob C. Pitzer Cambridge Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) T. H. Hudelson

20. FILED 9-15-, 193 DR. R. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-14-33 193

22. I HEREBY CERTIFY, That I attended deceased from 9-1-32, 193, to 9-14-, 1933,
I last saw her alive on 9-14-, 1933: death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:
Gangrene of lungs.

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Cambridge Ida

RECEIVED NOV 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86101

PLACE OF DEATH
County of Fremont
City of Island Park

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 106

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Charles F. Rork

(a) Residence. No. 740 N. Garfiled St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Charles F. Rork

6. DATE OF BIRTH (month, day, and year) June 5th, 1879

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franksville, Wisconsin

FATHER

13. NAME Marshall Rork
14. BIRTHPLACE (city or town) (State or country) State Not Known U.S.A

MOTHER

15. MAIDEN NAME Minnie Frank
16. BIRTHPLACE (city or town) (State or country) State not known U.S.A.

17. INFORMENT (Address) Mrs Charles F. Rork Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date Oct. 18- 1933

19. UNDERTAKER H. L. McHaw
(Address) Pocatello, Idaho

20. FILED 10/16/33 193 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
(Automibile Accident)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automibile Turn Over
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W. M. Hansen ~~M.D.~~ County Coroner Fremont C.
(Address) St. Anthony, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

86102

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86102

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 271

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert A. Hager

(a) Residence. No. 1620 State St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mildred Olive Hager

6. DATE OF BIRTH (month, day, and year): Oct. 28 1905

7. AGE: Years 27 Months 11 Days 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** D.G. Store

10. Date deceased last worked at this occupation (mo. and yr.) 10/12/33

11. Total time (years) spent in this occupation 6 Yr.

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME William R. Hager

14. BIRTHPLACE (city or town) (State or country) Memphis Tenn.

MOTHER

15. MAIDEN NAME Catherine Hickey

16. BIRTHPLACE (city or town) (State or country) Chatanooga Tenn.

17. INFORMANT (Address) Harold J. Hager Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL

Place Spokane Wash. Date 10/23/33

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 10-21 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1933, to Oct. 20, 1933.

I last saw him alive on Oct. 20, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

Acute Yellow Atrophy of Liver

Date of onset

Other **contributory causes** of importance:

Vilitation of Urethral Structure (Traumatic)

Name of operation Urethral Vil. Date of 10/17/33

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred A. Pillinger, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1933

86103

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86103

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 194
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Howard Payne.
(a) Residence. No. 342-E St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Payne.

6. DATE OF BIRTH (month, day, and year) May 24, 1874

7. AGE: Years 59, Months 4, Days 18, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Potato Insp.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Clerk. Book Keeper
10. Date deceased last worked at this occupation (month and year) Oct. 7 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester. England.

FATHER
13. NAME ? — Payne.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs Ella Payne Idaho Falls Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date 10/15, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho

20. FILED Oct. 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1933.

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1933, to Oct. 12, 1933
I last saw him alive on Oct. 11, 1933: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Acute & chronic Nephritis
Toxic (?) Goiter
Biliary obstruction.

Date of onset: not known definitely - From his history he had been failing for several months

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 2 7 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86104

86104

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 120

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Earl Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of La Verda I. Smith

6. DATE OF BIRTH (month, day, and year) Jan 21st 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12 Years

12. BIRTHPLACE (city or town) (State or country) Oakley Ida.

FATHER
13. NAME Hyrum Smith
14. BIRTHPLACE (city or town) (State or country) Farmington England

MOTHER
15. MAIDEN NAME Emily Purser
16. BIRTHPLACE (city or town) (State or country) Cambridge Mosquito Valley

17. INFORMENT (Address) Mrs La Verda I. Smith Oakley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Oakley Ida Date 10-4, 1933

19. UNDERTAKER (Address) C. O. Turner Burley Ida

20. FILED Oct 3, 1933 Geo. C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/27/33, 193..., to 10/1/33, 193...
I last saw him alive on 10/1/33, 193...: death is said to have occurred on the date stated above, at 2:44 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General body and head traumatism.	
Concussion of the brain.	
Traumatism to chest, fracture of the rib.	9/27/33
(auto - train collision).	
Other contributory causes of importance:	
Pneumonia, bilateral, Traumatic.	9/29/33

Name of operation none Date of
What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/27, 1933
Where did injury occur? (Specify city or town, county, and State) Near Murtaugh, Ida. Twin Falls County.
Specify whether injury occurred in industry, in home, or in public place. Public Highway, R.R. Crossing.
Manner of injury Auto - train collision.
Nature of injury Traumatism to body & head.

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Truck driver.
(Signed) Duncan L. Alexander, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86105

PLACE OF DEATH

County of Twin Falls
City of Kimberly

Registration District No. 37
Primary Registration District No. 2015
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 127

2. FULL NAME C. L. Herrick

(a) Residence. No. Kimberly St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ardis Herrick

6. DATE OF BIRTH (month, day and year) March 20, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER W. B. Herrick

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Jennie Wood

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Mrs. Ardis Herrick
(Address) Kimberly, Idaho

15. Filed Oct. 18, 1933 Geo. C. Halley, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) Oct. (Day) 16 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to Oct. 16, 1933
that I last saw him alive on Oct. 16, 1933
and that death occurred, on the date stated above, at 10 A. m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis & coronary sclerosis (duration) unknown yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J. H. Davis, M. D.

Oct. 16, 1933 (Address) Kimberly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls Cemetery	Oct. 18 1933
20. Undertaker	**Address**
F. E. Drake	Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED OCT 18 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Rev. Fyle 86106

DO NOT WRITE IN THIS SPACE
State File No. 86106

PLACE OF DEATH
County of Nez Perce
City of Lewiston, Idaho
Registration District No. 1009
Primary Registration District No. 26
Local Registrar's No.
(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME George William Warren

(a) Residence. No. St. Peck, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 11, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kendrick
(State or country) Idaho

FATHER
13. NAME Aaron S. Warren
14. BIRTHPLACE (city or town)
(State or country) Mass.

MOTHER
15. MAIDEN NAME Mary Hutchinson
16. BIRTHPLACE (city or town) P.E.I.
(State or country) Canada

17. INFORMENT Jane Maynard.
(Address) Peck, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino, Ida. Date Oct. 8, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 16, 1933 J. M. Fyle
By E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1933, to Oct 6, 1933
I last saw him alive on Oct. 5, 1933; death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance:
Carcinoma of Rectum

Name of operation Laparotomy Date of Oct. 29-
What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Fyle, M. D.
(Address) Lewiston, Idaho

RECEIVED OCT 13 1933

86107 ✓

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SUPPLIMENTAL REPORT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86107

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 94

(No. Veterans Administration Facility, Boise, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patrick J.E. Hogan ASN 0-2765821

(a) Residence. No. 169 Raymond Place St New Brighton, Staten Island,
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state) N. Y.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Hogan

6. DATE OF BIRTH (month, day, and year) May 6, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Bayonne, N.J.
(State or country)

MOTHER/FATHER

13. NAME William Hogan

14. BIRTHPLACE (city or town) Bayonne,
(State or country) N J.

15. MAIDEN NAME Hannah Healy

16. BIRTHPLACE (city or town) Cork,
(State or country) Ireland.

17. INFORMANT (Address) Margaret Hogan, 16 Raymond place Staton Island N.Y.

18. BURIAL, CREMATION, OR REMOVAL W. Brighton Station Island N.Y.
Place N. Y. Date 10-12 1933

19. UNDERTAKER (Address) Wm. McBratney Boise

20. FILED 10-13 1933 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1933, to October 10, 1933.
I last saw him alive on Oct 10, 1933: death is said to have occurred on the date stated above, at 2.50 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture, skull	
Other **contributory causes** of importance: Cerebral hemorrhage.	
Autopay held Coroner's inquest by Coroner's physician.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, Suicide, or Homicide? Yes Date of injury 10-8-33
Where did injury occur? Boise Hotel,
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Fall
Manner of injury Fracture skull
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F.C. Smith, M. D.
(Address) V.A., Boise, Idaho.

RECEIVED JUL 6 1933

86108

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86108

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 196
(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Victor Larson.
(a) Residence. No. 366. Lee. Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct 10 1892
7. AGE: Years 41 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 12 1933.
11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) (State or country) Osage. Kansas.

FATHER
13. NAME Otto Larson
14. BIRTHPLACE (city or town) (State or country) Grastrop. Sweden.

MOTHER
15. MAIDEN NAME Hilma Carlson.
16. BIRTHPLACE (city or town) (State or country) Falun Sweden

17. INFORMENT (Address) Mr. Otto Larson Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 19, 1933
19. UNDERTAKER (Address) F. F. McHan Idaho Falls Ida
20. FILED Oct 18, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17 1933.
22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Oct 17, 1933
I last saw him alive on Oct 17, 1933: death is said to have occurred on the date stated above, at 3.15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 12

Other contributory causes of importance:

Name of operation Clinical & Laboratory Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

8 6 1 0 9

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
86109
State File No.

Local Registrar's No. 1921

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. M. McFarland

(a) Residence. No. 1205 North Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Beulah Hargraves

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1892.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: O. S. L. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Chas. McFarland

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Bell Halverson

16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMENT (Address): Mrs. Chas. M. McFarland, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Ida. Date: Nov. 31, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Nov. 31, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933, to Oct. 28, 1933

I last saw h[illegible] alive on Oct. 28, 1933; death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86110

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn Koger

(a) Residence. No. 4½ mi S E Jerome St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora Koger

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) ..... (State or country) .....

FATHER
13. NAME: Ben Koger
14. BIRTHPLACE (city or town) ..... (State or country): Not Known

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) ..... (State or country) " "

17. INFORMENT (Address): August Jacobsen

18. BURIAL, CREMATION, OR REMOVAL
Place: Jerome Cem Date: Oct 4, 1933

19. UNDERTAKER (Address): J R Wiley Jerome Idaho

20. FILED 10/2, 1933 Chas H Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide shot through head, and right shoulder with 32 Automatic	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 30, 1933
Where did injury occur? Jerome & Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Street. Jerome & Idaho
Manner of injury Shot in Head & Shoulder
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J R Wiley. (Coroner)
(Address) Jerome, Idaho

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86111

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Canyon
City of Caldwelll
Trancient

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 83
(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Mary S. Wade
(a) Residence. No. 1503 Cleveland St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wade

6. DATE OF BIRTH (month, day and year) 2-16-1879

7. AGE Years 54 Months 7 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Summerville Oregon

PARENTS

10. NAME OF FATHER Wm Chattin
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Sarah Russell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ills

14. Informant (Address) Mrs L C Callahan 1503 Cleveland Caldwell Ida

15. Filed 10-18, 1933. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 11 1933, 19..... (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1933, to Oct. 11, 1933
that I last saw her alive on Oct. 11, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Uremia follow apoplexy.
Uremia (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) apoplexy
..... (duration) ..... yrs. 6 mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Phy.
(Signed) [signature], M. D.
10-16-, 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Summerville Oregon
Date of Burial Oct 15-33

20. Undertaker Paul L. Case
Address Caldwell Ida

JOHN S. MEYER, M. D.
U. S. REG. NO. 244.
PHONES: OFFICE 44. RES. 119
CALDWELL, IDAHO

FOR Breau of Vital Statistics DATE Nov. 14. 193 3

ADDRESS Boise Idaho.

R I am sorry I couldn't return this death certificate earlier, but Mrs. Callahan (Mrs. Wade's) daughter was in Union, Ore. and I could not get in touch with her until to-day. She informs me that the middle letter in her mothers name is " S " not " F " as put on the death certificate and would we please make the change.

TAKE THIS TO
BOTKIN-GORDON DRUG CO.
CALDWELL, IDAHO

John S. Meyer M. D.

U. S. REG. NO.

RECEIVED NOV 6 1933

86112

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86112

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 107
(No. 5th & Garden Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Mrs. Mary Ellen Cooper

(a) Residence. No. 5th & Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. B. Cooper.

6. DATE OF BIRTH (month, day, and year)
July 15th 1861

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Nicholas Hipsley.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Kost.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT A. B. Cooper.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 11/5/33.

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 11-4, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 3:10 A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	

Other **contributory causes** of importance:
Rheumatism - Hypertension
Irregular heart
Thrombus in right arm

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. H. Rhodes M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

V 86113

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86113

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 280
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert MacDonald Lucas

(a) Residence. No. Owyhee Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jean Lucas

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 yrs	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. paint factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal, Canada

FATHER

13. NAME William Lucas

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Christina MacDonald

16. BIRTHPLACE (city or town) (State or country) Perth, Scotland

17. INFORMENT Agnes Lucas (Address) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL Place Chicago, Ill. Date 11-2, 1933 Shipped

19. UNDERTAKER Schreiber & McCandless (Address) Boise, Ida.

20. FILED 11-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1933, to 10-31, 1933

I last saw him alive on 10-31, 1933; death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - chr	✓
alcoholism - chr	✓
alcoholic mania -	10-30-33

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Richard D Burnham, M. D.

(Address) 500 Eastman Bldg. Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13 1933

86114

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86114

PLACE OF DEATH

County of Benewah

City of Chatcolet

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry C Edwards

164

(a) Residence. No. Chatcolet St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Belle P Edwards

6. DATE OF BIRTH (month, day, and year) June 7-1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albion
(State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT (Address) Mrs. Edwards Chatcolet Ida

18. BURIAL, CREMATION, OR REMOVAL Place St Maries Date Oct 8, 1933

19. UNDERTAKER Geo B Mitchell
(Address) St Maries Ida

20. FILED Nov. 2, 1933 W R Bakers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Disability	

Other contributory causes of importance:

Old Age	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo B Mitchell Coroner, M. D.

(Address) St Maries Ida

RECEIVED NOV 13 1933

86115

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86115

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME William Barnes

(a) Residence. No. Middleton Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 22 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Thomas Barnes

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Hunter

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs W Barnes Middleton Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 11-1-, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho.

20. FILED 11-3, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to ....., 193..

I last saw him alive on Oct 29, 1933: death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Hemorrhage from crushing blow to chest	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury ....., 193..

Where did injury occur? Caldwell Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. highway

Manner of injury car injury

Nature of injury chucket chest

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M W Montgomery, M. D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Mont

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86116

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 99

(No. Boise, Idaho. Route # 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Earl Smith

(a) Residence. No. Boise, Idaho. Route # 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Smith

6. DATE OF BIRTH (month, day, and year): August 3rd 1867

7. AGE: Years 66, Months 2, Days 19; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Glenwood, Iowa.

FATHER

13. NAME: F. Earl Smith.

14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMANT (Address): Mrs. Myrtle Smith. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place: Meridian Cemetery. Date: 10/25/33

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho.

20. FILED 10-24 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22/33

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to Oct 22, 1933

I last saw him alive on Oct 14, 1933: death is said to have occurred on the date stated above, at 7 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	About 1 yr ago

Other **contributory causes** of importance: Indigestion

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. B. Bonck, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86117

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Otis Chinn.

(a) Residence. No. 5 Miles West of Boise. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Emma. A. Chinn.

6. DATE OF BIRTH (month, day, and year) May. 4. 1868.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Macon County
(State or country) Missouri.

FATHER

13. NAME C.C. Chinn.

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Eliza Jane Cummings.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMENT (Address) Mrs. Emma. A. Chinn. R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Oct. 21., 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-23 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Oct 19, 1933
I last saw him alive on ....., 1933; death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 1933

Other contributory causes of importance:

none

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1933
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. R. Fraser M.D., M. D.
(Address) .....

RECEIVED NOV 9 1933

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86118

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 97

(No. Boise, Idaho. R#1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew C. Henry

(a) Residence. No. Boise, Idaho. R#1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Henry

6. DATE OF BIRTH (month, day, and year): March 20th 1864

7. AGE — Years: 69 | Months: 7 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER

13. NAME: Thomas Henry.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Mary-------

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Mrs. Florence Henry, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery Date 10/24/33

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho

20. FILED 10-23 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22/33

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1933, to ....., 193...
I last saw him alive on Oct. 22, 1933: death is said to have occurred on the date stated above, at 8:45 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. G. Wedman, M. D.
(Address) Boise, Idaho.

RECEIVED NOV 9 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise (near)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86119

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 96

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew McMonigle

(a) Residence. No. Route #4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary McMonigle

6. DATE OF BIRTH (month, day, and year): August 30 - 1858

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stock raiser

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Donegal county Ireland

MOTHER FATHER

13. NAME Edward McMonigle

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME Bridget Brennan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Edw. B. McMonigle Rt # 4 - Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place St. Johns Date 10-20 1933

19. UNDERTAKER (Address): Schroeder & McLean

20. FILED 10-20 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Oct 17, 1933.

I last saw him alive on Oct 17, 1933.: death is said to have occurred on the date stated above, at 1.10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Arthritis	
General debility	
Decompensated	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Wahle, M. D.

(Address) Boise Idaho

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86120

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 95

(No. Riverside Station, Boise, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Edwin King.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Velva P. King

6. DATE OF BIRTH (month, day, and year)
January 22nd 1890

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
43	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Auto Supplies.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boulder, Colo.

FATHER

13. NAME Joseph N. King.

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Clara I. Hunter.

16. BIRTHPLACE (city or town) (State or country) Colo.

17. INFORMANT (Address) Mrs. Velva P. King. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 10/19/33

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 10-18 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16/33

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Oct. 16, 1933. I last saw him alive on July 14, 1933. death is said to have occurred on the date stated above, at 1:30 am. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	Years ago.

Other **contributory causes** of importance:

Probable Cerebral Hemorrhage	Oct 16 1933

Name of operation None. Date of.....

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) W. M. Bratton M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of 3 Miles West Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86121

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucinda Winston

(a) Residence. No. Three Miles West Of Boise St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Winston

6. DATE OF BIRTH (month, day, and year): 3/19/1857

7. AGE: Years 76 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Lincoln Co, Ohio

MOTHER

13. NAME: David C. Prince

FATHER

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Hannah Faulk

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): C. H. Winston

18. BURIAL, CREMATION OR REMOVAL: Boise Idaho
Place Joplin Cemetery Date 10/3/ 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 10-2.., 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-29-, 1933. to 9-29., 1933.

I last saw her ~~alive~~ dead on 9-29., 1933.: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Chronic Bronchitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. Callaway ....., M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86122

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 278

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carlos Hamblin

(a) Residence. No. ..... St. Eagle Ida,

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24 1908

7. AGE: Years 25 | Months 9 | Days 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oklahoma

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Photas Connet Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/29 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED NOV 2 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Oct 26, 1933.

I last saw him alive on Oct 25, 1933; death is said to have occurred on the date stated above, at 2.55 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	about Oct 7

Other **contributory causes** of importance:

Perforation of Ileum & Peritonitis

Name of operation Drainage Date of Oct 22

What test confirmed diagnosis Of Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. M. Boorman M. D.

(Address) Boise Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86123

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 278

(No. 714 Main street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe T. Koshiki

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	Japanese.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook-Owned

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Royal Cafe, Boise.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hiroshima, Ken; Japan.

FATHER

13. NAME Tatsuhei Koshiki.

14. BIRTHPLACE (city or town) (State or country) Hiroshima, Ken. Japan.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Japan.

17. INFORMANT Eddie Tohriyama,
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Japanese Cem. Date 10/26/33

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 10-24 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23/33

22. I HEREBY CERTIFY, That I attended deceased from 10-23-33, 193..., to 10-23-33 30 min.

I last saw him alive on 10-23-33, 1933.: death is said to have occurred on the date stated above, at 4:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
- probable due	10-23-33
to Pul. Tb	- about 4:40 pm

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Bruce B. Budge, M.D.

(Address) Boise, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Huise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86124

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 256

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Kilkeny

(a) Residence. No. 1104 Vermont St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July-4-1909

7. AGE: Years 24 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: S. Sheet Metal

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1929

11. Total time (years) spent in this occupation: 4 yrs.

12. BIRTHPLACE (city or town) (State or country): Council Idaho

MOTHER/FATHER

13. NAME: Albert Kilkeny

14. BIRTHPLACE (city or town) (State or country): Utica N. Y.

15. MAIDEN NAME: Augusta Brenden

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): 1113 Manitou Apt.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 10-8-33, 193..

19. UNDERTAKER (Address): McCaunt Schreiber Boise Ida

20. FILED: 10-9, 193.3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-5 193 3

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Death, 193..
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7.30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wound forehead.	
Other **contributory causes** of importance:	
Psychosis probably	
Epileptic equivalent.	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur? at home.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Gunshot wd. head
Nature of injury Self inflicted

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. T. Watt, M. D.
(Address) Boise Idaho

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86125

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 255

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William ~~Herman~~ Henry Herrmann

(a) Residence. No. 1700 No 19th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 11, 1863

7. AGE Years About 70 Months 5 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Frank Klinkhammer (Address) 1700 - No 19th St

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-8, 1933

19. UNDERTAKER Schreiber McCann (Address) Boise Idaho

20. FILED 10-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1933, to Aug 6th, 1933.
I last saw h....alive on Aug 5th 1933: death is said to have occurred on the date stated above, at 1 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma (Colon)	1932

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) [signature], M. D.
(Address) Eastman Bldg

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
86120
State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 254

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Halvorsen

(a) Residence. No. Mitchell Hotel 235 10th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1867
7. AGE: Years: about 66; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Miner
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER FATHER
13. NAME: Not obtainable
14. BIRTHPLACE (city or town) (State or country): "
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: A. Schreiber
(Address)
18. BURIAL, CREMATION OR REMOVAL: St. Johns
Place: Boise, Ida. Date: 10-3 1933
19. UNDERTAKER: Schreiber & McCann
(Address)
20. FILED: 10-6, 1933 W. A. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1933, to Sept. 26, 1933.
I last saw him alive on Sept. 26, 1933. death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lung	
Acute Myocarditis	9/30/33

Other **contributory causes** of importance:

Hepatocellular Carcinoma of Stomach	Feb-1933

Name of operation: None Date of:
What test confirmed diagnosis?: Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/30 1933
Where did injury occur? Mitchell Hotel Boise
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury: Hemorrhage of Lung
Nature of injury: Hemorrhage of Lung

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. B. Swan-Lowe M. D.
(Address) Boise Idaho

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86127

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 253

(No. 1411 N. 23rd Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Rachel A. Eichelberger

90

(a) Residence. No. 1411 N. 23rd St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Eichelberger

6. DATE OF BIRTH (month, day, and year) January 6th 1852

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kirkville...Iowa.

FATHER

13. NAME Peter Bridenstine.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Mason.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Lilly J. Eichelberger. (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 10/6/33, 193..

19. UNDERTAKER Wm. McBratney. (Address) Boise, Idaho.

20. FILED 10-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/4/33

22. I HEREBY CERTIFY, That I attended deceased from 3-19-....., 1924, to 10/4/33, 193....

I last saw her alive on 10/2/, 1933 death is said to have occurred on the date stated above, at 8:55 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension / Heart Disease	1924
Chronic Nephritis	1924

Other **contributory causes** of importance:

Acute Bronchitis	9/28/33

Name of operation no Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? no Date of injury.., 193.

Where did injury occur? no (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest E. Lautaugh M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86128

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 252

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul. D. Caldwell.

(a) Residence. No. 1113. N. 5 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Leah Caldwell.

6. DATE OF BIRTH (month, day, and year): Nov. 5. 1898.

7. AGE: Years 34 | Months 10 | Days 25. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Service Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Operator.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER
13. NAME: Seymour Caldwell.
14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER
15. MAIDEN NAME: Eva Waymire.
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Mrs. Leah Caldwell. 1113. N. 5 th Street.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Oct. 3. 1933.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 10-3, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to Sept 30, 1933
I last saw him alive on Sept 30, 1933; death is said to have occurred on the date stated above, at 11:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock + toxemia	9-30-33

Other contributory causes of importance:

Gas tank Explosion	9-30-33

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-30, 1933
Where did injury occur? Boise Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Gas station
Manner of injury Gas explosion
Nature of injury Burn 3rd degree.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) [signature] Boise Ida

RECEIVED NOV 3 1933

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86129

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 251

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Ervin Gillenwater.

(a) Residence. No. Kroeger and Linden Avenue. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Nellie Gillenwater.

6. DATE OF BIRTH (month, day, and year) May. 5.1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	26/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Livestock

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Dealer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME William. P. Gillenwater.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Ellen Sexton.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Mrs. Nellie Gillenwater. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Oct. 3. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-3, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-1 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to Oct. 1, 1933

I last saw him alive on Oct 1, 1933; death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Sarcomatosis)	
General Sarcomatosis,	
1 Liver, 2 Lungs	
3 Skin.	

Other contributory causes of importance:

Pigmented moles on face & back. Many years duration

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1933

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ✓

(Signed) James L. Alvord, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86130

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 250
(No. 816 N. 21st Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. Leo B. McClaran.

(a) Residence. No. 816 N. 21st Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel McClaran

6. DATE OF BIRTH (month, day, and year) March 26th 1879

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
54	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Dentist.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penora, Iowa.

MOTHER FATHER

13. NAME Sylvester McClaran

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Weltha Reynolds.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Ethel McClaran Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 10/2/33.

19. UNDERTAKER (Address) Wm. McBratney. Boise Idaho.

20. FILED 10-3., 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/30/33

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25., 1933., to Sept. 29., 1933.
I last saw him alive on Sept. 29 1933.; death is said to have occurred on the date stated above, at 3:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	? 1930 or 31
with Combined System Disease.	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Hist. + Phys. findings Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 1933.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) H. E. Wellman, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

✓ West

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86131

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 248

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gardner G. Adams

(a) Residence. No. 2302 Sunset. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mildred Adams.

6. DATE OF BIRTH (month, day, and year)
January 31st 1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Attorney.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vallejo, Calif.
(State or country)

MOTHER FATHER

13. NAME John Adams.

14. BIRTHPLACE (city or town)
(State or country) Tenn.

15. MAIDEN NAME Marion York.

16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMANT J. Gardner Adams.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 10/1/33 193..

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 10-2 193 3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29/33

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 193 3, to 9-29, 193 3.
I last saw him alive on 9-28, 193 3 at 10 P.M. death is said to have occurred on the date stated above, at 3 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-27-33

Other **contributory causes** of importance:

Myocarditis	
Edema asthma	
Senility	None

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No
Physical findings

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lyman F. West, M. D.
(Address) Boise, Idaho.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
86132
State File No.

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 247

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Elizabeth Whitmore.

(a) Residence. No. Boise, Idaho, Route #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James A. Whitmore.

6. DATE OF BIRTH (month, day, and year) December 3rd 1882

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	50	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME C. T. Gelwicks.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Munshower.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) James A. Whitmore. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Shipped Portland, Ore. Cremation Date 10/3/33

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 10-7-1933 W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/2/33

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Oct. 1, 1933.

I last saw her alive on Oct. 1, 1933; death is said to have occurred on the date stated above, at 5 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of breast	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Boise, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86133

County of Ada
~~City~~ or Franklin Dist. Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. ~~103~~ 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael Joseph Walsh

(a) Residence. No. St. Franklin Dist.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Walsh

6. DATE OF BIRTH (month, day, and year) August 3 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irland

FATHER

13. NAME Lawrence Walsh

14. BIRTHPLACE (city or town) (State or country) Irland

MOTHER

15. MAIDEN NAME Katherine McGrath

16. BIRTHPLACE (city or town) (State or country) Irland.

17. INFORMENT (Address) Ellen Walsh Boise R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 10-30 1933 St. Johns

19. UNDERTAKER (Address) Schreiber & McCanne Boise Ida

20. FILED 10-30, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-27-, 1933, to 10-28-, 1933

I last saw him alive on 10-27-, 1933; death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acquired Psychosis	

Other contributory causes of importance:

Hypertension and arteriosclerotic heart disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. John Brooks M. D.

(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86134

PLACE OF DEATH

County of Ada

City of

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 100

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillie Burnet Osgood.

(a) Residence. No. Near Cole School. 3 Miles west of Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

119

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Frank. H. Osgood.

6. DATE OF BIRTH (month, day, and year): January.3.1872.

7. AGE: Years 61 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri.

FATHER
13. NAME: E.G. Burnet.
14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER
15. MAIDEN NAME: Harriet Arnold.
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMENT (Address): Miss. Ruth. F. Osgood. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL: Morris Hill Cemetery. Date Oct. 29.1933.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 10-28 1933 W.H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Oct. 27, 1932

I last saw her alive on Oct 27, 1932 death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	

Other contributory causes of importance:

Malnutrition

Name of operation none Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred Ghering Jr., M. D.

(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86135

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 249

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen M. Swendsen

(a) Residence. No. 1407. Hays Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 9. 1847.

7. AGE Years 85. Months 10 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wales.
(State or country)

FATHER
13. NAME George. F. Gibbs.
14. BIRTHPLACE (city or town) Wales.
(State or country)

MOTHER
15. MAIDEN NAME Mary Phillips.
16. BIRTHPLACE (city or town) Wales.
(State or country)

17. INFORMENT W. G. Swendsen.
(Address) Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Cornish, Utah. Date Oct. 3, 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-2, 1933 W H Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-~~[illegible]~~ 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/16/27, 193, to ~~9/30~~ 10/1, 1933

I last saw her alive on 9/30/, 1933: death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypertension Heart Disease	1927
(2) Complete Heart Block	Sept. 25, 33
Other contributory causes of importance:	
Broncho Pneumonia	9/27/33.

Name of operation no Date of

What test confirmed diagnosis? Electrocardiography? Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Ernest E. Lambert, M. D.

(Address) Boise, Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86136

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 267

(No. 704 South 17th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Paul Mastller.

(a) Residence. No. 704 South 17th Street. Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 4th 1890

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
42	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Star, Idaho
(State or country)

MOTHER/FATHER

13. NAME John J. Mastller.

14. BIRTHPLACE (city or town)
(State or country) Penn.

15. MAIDEN NAME Alice Edwards.

16. BIRTHPLACE (city or town)
(State or country) Ohio.

17. INFORMANT Mrs. Beatrice Fields.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Cem. Date 10/17/33

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 10-17 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/15/33

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1933, to 10/15, 1933.
I last saw him alive on 10/13, 1933: death is said to have occurred on the date stated above, at 9:35 A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Harold W. Rhodes, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86137

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 266

(No. 2101 Pleasanton)
(If death occurred in a hospital or institution, give its name instead of street and number)

75

2. FULL NAME David A. Hamilton

(a) Residence. No. 2101 Pleasanton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma J. Hamilton.

6. DATE OF BIRTH (month, day, and year) November 8th 1860

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Foreman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Street Car Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clay Co. Ind.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs. Emma J. Hamilton. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 10/17/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 10-17 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/15/33

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Oct 15, 1933.

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 4:15 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bells Palsey.	Jan 1933
Other **contributory causes** of importance:	
Respiratory	
Bronchopneumonia	

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. M. Breashan M. D.
(Address) Boise, Idaho.

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86138

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 265

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Raymond Johnston.

(a) Residence. No. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) October 16th 1933

7. AGE Years 0 Months 0 Days .0 If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Raymond Johnston.

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Katherine Hawkins.

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT (Address) Raymond Johnston. Eagle, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL Place Dry Creek Cem. Date 10-17-33

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 10-17 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16/33

22. I HEREBY CERTIFY, That I attended deceased from 10-16-, 1933, to 10-16-, 1933

I last saw him alive on 10-16, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cranial Injury from High forcept	

Other **contributory causes** of importance:

Transverse position

Name of operation Hi forceps Date of 10/16/33

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) [signature], M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86139

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 264

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah, De Haven, Stucker.

(a) Residence. No. 118 Warmsprings Ave. St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April.6.1839.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME William De Haven.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMENT (Address) Mrs Belle Euler. 118 Warmsprings Ave. Boise

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Idaho Date Oct. 18, 1933

19. UNDERTAKER Summers & Krebs (Address) Boise, Idaho

20. FILED 10-17, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Oct 16, 1933

I last saw her alive on Oct 14, 1933: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	

Other contributory causes of importance:

senility	

Name of operation ....., Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Ida.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Springer, M. D.

(Address) Boise Ida

RECEIVED NOV 9 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86140

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 263
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Thomas Gardiner

(a) Residence. No. ..... St. Huston Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Rose Gardiner

6. DATE OF BIRTH (month, day and year): Jan. 4, 1871

7. AGE: Years 62 | Months 9 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Winchester, Tenn.

FATHER

13. NAME: James T. Gardiner
14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER

15. MAIDEN NAME: Mary Swartney
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): John P. Gardiner Huston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place. Morris Hill Date Oct. 14 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 10-14 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 11, 1933.
I last saw him alive on Oct 11, 1933.: death is said to have occurred on the date stated above, at 2 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1927

Other **contributory causes** of importance:

Prostatic Hypertrophy	1930

Name of operation: Vasectomy Date of: Oct 2
What test confirmed diagnosis? Cystoscopic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. Almond M. D.
(Address) Boise Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86141

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 262

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ollie A. Dillard.

(a) Residence. No. 108.north 8th street. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July.1.1861.

7. AGE Years 72 Months 3 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Polk.County Or egon

FATHER
13. NAME Alexander Hodges.
14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER
15. MAIDEN NAME Druscilla, Tomlinson.
16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMENT (Address) Miss Delta Dillard. 108.north.18th street

18. BURIAL, CREMATION, OR REMOVAL Place Burns, Oregon. Date Oct.16,1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-14, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct.12.1933

22. I HEREBY CERTIFY, That I attended deceased from September 25, 1933, to October 12, 1933
I last saw her alive on Oct. 12, 1933: death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Calcium with Chronic Obstruction	Oct 15 1933

Other contributory causes of importance:
Secondary Obstruction of Bowel 9/15/13

Name of operation Colcostomy. Date of 9/25/33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) James Stewart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86142

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 261

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Marks.

(a) Residence. No. 405 south 3. street. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Marks.

6. DATE OF BIRTH (month, day, and year) Jan. 27. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dade county, Missouri

FATHER

13. NAME John, Casada.

14. BIRTHPLACE (city or town) (State or country) Tennessee.

MOTHER

15. MAIDEN NAME Sarah Ann, Cantrel.

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMENT (Address) Frank Marks 405 south 3. street, Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date 10-15, 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-13 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to Oct 12, 1933

I last saw her alive on Oct 12, 1933: death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis is all I could make of it but she could have had some kidney or liver trouble	Don't know
Other contributory causes of importance:	
I only saw her when dying she had been at other physician	

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Brayton, M. D.

(Address) Boise Idaho

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86143

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 260

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Minetta Butler.

(a) Residence. No. 1201. N. 12 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William. R. Butler.

6. DATE OF BIRTH (month, day, and year) Nov. 1.1879.

7. AGE Years 53 Months 11 Days 10. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah.

FATHER

13. NAME John. H. Wakeman.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Ann Browell.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMENT W.R. Butler.
(Address) 1201. N. 12 th Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Oct. 13.1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-13, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1933, to 10-11, 1933

I last saw her alive on 10-11, 1933: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Thoracic Bilateral	9-29-33
Myocarditis	Years
Mitral Disease	Years
Auricular Fibrillation	9-29-33

Other contributory causes of importance:
Convalescent 16 days from cholecystectomy

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Bruce C. Budge, M.D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86144

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 259

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Owen Lane

(a) Residence. No. Near Perkins Station Rt. 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

~ 134

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minerva Lane

6. DATE OF BIRTH (month, day, and year) June 10 1864

7. AGE Years 69 Months 3 Days 28 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Robert Lane

14. BIRTHPLACE (city or town) (State or country) Tennesse

MOTHER

15. MAIDEN NAME Elizabeth House

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) A. L. Lane 430 So. 10th St.

18. BURIAL, CREMATION OR REMOVAL Place Meridian Date 10/11 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 10-11, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to Oct 9, 1933.

I last saw him alive on Oct 9, 1933: death is said to have occurred on the date stated above, at 7 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ether anesthesia with existing anuria which was not recognized until after operation for an obstruction	
Other **contributory causes** of importance:	
tum in urethra which came on in scar tissue following a prostatectomy	

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) M. Callaway M. D.

(Address) Boise Idaho

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86145

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 258

(No. Idaho Soldier's Home.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William G. Kuch

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 75 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spanish War Vet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Dr. Waldrop. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 10/12/33

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho

20. FILED 10-11, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10/33

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Oct 10, 1933.

I last saw him alive on ....., 1933.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Micarditis	
General Cardiac Decompensation	

Other **contributory causes** of importance:

Pneumatic Acute Articular

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Fred A. Tillinghast, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86146

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 257

(No. Belgravia Apartments.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Grace C. Evans.

(a) Residence. No. Belgravia Apartments, St. Boise.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Parley J. Evans.
6. DATE OF BIRTH (month, day, and year): August 17th 1886
7. AGE — Years: 47 — Months: 1 — Days: 19 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Vincennes, Ind.

FATHER
13. NAME: John Cunningham
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Henrietta Hughes
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Parley J. Evans, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cem. Date: 10/9/33 193..

19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho

20. FILED 10-10 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/6/33

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.3., to Oct 6, 193.3
I last saw her alive on Oct 6, 1933.; death is said to have occurred on the date stated above, at 2. P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	

Other **contributory causes** of importance:

Acute Nephritis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Attorney, M. D.
(Address) Boise, Idaho.

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86147

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 277

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Mortimer Short

(a) Residence. No. 1217 Euclid Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Belle Short

6. DATE OF BIRTH (month, day, and year) Dec 30th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Le Roy (State or country) Kansas

FATHER

13. NAME James Short

14. BIRTHPLACE (city or town) Unknown (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Syvila Harber

16. BIRTHPLACE (city or town) Unknown, (State or country) U.S.A.

17. INFORMENT (Address) Ray Short 511 ash st Boise

18. BURIAL, CREMATION, OR REMOVAL Place Red Oak Iowa Date 11/1/33 193

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 10-30, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-15-, 1933, to 10-29-, 1933

I last saw him alive on 10-28, 1933; death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic goiter	
of about 3 months	
duration, accompanied	
with Tachycardia	
Other contributory causes of importance:	
Goiter was removed 10-20-33	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Bozitz, M. D.

(Address) Boise Ida.

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86148

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 276

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Esther Sargent Garvin.

(a) Residence. No. 520 Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Garvin.

6. DATE OF BIRTH (month, day, and year): January 16th 1910

7. AGE: Years 23 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: J. H. Sargent.
14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Emma Turkington.
16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): J. H. Sargent. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cem. Date: 10/31/33

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho

20. FILED 10-30 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/29/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933, to Oct. 29, 1933.
I last saw her alive on 10/29, 1933: death is said to have occurred on the date stated above, at 9:15 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis following an operation for removal of abscess in broad ligament	Jan 23-32

Other contributory causes of importance:
Septic (Strep.) following Infection of 2 years.

Name of operation: Lap for removal of clinical
Date: [illegible] 10/21/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) Fred A. Pillenger, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

Lanbaugh ✓ 976-Coll

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of Boise.

DO NOT WRITE IN THIS SPACE

State File No. 86149

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 268

(No. St Lukes Hosiptal.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julian. C. Paine.

(a) Residence. No. 910. Pueblo Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 24.1852.

7. AGE: Years 81. Months 5 Days 25. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leister. Mass.

FATHER

13. NAME Levi. G. Paine.

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Lucy. Ann Howard.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMENT (Address) Carol. M. Paine. 910. Pueblo Street. Boise.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill cemetery. Date Oct. 20.1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-3-1933, 193, to 10/19/33, 193

I last saw him alive on 10/18/33, 193: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart Disease	1930
Generalized Arteriosclerosis	(?)

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? B.P. & Electrocardiogram? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Emil E. Lanbaugh, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ada
City of Boise

DO NOT WRITE IN THIS SPACE
State File No. 86150

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 269

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles E. Charlton

(a) Residence. No. 2802 West Jefferson St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Charlton

6. DATE OF BIRTH (month, day, and year) August 26 – 1861

7. AGE Years 72 Months 1 Days 23 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Paterson, Ohio

FATHER
13. NAME Thomas Charlton
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Amanda Hite
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT (Address) Mrs. V. H. Tregaskis 2120 N. 15th Boise, Ida

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 10-22 1933 Boise, Ida

19. UNDERTAKER (Address) Schreiber & McCann Boise, Ida

20. FILED 10-20 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep 1, 1933, to Oct 19, 1933.
I last saw him alive on Oct 17, 1933: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Cerebral Hemorrhage	Don't know

Other **contributory causes** of importance:

Respiratory Paralysis	Oct 19, 1933

Name of operation No Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) T. N. Braxton M. D.
(Address) Boise Idaho

Braxton

RECEIVED NOV 9 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86151

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 270
(No. 416½ Jefferson Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Cassius Speece.

(a) Residence. No. 416½ Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn Speece.

6. DATE OF BIRTH (month, day, and year)
November 5th 1904

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
29	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Meat Cutter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shubert, Neb.

FATHER

13. NAME William C. Speece.

14. BIRTHPLACE (city or town) (State or country) Neb.

MOTHER

15. MAIDEN NAME Lillie Martin.

16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMANT Mrs. Evelyn Speece.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 10/20/33

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho

20. FILED 10-20 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19/33

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1933, to 10-19, 1933.
I last saw him alive on 10-19, 1933; death is said to have occurred on the date stated above, at 1:45 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis Bilateral with Cavitation	1931
Other **contributory causes** of importance: Tuberculosis Cystitis	9-33
" Skin-Tbc	9-33

Name of operation None Date of
What test confirmed diagnosis? Positive Sputa Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Worked in kitchen
(Signed) Bruce B. Budge M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Pittinger ✓

DO NOT WRITE IN THIS SPACE
State File No. 86152

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 272

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jean Capehart Lash.

(a) Residence. No. 704. Mc Kinley Avenue. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of A.J. Lash.

6. DATE OF BIRTH (month, day, and year) Aug. 26.1854.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeport, Ohio.

FATHER
13. NAME Henry Capehart.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Ann Charlotta Sweeney.
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Harry. D. Pope. 211. N. 14 th Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Oct. 24. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 10-23, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10 - 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Oct. 21, 1933. I last saw her alive on Oct 18, 1933: death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

Gradual diminishing of vital forces with any accompanying degenerative myocarditis

Other contributory causes of importance:

Arthritis Deforms.

Date of onset

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical finding

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Pittinger, M. D.

(Address) Boise Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86153

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 274

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel Mary Dobson.

(a) Residence. No. Horseshoe Bend Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White/
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 27.1909

7. AGE Years: 24. Months: 6 Days: 29. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER
13. NAME Len Dobson.
14. BIRTHPLACE (city or town) Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Edith Freeman.
16. BIRTHPLACE (city or town) California.
(State or country)

17. INFORMENT Len Dobson.
(Address) Horseshoe Bend, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date Oct. 28.1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 10-26 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Oct. 25, 1933
I last saw her alive on Oct 25, 1933: death is said to have occurred on the date stated above, at 2A m. 26th
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Exhaustion

Name of operation ns Date of
What test confirmed diagnosis? Lab + Clinical Judgment

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A Pillingle, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86154

PLACE OF DEATH
County of Ada
City of Boise.
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 275
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Eugene Heath.

(a) Residence. No. 2216. Idaho. Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 27. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 Hours.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Russell. E. Heath.

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

MOTHER

15. MAIDEN NAME Helen Sullivan.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Russell. E. Heath. 2216. Idaho. St. Boise, Ida.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Oct. 28. 1933

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 10-29, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933, to Oct 28, 1933

I last saw him alive on Oct 28, 1933: death is said to have occurred on the date stated above, at 4.39 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) A. J. Coates, M. D.

(Address) Boise Idaho,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86155

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 19

(No.) (Or numbers)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Frank Hunt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of Anna Hunt
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9-12-1870

7. AGE Years 63 Months 1 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morris
(State or country) Ill

FATHER
13. NAME S. R. Hunt
14. BIRTHPLACE (city or town) New York State
(State or country)

MOTHER
15. MAIDEN NAME Mary F. Hardy
16. BIRTHPLACE (city or town) New York State
(State or country)

17. INFORMENT Mrs Anna Hunt
(Address) Meridian Id

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Cem Date Oct. 18, 1933

19. UNDERTAKER N S Maley
(Address) Meridian Id

20. FILED 10-18, 1933 W H Peck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 1931, to Oct. 16, 1933.
I last saw him alive on Oct 15, 1933: death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-12-33

Other contributory causes of importance:
High blood pressure

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J Reno Numbers, M. D.
(Address)

RECEIVED NOV 13 1933

PLACE OF DEATH

County of Ada

City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86156

Registration District No. 11

Primary Registration District No. 2023

Local Registrar's No. ~~39~~ 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Dorothy Louise Teeter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 21, 1921

7. AGE	Years	Months	Days	If LESS than ~~1 day,~~ hrs. or min.
	12	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. In school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Ida

FATHER

13. NAME Walter Teeter

14. BIRTHPLACE (city or town) (State or country) Modale Iowa

MOTHER

15. MAIDEN NAME Nancy V Davidson

16. BIRTHPLACE (city or town) (State or country) Howard Kansas

17. INFORMENT (Address) W. Teeter Meridian Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Meridian Date 11-4, 1933

19. UNDERTAKER (Address) B. W. Robison Meridian Ida

20. FILED Nov 4, 1933 W. H. Peer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Nov. 1, 1933

I last saw her alive on Nov 1, 1933: death is said to have occurred on the date stated above, at 10:12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	10/20/33
Intestinal Hemmorrhage	10/27/33

Other contributory causes of importance:

Influenza
Pyelitis
Pharyngitis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M C Weller, M. D.

(Address) Meridian Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86157

Local Registrar's No. 31

PLACE OF DEATH

County of Ada

City of Meridian

Registration District No. 11

Primary Registration District No. 2003

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida May Snyder

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Snyder

6. DATE OF BIRTH (month, day, and year) April 29, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Widow

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany.

FATHER

13. NAME August Müeller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mont Kruse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs. A. Hodges Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER E. W. Robison
(Address) Meridian Ida

20. FILED Oct 14, 1933 L. C. Heer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw her alive on , 193 : death is said to have occurred on the date stated above, at About 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead In Her Home,	
Died Without Medical Attendance	
No Indication Of Foul Play	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. McCann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86158

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 57

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Thomas Sherwood

(a) Residence. No. ? St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 77 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Louisville Kty.

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): Posivill Indiana

MOTHER
15. MAIDEN NAME: ~~unkn~~ Elizabeth Woods.
16. BIRTHPLACE (city or town) (State or country): Louisville Kty.

17. INFORMENT (Address): Sister in New Meadows.

18. BURIAL, CREMATION, OR REMOVAL
Place New Meadows Cemetery Date Sept. 28, 1933

19. UNDERTAKER (Address): Family.

20. FILED 10/10/33, 193 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to Sept 2, 1933
I last saw him alive on Sept 10, 1933: death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 10. 1933
Other contributory causes of importance:	
Senility	one year.

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alvin S Thurston M.D., M. D.
(Address) Council Idaho

RECEIVED NOV 6 1933

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86159

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 184

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME George H. Johnson

(a) Residence. No. Menan, Idaho St. in CCC, time of death
(Usual place of abode) unknown (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Geo. H. Johnson.

6. DATE OF BIRTH (month, day, and year) unknown. 1915

7. AGE Years 27 Months — Days — If LESS than 1 day, — hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. CCC
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. enrollee
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 3/12

12. BIRTHPLACE (city or town) (State or country) not given

FATHER
13. NAME Nephi Johnson
14. BIRTHPLACE (city or town) (State or country) not given

MOTHER
15. MAIDEN NAME not given.
16. BIRTHPLACE (city or town) (State or country) not given

17. INFORMENT (Address) N C Mechie, M.D. Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Oct 10 1933

19. UNDERTAKER (Address) H. S. McHan Pocatello, Idaho W.S.T.

20. FILED 10-10, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct-8 1933

22. I HEREBY CERTIFY, That I attended deceased from never, 193..., to Oct-9, 1933
I last saw him alive on never, 193...; death is said to have occurred on the date stated above, at 9 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound Chest, left wound of entrance 5th I.S., 1/4 in out side nipple line, no wound of exit.	
Other contributory causes of importance: Shock respiratory failure	

Name of operation CCC. enrollee Date of 10/7/33
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 10/7, 1933
Where did injury occur? Near Idaho Falls, Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury G.S.W.
Nature of injury self inflicted

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) N C Mechie M.D.
(Address) Lt Col. M.C. U.S. Army
Washington D.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Think this is proper.
Dr. H C Michie who signed
for government did
not see the deceased
until Oct 9 although
he Killed himself on the 8th
Michie has been transferred
D C Ray

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86160

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 183
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norman John Anderson
(a) Residence. No. Ft Hall St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 5 1925

7. AGE Years 8 Months 6 Days ✓ If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

PARENTS
10. NAME OF FATHER Gus C Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Eureka Utah
12. MAIDEN NAME OF MOTHER Ellen Rasmussen
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Dunn Colorado

14. Informant (Address) Gus C Anderson Fort Hall - Ida

15. Filed 10-5, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 5, 1933, to October 5, 1933
that I last saw him alive on October 5, 1933
and that death occurred, on the date stated above, at 12 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Undulant Fever

(duration) yrs. 4 mos. 15 ds.

CONTRIBUTORY (Secondary) Edema of Larynx.

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of Oct 5th.
Was there an autopsy? no.
What test confirmed diagnosis? Positive agglutination
(Signed) D. C. McDougall, M. D.
Oct 5, 1933 (Address) Pocatello, Ida.

19. Place of Burial, Cremation, or Removal Blackfoot Idaho
Date of Burial Oct 8th 1933

20. Undertaker E T Peck
Address Blackfoot Idaho

RECEIVED NOV 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86161

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No. Local Registrar's No. 180

(No. 455 N. 5th ave east)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry H Thompson

(a) Residence. No. 455 N. 5th East
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83.	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. Dalby Lester Pocatello, Idaho,

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Oct 4, 1933

19. UNDERTAKER (Address) T. L. McTaggart Pocatello Idaho

20. FILED Oct 4, 1933 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 3 1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933, to Oct 3, 1933

I last saw him alive on Sept 30, 1933: death is said to have occurred on the date stated above, at 3 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
of Stomach	

Other contributory causes of importance:

Carcinoma	
of Stomach	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Dawson, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86162

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 201

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret S. Hansen

(a) Residence. No. 554 North Main St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of H. J. Hansen

6. DATE OF BIRTH (month, day, and year) June 21, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wales.

FATHER

13. NAME: John Eynon

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Eliza Lewis

16. BIRTHPLACE (city or town) (State or country): Wales.

17. INFORMENT (Address): Mrs. George Smith, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Victor, Idaho. Date: Nov. 4, 1933.

19. UNDERTAKER: Arthur W. Hall (Address): Pocatello, Ida.

20. FILED Nov. 1, 1933. D O Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Oct 30, 1933.

I last saw her alive on Oct 29, 1933: death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & nephritis	

Other contributory causes of importance:

Uremia	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) D O Ray, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86163

PLACE OF DEATH

County of Bannock

City of Downey

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 200

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Lenora Boothe Goff

(a) Residence. No. ..... St. Downey Ida ho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Ira Goff

6. DATE OF BIRTH (month, day, and year) Dec 25 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Avid Life

12. BIRTHPLACE (city or town) (State or country) Grantsville Utah

FATHER

13. NAME Hyrum F Boothe

14. BIRTHPLACE (city or town) (State or country) Nouvoo Illinois

MOTHER

15. MAIDEN NAME Sarah Ann Hunter

16. BIRTHPLACE (city or town) (State or country) Nauvoo Ill

17. INFORMENT (Address) Ira Goff Downey Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Grantsville Utah Date Nov 2, 193 3

19. UNDERTAKER J. Ben Hansen
(Address) Malad Idaho

20. FILED 10-31, 193 3 D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30 193 3

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 193 3, to Oct 30, 193 3

I last saw her alive on Oct 30, 193 3: death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

la Grippe	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? nd If so, specify .....

(Signed) D Ray, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86164

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 199

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Aldrich

(a) Residence. No. 325 N. 5th ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 26, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME W. M. Aldrich

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Leola Davis

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) Stella Gillespie

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. View Date Nov. 1, 1933

19. UNDERTAKER (Address) T. L. McGann Pocatello Idaho

20. FILED Oct. 30 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-30 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Oct. 29, 1933.

I last saw her alive on Oct. 29, 1933; death is said to have occurred on the date stated above, at 2:50 p. m. 10/30/33.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Infancy.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab. exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Urquhart, M. D.

(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 10[illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86165

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 198
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna K. Johnson

(a) Residence. No. 815 South Ninth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Wife of G. M. Johnson

6. DATE OF BIRTH (month, day, and year) July 9, 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Norway.

FATHER

13. NAME — John Christensen

14. BIRTHPLACE (city or town) (State or country) — Norway.

MOTHER

15. MAIDEN NAME — Johanna Tolefsen

16. BIRTHPLACE (city or town) (State or country) — Norway.

17. INFORMENT (Address) — G. M. Johnson, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place Salt Lake City, Ut. Date Nov. 3, 1933.

19. UNDERTAKER (Address) — Arthur W. Hall, Pocatello, Idaho.

20. FILED Oct. 31, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25-, 1933, to 10-29, 1933.

I last saw h[illegible] alive on 10-29, 1933: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous appendicitis	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 10/20/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86166

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 196

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Creegan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single (?)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Gen. Hospital Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Blooming Prairie Date Oct. 28 1933

19. UNDERTAKER Edwards Funeral Home
(Address) Pocatello, Idaho

20. FILED 11-1, 1933 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1933, to Oct 27, 1933.

I last saw ~~him~~ alive on Oct 27, 1933: death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Paralysis	

Other contributory causes of importance:

Intestinal Obstruction	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury /, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. C. Dunn, M. D.

(Address) Pocatello, Idaho

RECEIVED [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86167

Registration District No. 28
Primary Registration District No. 3161
Local Registrar's No. 195

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Bridget O'Connell

(a) Residence. No. 506 N. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, and year) Apr 17, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Cornelius
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. C. H. Rickl

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Oct. 30, 1933

19. UNDERTAKER Howard's Fun. Home (Address) Pocatello Idaho

20. FILED 11-1, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933, to Oct 27, 1933
I last saw her alive on Oct 27, 1933: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance:

arthritis complications	

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury Sickness

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none
(Signed) W. Lynn, M.D.
(Address) Pocatello Idaho

RECEIVED NOV 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86168

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 193

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Mike Reilly

(a) Residence. No. 738 N. Main St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov., 5, 1855

7. AGE Years 78 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. retired employe
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kerry
(State or country) Ireland

FATHER
13. NAME James Reilly
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Margaret Haggerty
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT Mrs. H. L. Delate
(Address) 738 N. Main

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date Oct., 23, 1933

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 10-21, 1933 D Cray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct., 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1933, to 10-20, 1933
I last saw him alive on 10-20, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:
Chr. prostatitis

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86169

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 187

1012

2. FULL NAME Mrs. Della Kohler
(a) Residence. No. 312 Oak St, St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W.
4. COLOR OR RACE F.
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day and year) Jan. 10, 1884

7. AGE Years 49 Months 2 Days 28 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) housewife
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Louise Ky.

PARENTS
10. NAME OF FATHER Archie Ison
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ky.
12. MAIDEN NAME OF MOTHER Martha Ferguson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ky.

14. Informant Frank Kohler
(Address) 312 Oak St.

15. Filed 10-18, 1933 D. C. Ray. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 12, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to Oct 12, 1933
that I last saw her alive on Oct 12, 1933
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) chronic bronchitis
(duration) 3-4 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? Rusty sputum
What test confirmed diagnosis? fever 104°. resp 30.
(Signed) A. M. Newton, M. D.
Oct 14, 1933 (Address) Pocatello, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountainview
Date of Burial Oct. 14 1933

20. Undertaker Downard's Funeral Home
Address Pocatello, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86170

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 38
Primary Registration District No. 2121
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 189

2. FULL NAME Dean Calvin Etcheverrie

(a) Residence. No. ..... St. Cokeville, Wyo.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 12, 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	2	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) schoolboy
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

PARENTS

10. NAME OF FATHER Pete Etcheverrie
11. BIRTHPLACE OF FATHER (city or town) (State or Country) unknown
12. MAIDEN NAME OF MOTHER Mary Fuller
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wy.

14. Informant J. E. Reddy
(Address) 544 W. Benton

15. Filed 10-14, 1933 D C Kay Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct., 13 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 13, 1933
that I last saw him alive on Oct 13, 1933
and that death occurred, on the date stated above, at 330 P m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Mitral regurgitation
(duration) 6 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. J. Raat, M. D.
Oct 14, 1933 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Cokeville, Wyo.	Oct. 16 1933
20. Undertaker	Address
Downard's Fun. Home	Pocatello Idaho

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED NOV [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86171

PLACE OF DEATH
County of BANNOCK
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 190

2. FULL NAME Chas Ling

(a) Residence. No. County Farm St.
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 92			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) China

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) "

14. Informant County Poor Farm
(Address)

15. Filed 11-1, 1933 D. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about April, 1933 to Oct 14, 1933
that I last saw him alive on Oct 14, 1933
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:
Brain
Arterio Sclerosis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Visual
(Signed) H. C. Sawin M. D.
Oct 18, 1933 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Mountainview	Oct 16 1933
20. Undertaker B. B. Donovan	Address Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86172

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 188

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gregorita Munoz

(a) Residence. No. 755 N. 7th St. Pocatello.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: Spanish
5. Single, Married, Widowed, or Divorced (write the word): Devorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Devorced
6. DATE OF BIRTH (month, day, and year): Nov. 1889
7. AGE Years: 43 Months: 11 Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Self
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): New Mexico

FATHER
13. NAME: Joe Serna
14. BIRTHPLACE (city or town) (State or country): NotKnown

MOTHER
15. MAIDEN NAME: Juanita Abitia
16. BIRTHPLACE (city or town) (State or country): New Mexixo

17. INFORMENT (Address): George L. Munoz
18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Ida. Date: Oct. 19, 1933.
19. UNDERTAKER (Address): L M Walker, HE-275 Rigby, Idaho
20. FILED: Oct. 18, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Unknown 193

22. I HEREBY CERTIFY, That I attended deceased from ✓ 193..., to ✓, 193...
I last saw her alive on Dead Oct 14, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead Oct. 14, 1933.	
Death occurred Oct. 12th or	13th.
Not Known	

Other contributory causes of importance:
Probably too much whiskey

Name of operation: none Date of .....
What test confirmed diagnosis? Normal Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) H. C. Irwin, M. D.
(Address) Pocatello, Idaho.

RECEIVED NOV 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86173

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 186

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Brophy

(a) Residence. No. 626 E. Halliday St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. with daughter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John O'Mara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs. Kathleen Cormack Pocatello, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Oct. 14, 1935

19. UNDERTAKER (Address) H. L. McFarlan Pocatello, Idaho

20. FILED Oct 12 1935 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1935, to 10-12, 1935

I last saw her alive on 10-10, 1935: death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86174

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2141
Local Registrar's No. 192

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arlis Ayllegda

(a) Residence. No. 4 East Hall St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Japanese	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Kazue Ayllegda
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Hamaye Shimazu
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) K. Ayllegda Pocatello Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Oct 17, 1933
19. UNDERTAKER (Address) L. A. McCray Pocatello Idaho
20. FILED Oct 17, 1933 D. Clay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1933 to 10-17, 1933
I last saw h alive on 10-17, 1933 death is said to have occurred on the date stated above, at 7 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 7 mo	
mother had severe	
Sabor pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. Clay M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86175

Registration District No. 2 Y

Primary Registration District No. 216

Local Registrar's No. 194

(No. Residence 1900 No Arthur)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Myrtle Catherine Bosworth

(a) Residence. No. 1900 No Arthur St.
(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

(a)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Brigham Bosworth

6. DATE OF BIRTH (month, day, and year) Feb 22, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Layton
(State or country) Utah

FATHER

13. NAME Edward T. Morgan

14. BIRTHPLACE (city or town) Layton
(State or country) Utah

MOTHER

15. MAIDEN NAME Catherine Pilling

16. BIRTHPLACE (city or town) Layton
(State or country) Utah

17. INFORMENT (Address) Brigham Bosworth Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Layton Utah Date Oct 23, 1933

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho

20. FILED 10-23, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 22, 1933

I last saw her alive on Oct 22, 1933; death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Sept 15

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No relation

(Signed) Richard P. Howard, M. D.

(Address) Carlson Bld, Pocatello, Ida.

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86176

PLACE OF DEATH
County of Bear Lake.
City of Paris.

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Butler Stucki

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Was a Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Ulrich Stucki

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1851

7. AGE Years 81 Months 11 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 1931
11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) St. Brides Wales.

FATHER
13. NAME Thomas S. Butler
14. BIRTHPLACE (city or town) (State or country) St. Brides Wales.

MOTHER
15. MAIDEN NAME Diniah David
16. BIRTHPLACE (city or town) (State or country) St. Brides Wales.

17. INFORMENT (Address) William Stucki Paris Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Oct 28, 1933

19. UNDERTAKER (Address) Dan Price Paris Idaho.

20. FILED Nov. 3, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1928, to Oct. 25, 1933

I last saw her alive on Oct. 25, 1933: death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

	~~Date of exact~~ Duration
Myocarditis (Irregular Irregularity)	1 year
Other contributory causes of importance: Arterial Hypertension	Five years

Name of operation Date of
Pulsus Alternans. Irregular Irregularity Ascites. No.
What test confirmed diagnosis? Was there an autopsy?
Blood Pressure S. 190 D. 120

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86177

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No.
Local Registrar's No. 17

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fannie L. Roberts

(a) Residence. No. Paris St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: John Roberts

6. DATE OF BIRTH (month, day, and year): Sept 21,

7. AGE: 71 Years | Months: 0 | Days: 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: Benjamin Aikens
14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER
15. MAIDEN NAME: ~~Lozelle~~ Savenna Nobles
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): X David Roberts Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Liberty Idaho Date: Oct 3, 1933

19. UNDERTAKER (Address): Dan Price

20. FILED Nov 2, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933 to Oct 3, 1933
I last saw her alive on Sept 16, 1933: ~~death~~ is said to have occurred on the date stated above, at 11.15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular	
Renal Disease	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
Findings

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O O Moore, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED NOV [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86178

PLACE OF DEATH

County of Benewah

City of Tensed

Registration District No. 31

Primary Registration District No. ____ Local Registrar's No. 13

(No. Tensed, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pierre Tete#

31

(a) Residence. No. # Tensed, Idaho St. ____
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
	Indian	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ##########

6. DATE OF BIRTH (month, day, and year) March 1, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	34	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farmer

10. Date deceased last worked at this occupation (month and year) Sept 15 33

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) Coeur d' Alene
(State or country) Indian Res.

FATHER

13. NAME Louie Tete

14. BIRTHPLACE (city or town) Coeur d' Alene
(State or country) Indian Res.

MOTHER

15. MAIDEN NAME Annie Mary Thomas

16. BIRTHPLACE (city or town) Coeur D' Alene
(State or country) Indian Res.

17. INFORMENT Stanislalu Tete
(Address) Tensed, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place De Smet, Ida. Date Oct. 19## 193 3

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED Oct. 18, 1933 John Post
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 17 193 3

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 193 , to Oct 18 , 193 3
I last saw him alive on Oct 15 , 193 3 ; death is said to have occurred on the date stated above, at 11:30 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) J. H. Nelson, M. D.
(Address) Tekoa, Washington.

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86179

PLACE OF DEATH

County of Benewah

City of St. Maries

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 17

(No. St. Maries Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John David Roach

(a) Residence. No. Othello, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Katie Evan Roach

6. DATE OF BIRTH (month, day, and year) May 5, 1891

7. AGE: Years 42 Months 5 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Aug. 8, 1933

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Leadville Colo.

FATHER

13. NAME Marshall D. Roach

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ida Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Katie Roach Othello, Wn.

18. BURIAL, CREMATION, OR REMOVAL Place Othello, Wn Date ....., 193

19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Ida

20. FILED Nov. 2, 1933 W. Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/27/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/19/33, 193..., to 10/27/33, 193...

I last saw him alive on 10/27/33, 193...: death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. Cornwall, M. D.

(Address) ST. MARIES, IDAHO

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86180

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

992

2. FULL NAME Benton Hawley

(a) Residence. No. Benewah County St. Chatcolet Lake, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 22, 1849

7. AGE Years 83 Months 10 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Park Supt.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hayburn Park State Idaho
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not obtainable

FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Judge F. R. Elwell St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Plummer, Idaho Date Oct 24, 1933

19. UNDERTAKER (Address) O. G. Merager Spokane, Wash.

20. FILED Nov. 2, 1933 W Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on Oct 20, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] M. D.
(Address) St. Maries Ida

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86181

PLACE OF DEATH
County of Benewah
City of Emida

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME John L Wright

(a) Residence. No. St Maries Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Rosell L Wright

6. DATE OF BIRTH (month, day, and year): July 2 1854

7. AGE: Years 77 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: J Wright
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Rachel Snyder
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMENT (Address): Mrs Martin Tien Mullen Ill

18. BURIAL, CREMATION, OR REMOVAL Place: St Maries Date: 10-9, 1933

19. UNDERTAKER (Address): Geo E Mitchell St Maries Ida

20. FILED: Nov. 2, 1933 W Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10 - 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 - 1[illegible], 1932, to 10 - 7, 1933.
I last saw him alive on 10 - 1, 1933 & death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Bloc	
angina pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Owen D. Platt, M. D.
(Address) St. Maries Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86182

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME S A Hinton (Hinton)

(a) Residence. No. 8 Spokane Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Hinton

6. DATE OF BIRTH (month, day, and year) Dec 27 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linthorn Kansas

FATHER

13. NAME Samuel Warren Hinton

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Cinda Featherby

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) Mrs. W. H. Gertrude Hinton 1135 - 6th ave Spokane

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Spokane Date Oct 5, 1933

19. UNDERTAKER (Address) Geo E Mitchell St Maries

20. FILED Nov. 2, 1933 W. Bobery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular Accident	
on Railroad property	
while a Resident of St Maries Idaho	
Postal Employee	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Railroad's premises

Manner of injury Accidental

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo E Mitchell Coroner, M. D.

(Address) St Maries Idaho

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MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

RECEIVED NOV

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86183

County of Bingham
City of Aberdeen
Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara D. Giffin

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Giffin

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month, and year) Oct 1933

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Ohio County Indiana

FATHER

13. NAME Jacob Giffin

14. BIRTHPLACE (city or town) (State or country) Ohio County Indiana

MOTHER

15. MAIDEN NAME Roxana Kittle

16. BIRTHPLACE (city or town) (State or country) Ohio County Indiana

17. INFORMENT (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Gothenburg, Neb. Date Nov 25, 1933 (about)

19. UNDERTAKER A V Davis
(Address) American Falls, Idaho

20. FILED Oct 29, 1933 M. C. MacKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933 to Oct 28, 1933

I last saw her alive on Oct 28, 1933: death is said to have occurred on the date stated above, at 10:45PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1910
Carcinoma of Pancreas	Recent
Diabetes Mellitus	Recent

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. C. MacKinnon, M. D.

(Address) Aberdeen, Idaho

RECEIVED NOV 6 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86185

PLACE OF DEATH
County of Ft. Hall Res.
City of .....

Registration District No. I2I-R/
Primary Registration District No. 2I94-R
Local Registrar's No. I42.

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise Pezedoge,

(a) Residence. No. Ft. Hall Reservation St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shoshone, 4/4
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jefferson Pezedoge

6. DATE OF BIRTH (month, day, and year): I876

7. AGE: Years 57 | Months ----- | Days ---- | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home
10. Date deceased last worked at this occupation (month and year): I928
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Bannock Creek, Power Co. Idaho.

FATHER
13. NAME: Pocatello.
14. BIRTHPLACE (city or town) (State or country): Raft River, Idaho

MOTHER
15. MAIDEN NAME: Peamo.
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Jeanette Lewis, Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place: Cedar Cem. Date: Oct. II, 1933

19. UNDERTAKER (Address): Hall. Pocatello, Idaho.

20. FILED: Oct. 30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 8, I933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1932, to Sept. I5, 1933
I last saw her alive on Sept. I5, 1933: death is said to have occurred on the date stated above, at 2:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	I928

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ft. Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE

State File No. 86187

Local Registrar's No. 144

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pahvo Study.

(a) Residence. No. Ft. Hall Res., Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George Study.

6. DATE OF BIRTH (month, day, and year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	No record.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Edward Edmo, Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Creek Date Oct. 21, 193 3

19. UNDERTAKER Agency Carpenter, (Address) Ft. Hall, Idaho.

20. FILED Oct. 30, 193 3 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19, 193 3

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 193, to, 193

I last saw h alive on, 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Io/19/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. J. Waddeman, M. D.

(Address) Ft. Hall, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86188

PLACE OF DEATH
County of Ft. Hall
City of Reservation.
Ft. Hall, Idaho.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. I45

(No. Agency Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glorianna Jim.

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Shos. & Ban. 4/4
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - - -
6. DATE OF BIRTH (month, day, and year) Sept. 24, I933
7. AGE: Years | Months | Days: 2I | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Ft. Hall Agency.

FATHER
13. NAME: Willie Jim
14. BIRTHPLACE (city or town) (State or country): Ft. Hall, Res.

MOTHER
15. MAIDEN NAME: Jessie Tetom.
16. BIRTHPLACE (city or town) (State or country): Ft. Hall, Res.

17. INFORMENT (Address): Jessie Jim, Ft. Hall, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: [illegible] Date: Oct. 24 193 3
19. UNDERTAKER (Address): Lincoln, Ce m. Brown Eldredge, Blackfoot, Idaho.
20. FILED Oct. 30 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. I5, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct. I2, 193 3 to Oct. I5, 193 3
I last saw her alive on Oct. I5, 193 3: death is said to have occurred on the date stated above, at 9:30 A m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	I0/I2/33

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. J. Mathesman M. D.
(Address) Ft. Hall, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86189

PLACE OF DEATH

County of Ft. Hall Reservation.

City of

Registration District No. 12I-R.

Primary Registration District No. 2194*R

Local Registrar's No. 146

(No. No Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Neaman.

(a) Residence. No. Ft. Hall Reservation, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone Ind. 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Aug. 2, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

FATHER

13. NAME Foster Neaman

14. BIRTHPLACE (city or town) Washakie, Ut.
(State or country)

MOTHER

15. MAIDEN NAME Flora Pooengerah

16. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

17. INFORMENT (Address) Forter Neaman, Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bannock Creek Date Oct. 24, 1933

19. UNDERTAKER Agency Carpenter,
(Address) Ft. Hall, Idaho.

20. FILED Oct. 30 1933 Mrs. Nellie [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1933, to Oct. 13, 1933

I last saw her alive on Oct. 13, 1933: death is said to have occurred on the date stated above, at 1:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Meningitis,	10/11/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Williamson, M. D.

(Address) Ft. Hall, Idaho.

RECEIVED NOV 6 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86190

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 151.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MILTON C, HELM

(a) Residence. No. ..... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Virginia Helm

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Peru Indiana

FATHER

13. NAME Chas H Helm

14. BIRTHPLACE (city or town) (State or country) Peru Indiana

MOTHER

15. MAIDEN NAME Emma J. Caldwell

16. BIRTHPLACE (city or town) (State or country) --- Pennsylvania

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Home Date ....., 193

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Oct 17, 1933. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-15- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1931 193..., to Oct 15th, 1933
I last saw him alive on Oct 15th, 1933; death is said to have occurred on the date stated above, at 1.25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
FRACTURE OF SPINE THORACIC REGION: BASAL FRACTURE OF SKULL AS RESULT OF JUMPING FROM THIRD FLOOR TO STAIR WAY WITH SUICIDAL INTENT	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193...
Where did injury occur? Blackfoot Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in State Hospital South
Manner of injury suicide
Nature of injury fractured spine and skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ray McClellan, M.D.
(Address) Coroner of Bingham Co. Blackfoot Ida

RECEIVED NOV 6 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86191

PLACE OF DEATH
County of Bingham
City of Blackfoot
R.F.D. No 1.

Registration District No. 121
Primary Registration District No. 2191

Local Registrar's No. 152

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Day Kingsford

160

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 Mos How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 15, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Ida

FATHER

13. NAME Harold D. Kingsford

14. BIRTHPLACE (city or town) Franklin
(State or country) Idaho

MOTHER

15. MAIDEN NAME Myrtha Lowe

16. BIRTHPLACE (city or town) Lewiston
(State or country) Utah

17. INFORMENT Harold Kingsford
(Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Franklin Idaho Date Oct 17, 1933

19. UNDERTAKER Harold Kingsford
(Address) Blackfoot Ida

20. FILED Oct. 16, 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Oct 15, 1933
I last saw him alive on Oct 15, 1933: death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

Other contributory causes of importance:
Patent foramen Ovale

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 4

PLACE OF DEATH

County of Bingham

City of Moreland Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86192

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles LaVelle Rainsdon

(a) Residence. No. ~~Moreland, Ida~~ St. Blackfoot, Ida R#2 188C
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 9, 1927

7. AGE Years 6 Months 4 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER

13. NAME Charles S. Rainsdon

14. BIRTHPLACE (city or town) (State or country) Bloomington Ida

MOTHER

15. MAIDEN NAME Ruby McBride

16. BIRTHPLACE (city or town) (State or country) Shelley, Ida

17. INFORMENT (Address) Charles S. Rainsdon

18. BURIAL, [redacted], OR REMOVAL Place Shelley Idaho Date Oct 19, 1933

19. UNDERTAKER (Address) E F Peck Blackfoot Idaho

20. FILED Oct. 18, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Oct 16, 1933

I last saw him alive on ..... 193.. : death is said to have occurred on the date stated above, at 6:30 pm. Did not see him alive

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed skull	
Death Instantaneous	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-16, 1933

Where did injury occur? On Highway near Moreland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury Collided with auto.

Nature of injury Crushed Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W W Beck, M. D.

(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86193

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 15 L.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennings H. Dick 16 0

(a) Residence. No. Shelley #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 26, 1933

7. AGE Years Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME David W. Dick

14. BIRTHPLACE (city or town) (State or country) Taylorsville Utah

MOTHER

15. MAIDEN NAME Eva H. Hanson

16. BIRTHPLACE (city or town) (State or country) Goshen Idaho

17. INFORMANT (Address) Harriet W. Dick Shelley Rt #1

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shelley, Idaho Date Nov 17, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Oct. 17, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-26-, 1933, to 10-16-, 1933.

I last saw him alive on 10-16, 1933 death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

Congenital Patency of Foramen Ovale - (Blue baby)

Other **contributory causes** of importance: acute indigestion

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edgar Curley, M. D.

(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 131

Primary Registration District No. 1214

DO NOT WRITE IN THIS SPACE

State File No. 86194

Local Registrar's No. 155

(No. STATE HOSPITAL SOUTH) 76

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FRANK PERRY

(a) Residence. No. ..... St. Jerome, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Jan 14 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) (State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMENT (Address) Records of State Hosp So. Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 193

19. UNDERTAKER
(Address)

20. FILED ..... 193 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to Oct. 24th, 1933

I last saw him alive on Oct 24th, 1933: death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL PARALYSIS OF THE INSANE	Dec. 1929

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms and Wasserman Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. K. Laws, M. D.

(Address) Supt. State Hosp So. Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1933

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86195

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 156.

(No. Bingham County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

11a

2. FULL NAME Paul Corum

(a) Residence. No. Aberdeen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): August 5, 1910

7. AGE: 23 Years: 23 Months: 2 Days: 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown Kentucky

FATHER

13. NAME: Andrew Corum

14. BIRTHPLACE (city or town) (State or country): Unknown Kentucky

MOTHER

15. MAIDEN NAME: Edith McIntire

16. BIRTHPLACE (city or town) (State or country): Unknown Iowa

17. INFORMENT (Address): G. W. Corum Aberdeen Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Mt. View Cem. Date: Oct. 27, 1933 Pocatello, Idaho

19. UNDERTAKER (Address): McHan Undr. Co. Pocatello, Idaho

20. FILED Oct 28, 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1933, to 11-25, 1933

I last saw him alive on 10-24, 1933: death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

Influenza w. pneumonia virulent type, same as epidemic of 1918 & 1919.

Date of onset: 5 days.

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical test Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Humphrey, M. D.

(Address) Blackfoot Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86196

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 131
Primary Registration District No. 2174 Local Registrar's No. 157.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amnettia Josephine Gardner
(a) Residence. No. Riverside Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day and year): Feb. 29, 1882

7. AGE: Years 51, Months 7, Days 28. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Vernon, Utah

PARENTS
10. NAME OF FATHER: Peter Jorgensen
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark
12. MAIDEN NAME OF MOTHER: Christina Bensen
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Sweden

14. Informant (Address): Nora Wiggill Hooper, Utah

15. Filed Oct. 28, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 27, 1933 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 33, 19, to Oct. 27, 33, 19
that I last saw her alive on Oct. 25, 33, 19
and that death occurred, on the date stated above, at 4PM m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis with Hypertention (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? --
Did an operation precede death? no Date of --
Was there an autopsy? no
What test confirmed diagnosis? Chemical fn
(Signed) J. O. Humphries, M. D.
Oct. 28, 1933 (Address)

19. Place of Burial, Cremation, or Removal: Thomas Riverside Cem. Oct 29
Date of Burial 19
20. Undertaker: E. F. Peck
Address: Blackfoot Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86198

PLACE OF DEATH
County of BIGNHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 159
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

126

2. FULL NAME BESSIE HARRELL CONNORS

(a) Residence. No. St. POCATELLO, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: A. J. CONNORS

6. DATE OF BIRTH (month, day, and year): May 1 1896

7. AGE: 37 Years | Months: 4 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Rogersville, Tenn.

FATHER
13. NAME: Edward Harrell
14. BIRTHPLACE (city or town) (State or country): Rogersville Tenn

MOTHER
15. MAIDEN NAME: Anna Eliza Harless
16. BIRTHPLACE (city or town) (State or country): Rogersville Tenn

17. INFORMENT (Address): Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Eaglem Cemt Date: Oct 31, 1933

19. UNDERTAKER (Address): Marion Clark Blackfoot

20. FILED: Oct. 30, 1933 Mrs. Helen Estatue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22nd, 1933, 193..., to Oct 30th, 1933
I last saw her alive on Oct 29th, 1933; death is said to have occurred on the date stated above, at 2:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE PERITONITIS of unknown origin (Appendix and gall bladder removed 8 years ago)	OCT 28 1933

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify
(Signed) Chas. R. Lown, M. D.
(Address) Supt. State Hosp So. Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV [illegible] 1933

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

8619

1. PLACE OF DEATH

County Fort Hall Reservation State _____ Registered No. 185

Township _____ or Village _____

City _____ No. Fort Hall Agency Hospital St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME John Tinoke

(a) Residence: No. Fort Hall Reservation Ward. 121

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: Shoshone Indian 4/4

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Tinoke

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 72 | Months 20 | Days record | If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Worked on farm

10. Date deceased last worked at this occupation (month and year): July 4 1933

11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (city or town) (State or country): Pine County Nevada

FATHER

13. NAME: Tinoke

14. BIRTHPLACE (city or town) (State or country): Overland Nevada

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Pine County Nevada

17. INFORMANT (Address): Annie Paleface

18. BURIAL, CREMATION, OR REMOVAL Place: Washkie Utah Date: Oct 10, 1933

19. UNDERTAKER (Address): none.

20. FILED 10-10, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 9 7 10 P.M., 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932, to Oct 9, 1933

I last saw h[illegible] alive on Oct 9, 1933 death is said to have occurred on the date stated above, at 7 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	10/1/33
Chronic Nephritis	1931

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. J. Nuttleman, M. D.

(Address) Agency physician Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86200

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 147

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ADALIADE URQUIDES

(a) Residence. No. ... St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Nov. 25th, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ---

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) do not know
(State or country)

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) do not know
(State or country)

17. INFORMENT Records of State Hospital So.
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Date 10-7, 1933

19. UNDERTAKER Schreiber & McLean
(Address) Boise, Ida

20. FILED Oct 7, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to Oct. 7th, 1933

I last saw her alive on Oct 6th, 1933: death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	Oct 6th 1933
Other contributory causes of importance:	
SENILITY	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ..., 193

Where did injury occur? ---
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ---

(Signed) Olive R. Lowe M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86201

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 148
(No.) Beck Hospital, Eccles Bldg, Broadway.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Katie Marguerite Hardy

(a) Residence. No. North Maleneland St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. B. Hardy

6. DATE OF BIRTH (month, day and year) Dec 30th 1904

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	9	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Logan Utah

PARENTS

10. NAME OF FATHER Frank L. Fassbut
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Marguerite Silger
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) R. B. Hardy N. Cleveland Blackfoot Idaho

15. Filed Oct. 12, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 1, 1933, to Oct 10, 1933
that I last saw h[illegible] alive on Oct 10, 1933
and that death occurred, on the date stated above, at 9:45 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (Secondary) Mitral insufficiency
(duration) 15 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W. W. Beck, M. D.
Oct 11, 1933 (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Logan Utah	Oct 13th 1933
20. Undertaker	Address
E. J. Peck	Blackfoot Idaho

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86202

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2101
Local Registrar's No. 149
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** John B. Waters

(a) Residence. No. Mcdonaldville Ida. St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Elizabeth Waters

6. DATE OF BIRTH (month, day and year) Aug. 3, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Salt Lake City, (State or country) Utah

PARENTS

10. NAME OF FATHER John Waters

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Birch

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Mathew W. Street Fife, Oregon

15. Filed Oct. 13, 1933. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Oct 12, 1933
that I last saw him alive on Oct 11, 1933
and that death occurred, on the date stated above, at 4:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) W W Beck, M. D.
10-13, 1933 (Address) Blackfoot, Ida

19. Place of Burial, Cremation, or Removal: Springville Utah — Date of Burial: Oct 16, 1933

20. Undertaker: E T Tuck — Address: Blackfoot Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86203

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 150
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lloyd L. Bankhead
(a) Residence. No. Springfield, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year) April 16, 1932
7. AGE Years 1 Months 5 Days 26 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Thomas Idaho
PARENTS
10. NAME OF FATHER Edwin Leon Bankhead
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Toole, Utah
12. MAIDEN NAME OF MOTHER Ethel Pearl Jackson
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Thomas Idaho
14. Informant (Address) Edwin Leon Bankhead Thomas Idaho
15. Filed Oct 13, 1933 Mrs Nellie E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 12 (Day), 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Oct 12, 1933
that I last saw him alive on Oct 11, 1933
and that death occurred, on the date stated above, at 11 A m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ileo Colitis (Very Virulent)
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W W Beck, M. D.
Oct 13, 1933 (Address) Blackfoot, Ida
19. Place of Burial, ~~Cremation~~, or Removal Buhl Idaho Date of Burial Oct 16 1933
20. Undertaker E J Peck Address Blackfoot Idaho

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86204

PLACE OF DEATH
County of Blaine
City of Carey

Registration District No.
Primary Registration District No.
(No.)
Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Niney Vernette Hunter

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept-7-'33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Carey, Idaho-

PARENTS

10. NAME OF FATHER W. A. Hunter
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Linn Co-Kansas
12. MAIDEN NAME OF MOTHER Laura L. Martin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Oregon

14. Informant W. A. Hunter
(Address) Carey, Idaho-

15. Filed 10-31, 1933 T. H. Wright-
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19, to ✓, 19
that I last saw h alive on
and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:
No doctor attending

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Robert H. Wright, M. D.
10-31, 1933 (Address) Registrar Hailey Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Picabo, Ida-	10-8 1933
20. Undertaker: Family-	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86205

PLACE OF DEATH

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William C. Robinson

88 ?

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Faron Pond

6. DATE OF BIRTH (month, day, and year): April 12, 1847

7. AGE — Years: 86 | Months: 6 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Ed Robinson Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date ....., 193..

19. UNDERTAKER (Address): J R Wiley Jerome Idaho

20. FILED 10-30, 1933. R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to 10-29, 1933.
I last saw him alive on 10-29 1933: death is said to have occurred on the date stated above, at 11:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endo-carditis	2 mo.
Other **contributory causes** of importance: Chronic Nephritis	

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 '33

FORM V. S. No. 5-A-20M. 1-19-V

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86206

Local Registrar's No.

Registration District No.

Primary Registration District No.

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Boise

City of

2. FULL NAME Harry E. Maxwell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Single

6. DATE OF BIRTH Aug (Month) 19 (Day) 1907 (Year)

7. AGE 26 Yrs. 2 Mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Kansas

10. NAME OF Father Ira Maxwell

11. BIRTHPLACE OF FATHER (State or Country) not known

12. MAIDEN NAME OF MOTHER Ethel L Brown

13. BIRTHPLACE OF MOTHER (State or Country) Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Perry V. Lowe

(Address) Emmett, Ida

15.

Filed 11-2- 1933 J. K. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 19 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... **to** ..... 19.....,

that I last saw h..... alive on ..... 19.....,

and that death occurred on the date stated above, at 4:40 P.M.

The CAUSE OF DEATH* was as follows:

Gunshot wound thru upper lip - Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Coroner Boise County, Ida.

19..... (Address) ..... E. S. Shanahan

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett, Idaho

DATE OF BURIAL Oct 23 1933

20. UNDERTAKER C D Buckenum

ADDRESS Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED OCT 2 1933

PLACE OF DEATH

County of Boise

City of Idaho City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86207

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Rachel M. Craig

(a) Residence. No. St. Garden Valley, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13 - 1858

7. AGE Years 75 Months 6 Days 3 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Hugh Craig

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Margaret Keley

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) J. J. Tucker

18. BURIAL, CREMATION OR REMOVAL Boise, Ida

Place Garden Valley Date Idaho 193..

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED Oct 21, 1933 Mrs. E. S. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Oct 17, 1933.

I last saw her alive on Oct 17 9 AM 1933; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial with early uremia	

Other **contributory causes** of importance:

1. Arteriosclerosis, general & cerebral, marked

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank S. Minas M. D.

(Address) 1st Lt. M.C.U.S.A.
1003 North 16th St. Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Bonner

City of Sagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 86208

Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Ellen Bentley

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 2, 1933.

7. AGE — Years: | Months: 9 | Days: 5 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sagle Idaho

FATHER

13. NAME: Clyde Orville Bentley

14. BIRTHPLACE (city or town) (State or country): Pathdrum Idaho

MOTHER

15. MAIDEN NAME: Velma Irene Hillhouse

16. BIRTHPLACE (city or town) (State or country): Oklahoma

17. INFORMANT (Address): Clyde O. Bentley Sagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Westmond, Ida. Date: Oct. 11, 1933

19. UNDERTAKER (Address): L. G. Moon Sandpoint Idaho

20. FILED: Oct. 11, 1933. Viola Allen Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933., to Oct 14, 1933.

I last saw her alive on Oct 13., 1933.; death is said to have occurred on the date stated above, at 3:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	

Other **contributory causes** of importance:

Malnutrition	
Malnutrition	

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. F. Ross, M. D.

(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86209

Registration District No. 73

Primary Registration District No. 2, 5-0

Local Registrar's No. 24

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Errol Snarr

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mavon May Snarr

6. DATE OF BIRTH (month, day, and year): Sept. 6, 1879

7. AGE: Years 54 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Murray, Utah

MOTHER FATHER

13. NAME: Barton Snarr

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Eunice Eardly

16. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah

17. INFORMANT (Address): A. O. Snarr, Idaho Falls

18. BURIAL, CREMATION OR REMOVAL: Place Idaho Falls. Date Nov. 3, 1933

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls.

20. FILED Nov 3, 1933 (Mary Jensen) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): November 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933, to Nov. 1, 1933.

I last saw him alive on Oct. 31, 1933: death is said to have occurred on the date stated above, at 2.40 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tumor of Upper Mediastinum likely malignant	?

Other **contributory causes** of importance:

Name of operation: 0 Date of:

What test confirmed diagnosis: X-ray Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Ray Hatch, M. D.

(Address) Idaho Falls, Idaho

RECEIVED NOV 10 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Iona

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86210

Registration District No. 73

Primary Registration District No. 214-0 Local Registrar's No. 203

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarissa Heath 164

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Heath

6. DATE OF BIRTH (month, day, and year) May 5, 1854

7. AGE Years 74 Months 5 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Manti, Utah

FATHER

13. NAME Sanford Forbush

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary C. Chisler

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) A. B. Heath Iona, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Nov. 4, 1933

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls

20. FILED Nov. 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
natural cause of aged	
Unknown -	
No medical attendance	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 0 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86211

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 3115
Local Registrar's No. 202

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Lee Bybee

(a) Residence. No. (Usual place of abode) Shelley Idaho St.
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Belle Bybee
6. DATE OF BIRTH (month, day, and year): May 16 1897
7. AGE: Years 36; Months 5; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: auto.
10. Date deceased last worked at this occupation (month and year): Oct. 27 1933
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho.

FATHER
13. NAME: Frank M. Bybee
14. BIRTHPLACE (city or town) (State or country): Farmington Utah.

MOTHER
15. MAIDEN NAME: Hannah Pilcher
16. BIRTHPLACE (city or town) (State or country): Weber Co. Utah.

17. INFORMENT (Address): Mrs Belle Bybee Shelley Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Oct 30 1933
19. UNDERTAKER (Address): J. F. McHaun Idaho Falls Ida
20. FILED Oct 30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 27 1933.
22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933 to Oct. 27, 1933
I last saw h~~e~~ alive on Oct 27, 1933: death is said to have occurred on the date stated above, at 8 40 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot from 25 Calt Automatic in Right Temple-Penetrating frontal Lobes of brain	
Other contributory causes of importance: Cardiac death	Oct 27 33

Name of operation None Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to ~~exter~~ causes (violence) fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? Yes Date of injury Oct 27 1933
Where did injury occur? Shelley Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury See # 22
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Shelley Ida

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86212

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 2170
Local Registrar's No. 201

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie A Bridges

(a) Residence. No. 211 So Water St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dr T. M Bridges

6. DATE OF BIRTH (month, day, and year): Jan 29 1863

7. AGE: Years 70 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackburn Mo.

FATHER
13. NAME: Alex Greene.
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Owens
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Miss Anna Bridges Idaho Falls. Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Oct 26 1933
19. UNDERTAKER (Address): F. M. Hart Idaho Falls Ida
20. FILED Oct 26, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 24 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Oct-24, 1933
*I last saw h[illegible] alive on Oct-23, 1933: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 193
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86213

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 200

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas Lawrence Keller.

(a) Residence. No. So Water ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

119

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 28, 1932

7. AGE: Years 1 | Months 1 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Idaho Falls. Idaho.

FATHER
13. NAME John M. Keller.
14. BIRTHPLACE (city or town) (State or country) Wadena Minnesota.

MOTHER
15. MAIDEN NAME Mary Gergen
16. BIRTHPLACE (city or town) (State or country) Weatherford Oklahoma.

17. INFORMENT (Address) Mrs John M Keller Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Oct 25 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Idaho.

20. FILED Oct 4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 20, 1933
I last saw him alive on Oct 20, 1933: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ileo Colitis	Oct 18

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86214

PLACE OF DEATH
County of Idaho Falls
City of Bonneville County
Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 199

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Matilda Safstrom.

(a) Residence. No. 7 + Holmes St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 1856

7. AGE: Years 77 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Peterson.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Anna Carlson
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Miss Freda Safstrom Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Oct 26 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.

20. FILED Oct 24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 23 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1933, to Oct. 23, 1933
I last saw her alive on Oct 23, 193...: death is said to have occurred on the date stated above, at 115 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/1/33

Other contributory causes of importance:

Myocarditis	10/17/33

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. R. Sodergrist M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86215

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2104
Local Registrar's No. 194
(No. L.D.S. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Kershaw.

(a) Residence. No. Rural Route 4 St.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (Write the word)
male	white.	unknown

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year) Oct. 11, 1933.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unknown

17. ~~INFORMENT~~ Undertaker (Address) V. F. McHan. Idaho Falls Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls. Date Oct. 24 1933

19. ~~UNDERTAKER~~ Informant (Address) Elmer Anderson. Idaho Falls Idaho.

20. FILED Oct 24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 20, 1933
I last saw h~~im~~ alive on Oct 19, 1933: death is said to have occurred on the date stated above, at 2458 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. R. Dodgen M.D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86216

PLACE OF DEATH

County of Bonneville

City of Ida Falls Ida

Registration District No. 73

Primary Registration District No. 21-0 Local Registrar's No. 197

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Della Poole

(a) Residence. No. Minan Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of M. B. Poole

6. DATE OF BIRTH (month, day, and year) Feb. 1st 1879

7. AGE Years 54 Months 8 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bear Lake County Utah

FATHER

13. NAME Peter B. Clark

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Antimeski Clawson

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) M. B. Poole Minan Ida

18. BURIAL, CREMATION, OR REMOVAL Place Ida Butte Ida Date Oct. 21, 1933

19. UNDERTAKER (Address) Vern J. Killer Rigburg, Ida

20. FILED Oct 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1933, to Oct. 18, 1933

I last saw her alive on Oct. 18 1933; death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bilateral Lobar Pneumonia	Oct 8 33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. R. West, M. D.

(Address) Rigby, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86217

County of Bonneville
City of Idaho Falls
Registration District No.
Primary Registration District No. Local Registrar's No. 191—
(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elsie Loureen Leikes.

(a) Residence. No. New Sweden St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28-1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	9	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ferth, Idaho

FATHER

13. NAME Leulher Leikes

14. BIRTHPLACE (city or town) (State or country) Sampsville Ill.

MOTHER

15. MAIDEN NAME Louie Herbertson

16. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah.

17. INFORMENT (Address) Leulher Leikes Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 10/16, 1933

19. UNDERTAKER F. F. McHaggie
(Address) Idaho Falls Ida.

20. FILED Oct 16, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Oct 14, 1933
I last saw her alive on Oct 14, 1933: death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns due to catching clothes on fire while playing with matches	
Other contributory causes of importance: Surgical Shock.	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 13 1933
Where did injury occur? at Idaho Falls Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Burns from Catching Clothes on fire while playing with matches
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. R. Abbott, M.D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86218

PLACE OF DEATH
County of Bonn.
City of Idaho Falls.
Registration District No.
Primary Registration District No.
Local Registrar's No. 193

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Nelson.

(a) Residence. No. 883 J. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widowed.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Chas Nelson (Deceased)
6. DATE OF BIRTH (month, day, and year) Jan 15 1865
7. AGE Years 68 Months 8 Days 26. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Varmland, Sweden.

FATHER
13. NAME Nels Olsen.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Christiene Burgman
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Mrs Ernest Carlson. Idaho Falls Ida
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls. Date Oct 15 1933
19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida.
20. FILED Oct 13, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11 1933.
22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Oct 11, 1933
I last saw her alive on Oct 11, 1933: death is said to have occurred on the date stated above, at 5 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days.

Other contributory causes of importance:
Chronic myocarditis
Arteriosclerosis.

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) N. R. Abbott, M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86219

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 192
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Claudine Hoggan

(a) Residence. No. ..... Lewisville, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 5/ 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lewisville, Ida

FATHER

13. NAME Alma J. Hoggan

14. BIRTHPLACE (city or town) (State or country) Manti, Utah

MOTHER

15. MAIDEN NAME Ellen Jardine

16. BIRTHPLACE (city or town) (State or country) Lewisville, Ida

17. INFORMENT (Address) Alma Hoggan Lewisville, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lewisville, Ida Date Oct. 8/33, 193

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls Ida

20. FILED Oct 11, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5/33 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14/33, 193..., to Oct. 5/33, 193...

I last saw her alive on Oct. 5/33, 193...: death is said to have occurred on the date stated above, at 6.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	before Aug. 1/33
Other contributory causes of importance:	
Criminal abortion reported happening - - -	Aug. 6/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. West, M. D.

(Address) Idaho Falls, Ida

RECEIVED NOV 10 1933

11/7/33

Relative to original certificate of death of Claudine Hoggan-#192 -

: - This certificate was requisitioned, and is in possession of the court as evidence in a criminal charge against George A. Aupperle of this city.

Registrar Dist 73.

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86220

PLACE OF DEATH
County of Bonneville
City of Iona

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 191

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Henry Longhurst

(a) Residence. No. Iona, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Longhurst
6. DATE OF BIRTH (month, day and year) April 8, 1850
7. AGE Years 83 Months 5 Days 28 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stone Mason
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) London (State or country) England

MOTHER FATHER
13. NAME Wm H. Longhurst
14. BIRTHPLACE (city or town) ..... (State or country) England
15. MAIDEN NAME Ann Preston
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Mrs. L. Southwick (Address) Idaho Falls RT #5
18. BURIAL, CREMATION, OR REMOVAL Place Iona, Idaho Date Oct 8, 1933
19. UNDERTAKER Jack F. Wood (Address) Idaho Falls, Idaho
20. FILED Oct 11, 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stafed above, at 7 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	20 Yrs
old age	

Other **contributory causes** of importance:

Name of operation. none Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or Homicide? ..... Date of injury .., 193.
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86221

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 190

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenn William Lovell

(a) Residence. No. R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April, 14, 1911

7. AGE: Years 22 | Months 5 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls, Rt 2 Idaho.

FATHER

13. NAME James W. Lovell

14. BIRTHPLACE (city or town) (State or country): Oak City, Utah.

MOTHER

15. MAIDEN NAME Ida H. Freeman,

16. BIRTHPLACE (city or town) (State or country): Salt Lake City.

17. INFORMANT (Address): James Lovell, RT.2 Idaho Falls,

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Date Oct. 10 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED Oct 11, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) October, 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933 to Oct 8, 1933.
I last saw him alive on Oct 8, 1933: death is said to have occurred on the date stated above, at 7:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid fever	Sept 9

Other **contributory causes** of importance:

Name of operation Clinical & Lab Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida

RECEIVED NOV 10 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86222

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 189

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Johnson Blanchard

(a) Residence. No. St. Victor, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Blanchard

6. DATE OF BIRTH (month, day, and year) Nov 26, 1864

7. AGE Years 68 Months 10 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer & Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME J. R. Blanchard

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. John J. Blanchard Victor, Ida

18. BURIAL, CREMATION OR REMOVAL Place Victor, Ida Date Oct 19, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Ida

20. FILED Oct 19, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 16, 1933.

I last saw him alive on Oct 16, 1933: death is said to have occurred on the date stated above, at 1:40 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Carcinoma of Stomach	about 2 yrs ago.
apoplexy	Oct. 14, 1933

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry,** in **home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry H. Willson, M. D.

(Address) Idaho Falls, Ida

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86223

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 1FF

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Chas. Hayes.

(a) Residence. No. 265 Cliff St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

205 F

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	✓	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dish Washer.
10. Date deceased last worked at this occupation (month and year) 1930.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) F. J. Johnson. Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 11/10 1933

19. UNDERTAKER W. F. Hays (Address) Idaho Falls Ida.

20. FILED 11-9, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h[illegible] on....., 193.....: death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No medical attention -	
Cause unknown	
Other contributory causes of importance:	
Con. Immunand M.D. Registration #73.	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Con. Immunand M.D., ~~M.D.~~

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 10 1933

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86224

Registration District No. 1007

Primary Registration District No. 3

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME William Lewis Evans

(a) Residence. No. Parma Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Annie May Evans

6. DATE OF BIRTH (month, day, and year) Feb 17 - 1864

7. AGE Years 69. Months 8 Days # If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maddensville Penn.

FATHER

13. NAME Charles Evans

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Atherton

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Ralph Evans Parma Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL burial
Place ~~Parma~~ Date 10-19, 1933

19. UNDERTAKER (Address) G. V. Peckham Caldwell Ida

20. FILED Nov 5, 1933 Ethel Jurries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1927, to Oct. 17, 1933

I last saw him alive on Oct 17, 1933: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation none Date of test

Urine tests Functional Kidney test

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. M. Mitchell, M. D.

(Address) Parma Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1933

MARGIN RESERVED FOR BINDING

. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86225

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Kelly

92

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): 1870.

7. AGE: Years 63. Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER
13. NAME: " "
14. BIRTHPLACE (city or town) (State or country): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): " "

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Removal
Place ..... Date ....., 193

19. UNDERTAKER (Address): Wm. D. Kelly, Caldwell, Ida.

20. FILED Nov 5, 1933 Ethel Jurries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to Aug 7, 1933.
I last saw him alive on Aug. 7, 1933: death is said to have occurred on the date stated ~~above~~ 10/24/33, at 1:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Left branch	10/23/33

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. Holinson, M. D.
(Address) Parma

RECEIVED NOV [illegible] 1933

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86226

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 128

(No. Samaritan Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Jordan McKee

(a) Residence. No. Rt. #4 Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~Nov 4-6-73~~ 4/6/73

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
56	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leavenworth (State or country) Kan.

MOTHER FATHER

13. NAME George McKee

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unkmown (State or country)

17. INFORMANT Mrs R.J.McKee (Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date 11-8, 1933

19. UNDERTAKER F.K.Robinson (Address) Nampa, Ida.

20. FILED Nov. 8, 1933. Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1933, to death, 1933.
I last saw him alive on 11-6, 1933: death is said to have occurred on the date stated above, at [illegible] p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11-6-33

Other **contributory causes** of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) F.K. Robinson M. D.
(Address) Nampa, Ida.

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86227

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Caldwell
Transient

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 82
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr George Wade

(a) Residence. No. 1503 Cleveland St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary F Wade

6. DATE OF BIRTH (month, day and year) 11-1-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER Thomas Wade
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Va
12. MAIDEN NAME OF MOTHER Lucy Bly
13. BIRTHPLACE OF MOTHER (city or town) (State or County) New York

14. Informant Mrs L C Callihan
(Address) 1503 Cleveland Caldwell Ida

15. Filed 10-18 1933 John L Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 4-33 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1933, to Oct 4 1933
that I last saw h.. alive on Oct 4 1933
and that death occurred, on the date stated above, at 8 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Angina Pectoris

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms

(Signed) John L Case M. D.
10/11 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal: Summerville Oregon — Date of Burial 19

20. Undertaker: Paul L. Case — Address: Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86228

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Bertha M. Airmet

(a) Residence. No. 623 7th. Ave. South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Widow~~ Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John C. Airmet

6. DATE OF BIRTH (month, day, and year): Oct 19, 75

7. AGE: Years 58 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): MtPleasant Utah.

FATHER

13. NAME: Bramstead

14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): E.A. Airmet aNampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa Ida Date: 10/10, 1933

19. UNDERTAKER (Address): F.K. Robinson Nampa Ida

20. FILED: Nov. 4, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1933, to Oct. 7 1933, 193

I last saw her alive on Oct 7, 1933: death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary	
Embolus	

Other contributory causes of importance:

Name of operation: Clinical Date of

What test confirmed diagnosis? signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Samuel Bwayne

(Signed) ....., M. D.

(Address) Nampa, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

Amended 7/6/79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86229

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christine Bernhardine Elsen

(a) Residence. No. 1001 14th Ave.So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.D.

FATHER

13. NAME Reinhard Elsen

14. BIRTHPLACE (city or town) (State or country) S.D.

MOTHER

15. MAIDEN NAME Johanne Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Reinhard Elsen
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 10-22 1933

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Ida.

20. FILED Nov. 4, 1933. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1933, to Oct. 20, 1933.
I last saw her alive on Oct. 19, 1933.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma of Stomach	
Other **contributory causes** of importance:	

Name of operation Exploratory Date of Sept 29 33
What test confirmed diagnosis? Self Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Wolter, M. D.
(Address) Nampa Clinic

6/15/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 6 2 26 PM '79

State of _____
County of _____ } ss.

Certificate No. 86229
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Death

for Christine B. Elsen (Name on Original Certificate) who died (Was Born, Died, etc.) on October 20, 1933 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Christine B. Elsen	Christine Bernhardine Elsen
Birthdate	July 13, 1913	June 13, 1913
Father's name	Reinhardt Elsen	Reinhard Elsen
Mother's name	Hannah Meyer	Johanne Meyer
Informant	Reinhardt Elsen	Reinhard Elsen

Subscribed and sworn to before me this 15th day of June, 1979.

Notary Public, Margaret D. Davis

Residing at Boise

My commission expires Lifetime

(Seal)

Irene C Elsen
Signature of Applicant

112 IVY Nampa Ida. 83651
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86230

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 119
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Wm Johnson Emory
(a) Residence. No. Nampa Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Martha Catherine Emory
6. DATE OF BIRTH (month, day, and year): Dec. 28 1870
7. AGE: Years 63 Months 9 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pleasant Plain Iowa

FATHER
13. NAME: Archalis Emry
14. BIRTHPLACE (city or town) (State or country): Ill. Indiana ~~[illegible]~~

MOTHER
15. MAIDEN NAME: Margie Frakes
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMENT (Address): H. B. Grise Nampa, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Kohlerlawn Date: 10/3, 1933
19. UNDERTAKER (Address): Wm D. Talley Nampa, Idaho
20. FILED: Nov. 4, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 2 1933
22. I HEREBY CERTIFY, That I attended deceased from Sep 30, 1933, to Oct 2, 1933
I last saw him alive on Oct 2, 1933: death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia with convulsions	Oct 2/33

Other contributory causes of importance: Chronic nephritis & cystitis. following prostate operation

Name of operation: Prostate dou Date of 1929
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. P. Ross, M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED BY

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86231

Registration District No. 7

Primary Registration District No. 1806 Local Registrar's No. 118

(No. 419 - 19th Ave. So)

(If death occurred in a hospital or institution, give its name instead of street and number.)

10-1

2. FULL NAME Thomas Fowler Sparks

(a) Residence. No. 419 - 19th Ave. So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza J. Sparks

6. DATE OF BIRTH (month, day, and year) April 7th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehi Utah

FATHER

13. NAME Alfred Sparks

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Fowler

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Ricks Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date Oct 23, 1933

19. UNDERTAKER Tom D. Talley (Address) Nampa Ida.

20. FILED Nov. 4, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to ....., 193....

I last saw him alive on Oct 18, 1933: death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs and Heart Exhaustion,	
Other contributing causes of importance: Cancer of Lung Spread to Pleura	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo R Proctor M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86232

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 116

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Wm Schwanebeck

(a) Residence. No. 1113 Rose Blvd. St. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred, 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Dorothy Schwanebeck

6. DATE OF BIRTH (month, day, and year) April 13, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Verian E. Schwanebeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Frank Zimmer, Nampa, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Rohrerlawn Date Oct 5, 1933

19. UNDERTAKER Wm D. Talley
(Address) Nampa, Idaho.

20. FILED Nov. 2, 1933 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Oct 3, 1933
I last saw h alive on Oct 3, 1933: death is said to have occurred on the date stated above, at 8:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema.	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. C. Horton, M. D.
(Address) Nampa Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86233

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 127

(No. 522 Maple)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Evalina (Cole) Post

(a) Residence. No. 522 Maple St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: W. M. Post

6. DATE OF BIRTH (month, day, and year): Aug. 1st 1866

7. AGE: Years 67 Months 3 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia Nevada

FATHER
13. NAME: —— Sapp.
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMENT (Address): Mr. W. M. Post Nampa, Ida

18. BURIAL, CREMATION, OR REMOVAL Place: Nampa Idaho Date: Nov. 9, 1933

19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa, Idaho

20. FILED: Nov. 8, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Sep 25, 1933.
I last saw her alive on Sep 25, 1933: death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) V. C. Beltman M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1933

PLACE OF DEATH

County of Canyon

City of near Huston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86234

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 126

(No. near Huston)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gaylord Woolard

(a) Residence. No. R. F. D. Huston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 9th 1920

7. AGE Years 12 Months 11 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sidney near

FATHER

13. NAME Joseph A. Woolard

14. BIRTHPLACE (city or town) (State or country) Bethpage Mo.

MOTHER

15. MAIDEN NAME Louisa Smith

16. BIRTHPLACE (city or town) (State or country) Bethpage Mo.

17. INFORMENT (Address) Mr. Joseph Woolard Huston

18. BURIAL, CREMATION, OR REMOVAL Place Kohlerlawn Nampa Date 11-7, 1933

19. UNDERTAKER (Address) Wm D. Talley Nampa, Idaho

20. FILED Nov. 7, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 3, 1933

I last saw he alive on Nov. 2, 1933: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Paralysis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W C Nolte M D, M. D.

(Address) Nampa Ida

RECEIVED NOV 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86235

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Leaming

(a) Residence. No. Wilson, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1850

7. AGE Years 83 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) John Keith Wilson, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wilson, Ida. Date Oct. 7, 1933

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida

20. FILED Nov. 4, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Oct 5, 1933
I last saw him alive on Oct 4, 1933: death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma following chronic pyelitis and nephritis of several years standing	Oct 4/33

Other contributory causes of importance: Enlarged prostate

Name of operation None Date of .....
What test confirmed diagnosis? Physical & microscopical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H P Ross, M. D.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86236

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 120
(No. Mercy Hospital, Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amalia Elorriaga
(a) Residence. No. Jordan Valley Oregon St. Jordan Valley Oreg
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Spanish
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) January 1912

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	9		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Spain

PARENTS

10. NAME OF FATHER Ambrose Elorriaga
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spain
12. MAIDEN NAME OF MOTHER Maria Goicoechea
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Spain

14. Informant (Address) Ambrose Elorriaga Jordan Valley Oreg

15. Filed Nov. 4, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) - 2 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-28-, 1933, to 10-2-, 1933
that I last saw her alive on 10-2-, 1933
and that death occurred, on the date stated above, at 11:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary hemorrhage from an acute exacerbation of tuberculosis.
(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis
(duration) 4 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? Jordan Valley, Ore.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Isolation of germs.
(Signed) Geo. D. A. Kierogg, M. D.
10-4-, 1933 (Address) Nampa, Idaho.

19. Place of Burial, Cremation, or Removal: Jordan Valley Oreg
Date of Burial: 10-5-1933

20. Undertaker: Paul L. Case
Address: Caldwell, Ida.

RECEIVED NOV 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86237

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 117

(No. State School + Colony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Ernest Cole

(a) Residence. No. State School + Colony Nampa Canyon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 19 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
36	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ludore Iowa
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Lollie May Clarke

16. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pennsylvania

17. INFORMENT Don Goyne
(Address) Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Ross T Tally
(Address) Nampa

20. FILED Nov 3, 1933 Lydia Hodgins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 — 1 — 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 — 22 —, 1933, to 11 — 1 —, 1933.
I last saw him alive on 10 — 31 —, 1933: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ptomaine Poison	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Don Goyne, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86238

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Susan Gosnell

(a) Residence. No. South Side Blvd. 4½ mos
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Lorance Gosnell

6. DATE OF BIRTH (month, day, and year): Nov. 22 1862

7. AGE: Years 71, Months 10, Days 15, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: John J. Jolliffe
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Jane Cheeseworth
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs. C. I. Murray 3½ North East of Nampa

18. BURIAL, CREMATION, OR REMOVAL
Place: Kohlenbaum Date: Oct. 8, 1933

19. UNDERTAKER (Address): H. D. Talley Nampa, Idaho

20. FILED Nov. 2, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to Oct. 6, 1933
I last saw her alive on Oct. 6, 1933: death is said to have occurred on the date stated above, at 7:15 P.m.
The principal cause of death and related causes of importance were as follows:
Cancer of breast diagnosed July 27, was well advanced. Refused operation.
Date of onset
Other contributory causes of importance:
Cancer quack had sloughed off much of the breast.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Geo. R. Proctor, M. D.
(Address) Nampa Idaho

RECEIVED NOV 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86239

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 114

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Futter (Ben)

(a) Residence. No. Orchard Ave. Rd. St.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Futter

6. DATE OF BIRTH (month, day, and year) Jan. 18th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. F. E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Illinois

FATHER

13. NAME Elizabeth Wenner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frank J. Futter

16. BIRTHPLACE (city or town) (State or country) Quincy Illinois

17. INFORMENT (Address) Mrs. Ben Futter Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 10-25, 1933 Mt. Calvary

19. UNDERTAKER (Address) Wm. D. Zaller Nampa, Ida.

20. FILED Oct 26, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to Oct. 22, 1933

I last saw him alive on Oct. 22, 1933; death is said to have occurred on the date stated above, at 10:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	a few
Ft. H. united prematured fell &	months
gangrenous after	

Other contributory causes of importance: He had recovered from both without further incident.

Name of operation Appendectomy Date of Oct. 14

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. K. Proctor, M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86240

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 126

(No. Mercy Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Dean Grant

(a) Residence. No. 111-9th Ave. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21, 1933

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

MOTHER FATHER

13. NAME Clarence Grant

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Chlora Young

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT (Address) Clarence Grant Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 10/22 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Nov. 4, 1933 L. Gladys Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Oct 20, 1933.
I last saw him alive on Oct 20 1933: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other **contributory causes** of importance:

Strangulated hernia acute	

Name of operation Hemiotomy Date of 10/19/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace B. Bechtel M. D.

(Address) Nampa Ida

RECEIVED NOV 1933

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
86241
State File No.

Registration District No. 7

Primary Registration District No. 1206 Local Registrar's No. 123

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hermidas Villeneuve

(a) Residence. No. 703-12 ave S St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, and year) 9-1-72

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
61	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Canada

FATHER

13. NAME H. Villeneuve

14. BIRTHPLACE (city or town). (State or country) Canada

MOTHER

15. MAIDEN NAME Zoe Favre.

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs H. Villeneuve

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 10/16 1933

19. UNDERTAKER (Address) F. K. Robinson

20. FILED Nov. 4, 1933. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/14 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1933, to 10-14-, 1933.
I last saw him alive on 10-13- 193...: death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolus to brain	10-13-33
Other **contributory causes** of importance:	
Cholecystectomy and	
Caecostomy	10-9-33.

Name of operation see above Date of 10-9-33.

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. C. McCreary, M. D.
(Address) Nampa, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

K.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86242

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 92

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Loretta Jane Landry

(a) Residence. No. Wilder (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Alfred H. Landry

6. DATE OF BIRTH (month, day, and year) Oct 22-186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayette Co. Nebraska

FATHER

13. NAME Joseph Broady

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Crumb

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) Alfred H. Landry Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wilder Date Nov 7, 1933

19. UNDERTAKER (Address) C. F. Peckham Caldwell Idaho

20. FILED 11-8, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 4, 1933

I last saw h[illegible] alive on Nov 2, 1933: death is said to have occurred on the date stated above, at 7-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86243

County of Canyon
City of Caldwell
Registration District No. 8
Primary Registration District No. 2005
Local Registrar's No. 91

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester H Felton

(a) Residence. No. ..... St. Boise Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27-1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Mrs. J. Chandler Caldwell Ada

18. BURIAL, CREMATION, OR REMOVAL Place Soldiers Ground Date Nov 5 1933

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 11-5-, 1933 J. L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1" 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to Nov 1, 1933

I last saw him alive on Nov 1, 1933: death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu	Oct 30
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J M Coe M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86244

PLACE OF DEATH

County of Canyon
City of Notus

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 89

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Carl Arthur Teeves.

(a) Residence. No. Caldwell Idaho R#1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8- 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parma (State or country) Idaho

FATHER

13. NAME Arthur Teeves

14. BIRTHPLACE (city or town) (State or country) Nebr.

MOTHER

15. MAIDEN NAME Nellie Weick

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Arthur R Teeves Caldwell Ida R#1

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 10-30-, 1933

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida.

20. FILED 11-3, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coroners Jurors Verdict	
Hit by Auto on	
Caldwell Notus Highway	
Driver of Auto Unknown.	
Other contributory causes of importance:	

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highways

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ~

(Signed) W. D. Talbot M. D. Coroner

(Address) Parma Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86245

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Anna Munn — Fairbury-Neb. ~~Caldwell Ida~~

(a) Residence. No. 1504 Blaine St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City, Mo

FATHER

13. NAME Wayne Munn

14. BIRTHPLACE (city or town) (State or country) Colby, Kansas

MOTHER

15. MAIDEN NAME Edna Philp

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) C. R. Whittenberger Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fairbury Nebr. Date , 193

19. UNDERTAKER (Address) C. R. Whittenberger Caldwell Ida

20. FILED 10-26-, 193 3 J. S. Meyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933, to October 27, 1933

I last saw h[illegible] alive on October 27, 193 3: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema and hemorrhage	

Other contributory causes of importance:

Anuria	

Name of operation preparation for [illegible] Date of Oct. 27 33

What test confirmed diagnosis? [illegible] Was there autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl W Warner M.D.

(Address) Caldwell Ida

RECEIVED

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86246

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Duke Wood

(a) Residence. No. Caldwell. ~~Chicago~~
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Old resident of Caldwell. Idaho. J.S. Meyer.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Chris Leighty Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 10-26, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 10-28-, 1933. J.S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Oct 23, 1933
I last saw him alive on Oct 23, 1933: death is said to have occurred on the date stated above, at 8-30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma in axillary glands. Metastasis to mediastinum	don't know

Other contributory causes of importance:
Had Epithelioma operated 2 or 3 yrs ago Elsewhere
Secondaries neglected
History indefinite

Name of operation None Date of —
What test confirmed diagnosis? physical & lab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H P Ross, M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86247

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 80

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annie Bass

(a) Residence. No. Caldwell #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of B. W. Bass

6. DATE OF BIRTH (month, day, and year) Feb 20-1878

7. AGE Years 56 Months 8 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Douglas Co Oregon

FATHER

13. NAME Henry C. Long

14. BIRTHPLACE (city or town) (State or country) Douglas Co Oregon

MOTHER

15. MAIDEN NAME Flora Applegate

16. BIRTHPLACE (city or town) (State or country) Douglas Co Oregon

17. INFORMENT (Address) B. W. Bass Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 10-22 1933

19. UNDERTAKER (Address) V. Peckham Caldwell Ida

20. FILED 10-25, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 20, 1933

I last saw her alive on 10-20, 1933: death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-20

Other contributory causes of importance: Hypertension & Indigestion

Name of operation none Date of —

What test confirmed diagnosis? Symptomatic Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Kaley M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86248

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Henry Lawrence. 131

(a) Residence. No. Caldwell R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kokomo
(State or country) Ind.

FATHER

13. NAME Valentine Lawrence

14. BIRTHPLACE (city or town) Not known
(State or country) .....

MOTHER

15. MAIDEN NAME Susanna Main

16. BIRTHPLACE (city or town) .....
(State or country) Ind.

17. INFORMENT V. C. Lawrence
(Address) Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Cem. Date Oct. 17, 1933

19. UNDERTAKER C. L. Peckham
(Address) Caldwell Ida

20. FILED 10-19, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct - 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1933, to Oct. 15, 1933
I last saw ~~him~~ alive on Oct. 15, 1933; death is said to have occurred on the date stated above, at 1130 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia	Oct. 13
Uremic Convulsion	
Other contributory causes of importance: Hypertension	Oct. 3

Name of operation ..... Date of .....
What test confirmed diagnosis? Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. M. Baker M. D.
(Address) Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86249

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 81
(No. Odd Fellows Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Joseph P McLaughlin

(a) Residence. No. Odd Fellows Home St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Decatur (State or country) Ohio

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Mrs Viola Price
(Address) Caldwell Idaho

15. Filed 10-18, 1933 John L. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 11 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Several years 19..., to Oct 11, 1933
that I last saw h.. alive on Oct 9, 1933
and that death occurred, on the date stated above, at 10 30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) ...yrs. ...mos. 1 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) Several yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptom
(Signed) Fred Lee, M. D.
10/15, 1933 (Address) Caldwell Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Roswell Ida	10-14-33
20. Undertaker	Address
Paul L. Case	Caldwell Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86250

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 87
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred H. Wallbaum
(a) Residence. No. Kimsey St St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Ida May Wallbaum

6. DATE OF BIRTH (month, day and year) 3-17-1895

7. AGE Years 39 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Louisville Ky

PARENTS

10. NAME OF FATHER Wm Wallbaum
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Wilborn
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs Fred H. Wallbaum [illegible] Idaho

15. Filed 10-26, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 - 25 (Month) (Day) 33 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to Oct. 25, 1933
that I last saw him alive on Oct 24, 1933
and that death occurred, on the date stated above, at 1:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) A. A. Newhern M. D.
10/26, 1933. (Address) Caldwell

19. Place of Burial, Cremation, or Removal: Canyon Hill
Date of Burial: 10-27 1933

20. Undertaker: Paul L. Case
Address: Caldwell Idaho

RECEIVED OCT 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86251

PLACE OF DEATH
County of Bannock
City of Pocatello (Soda Springs)
Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 33
No. Fairbanks Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Charles Lindsay

(a) Residence. No. Route 5 Pocatello Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Wright

6. DATE OF BIRTH (month, day, and year): Oct 11 1881

7. AGE: Years 51 | Months 11 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Teacher
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Paris Idaho

FATHER
13. NAME: Edgar M. Lindsay
14. BIRTHPLACE (city or town) (State or country): Raysville Ind.

MOTHER
15. MAIDEN NAME: Sarah M. Beach
16. BIRTHPLACE (city or town) (State or country): Logan Utah

17. INFORMENT (Address): Mrs. E. C. Lindsay Pocatello Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL. Place: Pocatello Cemetery Date: Oct 22 1933

19. UNDERTAKER (Address): Gate City Funeral Home

20. FILED Oct 14, 1933 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933, to Sept 20, 1933, I last saw h alive on Sept 20, 1933: death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

0	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No

(Signed) Elsie Kaeckling, M. D.
(Address) Soda Springs Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86252

PLACE OF DEATH

County of Caribou

City of SODA SPRINGS, IDAHO

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 32

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ROSETTA AMELIA BARNES

(a) Residence. No. STANROD, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: MAX C. BARNES

6. DATE OF BIRTH (month, day, and year): JULY 29th 1891

7. AGE: Years 42 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): KELTON, UTAH

FATHER
13. NAME: CHARLES KEMPTON
14. BIRTHPLACE (city or town) (State or country): UTAH

MOTHER
15. MAIDEN NAME: JANE L. BADGER
16. BIRTHPLACE (city or town) (State or country): UTAH

17. INFORMENT (Address): Max C. Barnes NAF, IDAHO

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place: STANDROD IDAHO Date: OCT. 12 1933

19. UNDERTAKER (Address): C. S. Whitman SODA SPRINGS, IDAHO

20. FILED 10/12/33 193 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): OCT. 11TH 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1933, to Oct. 11th, 1933.

I last saw her alive on OCT. 11th, 1933; death is said to have occurred on the date stated above, at 11 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Transverse Colon	

Other contributory causes of importance: none

Name of operation Resection of Bowel Date of 10/8/33

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Alis Kirkby, M. D.

(Address) SODA SPRINGS, IDAHO

RECEIVED OCT 1 1933

FORM V. S. No. 5-A-25M. 1-19

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86253

Local Registrar's No. 31

1. PLACE OF DEATH

County of Caribou

City of Soda Springs Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 82

Primary Registration District No. 2159

(No. Caribou Hospital St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Amelia Elder Daniel, Wyo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: Sept -19- 1873 (Month) (Day) (Year)

7. AGE: 60 Yrs. - Mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer): and Rancher

9. BIRTHPLACE (State or Country): Mt Pleasant Utah

10. NAME OF Father: N. P. Gregersen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nelson J Elder
(Address) Daniel Wyo

15. Filed 10-9- 1933 Dr Russell Tigerts Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 8 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1933, to Oct -8- 1933, that I last saw her alive on Oct -8- 1933, and that death occurred on the date stated above, at 11 a M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Ascending Colon

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

9 E.K. (Signed) Ellis Kuckley M. D.

10/8/1933 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 9 days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Daniel, Wyo
Former or usual residence Daniel Wyo

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Pinedale Wyo.

DATE OF BURIAL: Oct. 12 1933

20. UNDERTAKER: C. L. Whitman

ADDRESS: Soda Springs Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86254

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 30

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Frans Swenson

(a) Residence. No. Soda Springs Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) Sept 16, 1854

7. AGE Years 79 Months 0 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 20 yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Sven Swenson ~~Unknown~~
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Aurora Colorado

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Soda Springs Date Oct-9, 1933

19. UNDERTAKER (Address) E. D. Matthews Soda Springs Ida

20. FILED Oct-9, 1933 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct-6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1933, to Oct-6, 1933
I last saw him alive on Oct-6, 1933: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bilateral	

Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Emil Kaufman, M. D.
(Address) Soda Springs Ida

RECEIVED OCT 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86255

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 29
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizah Wilson Linville
(a) Residence. No. Swan Valley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Linville
6. DATE OF BIRTH (month, day, and year) Oct. 27-1867
7. AGE Years 65 Months 11 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Emanuel Linville
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Eliza Ann Mitchell
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Swan Valley Ida
18. BURIAL, CREMATION, OR REMOVAL Place Swan Valley Ida Date Oct 5, 1933
19. UNDERTAKER (Address) G. L. Whitman Soda Springs Ida
20. FILED 10-3, 1933 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct-3-1933
22. I HEREBY CERTIFY, That I attended deceased from Sept-7-, 1933, to Oct-3-, 1933
I last saw him alive on Oct 3, 1933: death is said to have occurred on the date stated above, at 8:56 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Pelvis	

Other contributory causes of importance:
None

Bowel

Name of operation Resection of Date of 9/8/33
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Soda Springs Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 20 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86256

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 28

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Solomon Tremelling

(a) Residence. No. Soda Springs, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Agness Tremelling

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation All

12. BIRTHPLACE (city or town) England, London
(State or country)

FATHER

13. NAME Solomon Wm. Tremelling

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Agness Arnell

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT William Tremelling
(Address)

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place St. Charles, Idaho Date 10/14, 1933

19. UNDERTAKER E. W. Williams
(Address) Montpelier, Idaho

20. FILED Oct 5, 1933 Dr Russell Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193..., to 10/1/33, 193...

I last saw him alive on Sep. 28, 1933, 193...: death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	~~1931~~
Mitral	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Ellis Kackley M. D.

(Address) Soda Springs Ida.

RECEIVED OCT 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86257

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 27
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Darrel R. Wright
(a) Residence. No. Thayne Wyo. St. Thayne Wyo.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lavelle Hurd Wright
6. DATE OF BIRTH (month, day, and year) Feby 25 - 1912
7. AGE Years 21 Months 6 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation all
12. BIRTHPLACE (city or town) (State or country) Thayne Wyo.

FATHER
13. NAME Don C. Wright
14. BIRTHPLACE (city or town) (State or country) Rock City Ut

MOTHER
15. MAIDEN NAME Eliza E. Dana
16. BIRTHPLACE (city or town) (State or country) Arizona

17. INFORMENT (Address) Don C. Wright Thayne Wyo
18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Thayne Wyo Date Sept 15 1933
19. UNDERTAKER (Address) E. D. Whitemore Soda Springs Ida
20. FILED 9-14, 1933 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933, to Sept 14, 1933
I last saw him alive on Sept 14, 1933: death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goiter	

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 9/14/33
What test confirmed diagnosis? R.M.R. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Ellis Kirk Lee, M. D.
(Address) Soda Springs Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 20 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86258

Registration District No. 87

Primary Registration District No. 2159 Local Registrar's No. 26

(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Adolph Hunzeker

(a) Residence. No. Paris, Idaho St. Paris, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Lena Hunzeker

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Switzeland

FATHER

13. NAME Samuel Hunzeker

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Anna Marie Miller

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) Gladys Wager Soda Springs, Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Paris, Idaho Date 8/17/33, 193

19. UNDERTAKER (Address) John Price, Paris, Idaho

20. FILED Aug. 19, 1933 D. Russell Ingram Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from 7/31/33, 193, to 8/16/33, 193

I last saw him alive on 8/15/33, 193: death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostrate	
Chronic Cystitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Cystoscope Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Ellis Kackley M. D.

(Address) Soda Springs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86259

PLACE OF DEATH
County of Caribou
City of Soda Springs
Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 25
(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

146

2. FULL NAME Bertha Brower Heaps

(a) Residence. No. Freedom, Wyo St. Freedom, Wyo.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clarence Heaps

6. DATE OF BIRTH (month, day, and year) 6/12/02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 Yeas

12. BIRTHPLACE (city or town) (State or country) Richmond, Ut

FATHER

13. NAME James Brower,

14. BIRTHPLACE (city or town) (State or country) Richmond, Utah

MOTHER

15. MAIDEN NAME Mary Erickson,

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Lula Isle Soda Springs, Idaho.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Freedom, Wyo Date 8/17/33, 193

19. UNDERTAKER E.D. Whitman
(Address) Soda Springs, Idaho

20. FILED 8/15, 1933 Dr. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from 8/6/33, 193, to 8/15/33, 193
I last saw her alive on 8/14/33, 193; death is said to have occurred on the date stated above, at 6:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	
following death of Foetus.	

Other contributory causes of importance:
Bit by rattle snake 20 years ago, causing Organic Heart Disease.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ellis Kuckley, M. D.
(Address) Soda Springs, Idaho.

RECEIVED OCT 20 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86260

PLACE OF DEATH
County of Bear Lake
City of Nestal Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 24
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Belva Robison

(a) Residence. No. Georgetown Idaho St. Georgetown, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10 1923

7. AGE Years 9 Months 9 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conda Idaho

FATHER
13. NAME Milton H. Robison
14. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

MOTHER
15. MAIDEN NAME Idella Weaver
16. BIRTHPLACE (city or town) (State or country) Bennington Idaho

17. INFORMENT (Address) Milton H. Robison Georgetown, Idaho

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Georgetown Idaho Date Aug 24, 1933

19. UNDERTAKER (Address) F. M. Williams Montpelier Idaho

20. FILED Aug 2, 1933 Dr. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Aug 2, 1933
I last saw her alive on Aug 1st, 1933: death is said to have occurred on the date stated above, at 19 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Car Accident, Body injury, head injury and fracture of left arm & femur	8/1/33

Other contributory causes of importance:
none

Name of operation ✓ none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 8/1, 1933
Where did injury occur? New Georgetown Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road
Manner of injury Car Accident
Nature of injury See answer to No 22

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Celia Kaeckly, M. D.
(Address) Sedan Springs Ida

RECEIVED NOV 15

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86261

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Wilma Joahan Gee

(a) Residence. No. N. Albion Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Gee

6. DATE OF BIRTH (month, day, and year): Sept. 18-1857

7. AGE: Years 76 Months 1 Days 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Keeping

10. Date deceased last worked at this occupation (mo. and yr.) 9/1/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Daulquist

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Bertha Louise Peterson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs Ida Martindale

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 10/25 1933

19. UNDERTAKER (Address) Johnson Mortuary Burley Ida Vern McCulloch

20. FILED 10/24, 1933. Laura Greco Registrar.

D. E. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-11-, 1933, to 10/23/, 1933.
I last saw her alive on 10-19, 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) G. G. Espe, M. D.
(Address) Burley, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86262

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Raymond Pratt

(a) Residence. No. North of City tracks St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Pratt

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 54 Months 7 Days 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Insurance

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Salesman Farm Insurance Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Panguitch Utah

FATHER

13. NAME Glenour Tanner Pratt

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Amenda Clark

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mrs. Pratt

18. BURIAL, CREMATION OR REMOVAL
Place Burley City Date 10/19, 1933

19. UNDERTAKER (Address) D. E. Johnson Burley Idaho

20. FILED 10/16, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1933, to 10-15-33, 193...

I last saw him alive on Oct. 14, 1933: death is said to have occurred on the date stated above, at 11:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valv. Heart Disease	about
Mitral Insufficiency	1931
2. Cl. Brights	
Disease	about 1931

Other **contributory causes** of importance:

Edema of body with ascites

Paracentesis abdom. 9-24-33 10-2-33 10-7-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? 10-14-33

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Lulu Forzini, M. D.
(Address) Burley Idaho

RECEIVED NOV 15 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86263

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME Alice Armina Knowles

(a) Residence. No. Heyburn City St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. J. Knowles

6. DATE OF BIRTH (month, day, and year) Aug. 25-1893

7. AGE Years 40 Months 1 Days 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Keeping

10. Date deceased last worked at this occupation (mo. and yr.) 10/6/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Judson Welch

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Emma Hansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) W. J. Knowles Heyburn

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn City Cemetery Date 10/18, 1933

19. UNDERTAKER (Address) D. E. Johnson Burley Ida.

20. FILED 10/15, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/14 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-14-, 1933, to 10-14-, 1933.

I last saw her alive on 10-14-, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock from general asthenia	

Other **contributory causes** of importance:
Haemorrhage
Eye Partum from Placentae Marginalis

Name of operation ..... Date of .....

What test confirmed diagnosis? Did was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) J. H. Butler, M. D.
(Address) Burley

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86264

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 70

(No.) 114

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Lee Good Fellow

(a) Residence. No. Pella near Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 2 Months 1 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pella near Burley Idaho

FATHER

13. NAME S. B. Good Fellow

14. BIRTHPLACE (city or town) (State or country) Bountiful Ut

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Brigham City Ut

17. INFORMENT (Address) S. B. Good Fellow Burley

18. BURIAL, CREMATION, OR REMOVAL Place Bountiful Ut Date 10-15, 1933

19. UNDERTAKER (Address) J. T. Pauper Burley Idaho

20. FILED 10/15, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-14- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-11-, 1933, to 10-14-, 1933

I last saw her alive on 10-14-, 1933: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows: acute gastro-enteritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. G. Espe, M. D.

(Address) Burley, Ida

RECEIVED NOV 1 3 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86265

Registration District No. 117

Primary Registration District No. 2146 Local Registrar's No. 69

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Anna Gish Musser

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. E. Musser

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 67 Months 1 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster
(State or country) Penn

FATHER

13. NAME Benjamin E. Gish

14. BIRTHPLACE (city or town)
(State or country) Penn

MOTHER

15. MAIDEN NAME Anna Engle

16. BIRTHPLACE (city or town)
(State or country) Penn

17. INFORMENT J. E. Musser
(Address) Burley

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 10 14 1933

19. UNDERTAKER Jas. F. Lupe
(Address) Burley

20. FILED 10/13, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 9/28/, 1933, to 10-12-, 1933

I last saw her alive on 10-10-, 1933: death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis (parenchymatous)

Date of onset

Other contributory causes of importance:

Diabetes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. G. Espe, M. D.

(Address)

RECEIVED NOV 15 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86266

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard Matsen

(a) Residence. No. Burley R. F. D. #2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 24 1923

7. AGE: Years 10 Months 7 Days 15 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School

10. Date deceased last worked at this occupation (mo. and yr.) 10/2/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Burley Ida.

FATHER

13. NAME Bernt Matsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Olina Amundsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Bernt Matsen Burley R. F. D. #2

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 10/11, 1933

19. UNDERTAKER (Address) H. E. Johnson Burley Ida

20. FILED 10/9/, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1933, to Oct. 8, 1933.
I last saw him alive on Oct. 7 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Paralysis both sides	
from neck down	
Other contributory causes of importance:	
Fall from Automobile	
to Ground	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Farm
Manner of injury Fall from Auto
Nature of injury Cerebral Haemorrhage

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Joseph Kemstad M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86267

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Bell Canine

(a) Residence. No. 212 So. Overland St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. E. Canine

6. DATE OF BIRTH (month, day, and year) Oct. 13-1876

7. AGE: Years 56 | Months 11 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: House Keeping
10. Date deceased last worked at this occupation (mo. and yr.): 10/3/33
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Pointsetta California

MOTHER FATHER
13. NAME: Stephen H. Williams
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Arabella Gordon
16. BIRTHPLACE (city or town) (State or country): California

17. INFORMANT (Address): H. E. Canine 212 So. Overland

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 10/9.., 1933

19. UNDERTAKER (Address): W. E. Johnson Burley Ida.

20. FILED 10/7.., 1933 Vania Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/5- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933, to Oct. 5, 1933.
I last saw her alive on Oct. 4, 1933.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
End Arteritis Obliterans Rt. Foot	7 weeks previous
Gangrene Rt Foot	2 wks. previous
Other **contributory causes** of importance: Chr. Myocarditis	8 yrs.

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury... —
Nature of injury... —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Carlos D. Rayner, M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED NOV 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86268

PLACE OF DEATH

County of Cassia
City of Millner

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Putney. 167

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W. | 5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 16 - 1933

7. AGE — Years: | Months: 8 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) New H

MOTHER FATHER

13. Warren Putney.

14. BIRTHPLACE (city or town) .....
(State or country) New H.

15. Sarah Heacock.

16. BIRTHPLACE (city or town) .....
(State or country) South Dakota.

17. INFORMANT Warren Putney
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 10-8, 1933

19. UNDERTAKER D.E. Johnson
(Address) Burley Idaho

20. FILED 10/17, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Ileo colitis Acute	.....
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) D.E. Johnson Co Coroner M.D.

(Address) Burley Idaho

RECEIVED NOV 15 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86269

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Baby Williams Cecil Edward 161a

(a) Residence. No. Hetco. Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 30-1933

7. AGE Years Months Days If LESS than 1 day, 7 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley R.F.D. 1
(State or country) Ida

FATHER

13. NAME Cecil Edward Williams

14. BIRTHPLACE (city or town) Grantsville
(State or country) Utah

MOTHER

15. MAIDEN NAME Beulah May Gummerson

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT C. E. Williams
(Address) Burley Ida R.F.D. #1

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date Oct. 2 1933

19. UNDERTAKER D. E. Johnson
(Address) Burley Ida

20. FILED Oct 1, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1933, to Sept. 30, 1933.

I last saw him alive on Sept. 30, 1933: death is said to have occurred on the date stated above, at 11:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh E. Dean, M. D.

(Address) Burley Id

RECEIVED NOV 15 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86270

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 74
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Nathaniel Bailey

(a) Residence. No. Township of View St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. A. N. Bailey

6. DATE OF BIRTH (month, day and year) June 7 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Unknown Utah

PARENTS

10. NAME OF FATHER Wm. Bailey
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Hariett Carter
13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or County) Unknown

14. Informant Mrs. A. N. Bailey
(Address) View Township-Burley

15. Filed Nov 13 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 1933 to May 12 1933
that I last saw him alive on May 12 1933
and that death occurred, on the date stated above, at 8:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Sarcoma of leg
from Abrasion in
Phagedena ulcer
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Census
(Signed) Hugh E. Green, M. D.
, 19 (Address) Burley Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Burley City Cemetery	5/15/1933

20. Undertaker H. E. Johnson Address Burley Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

OCT 21 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86271

Registration District No. 119

Primary Registration District No. 2198 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Warren Shaw

(a) Residence. No. Malta Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 10 - 1933

7. AGE — Years: — Months: 2 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: none
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Malta Idaho

MOTHER

13. NAME: Samuel Halbrook Shaw
14. BIRTHPLACE (city or town) (State or country): Logan Utah

FATHER

15. MAIDEN NAME: E. Cordelice Nye
16. BIRTHPLACE (city or town) (State or country): Albion Idaho

17. INFORMANT (Address): Samuel Halbrook Shaw Malta Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Malta Ida. Date: 9/13 1933

19. UNDERTAKER (Address): D. E. Johnson Burley Idaho

20. FILED: 9/12, 1933 C. F. Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Sept 11, 1933.
I last saw him alive on Sept 7, 1933 death is said to have occurred on the date stated above, at 2:8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro Spinal meningitis	Sept 6. 1933

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dwight E. Neary, M. D.
(Address) Burley Idaho

RECEIVED 10[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86272

PLACE OF DEATH
County of Clark
City of Dubois

Registration District No. 125
Primary Registration District No. 2203
(No. ....)
Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number.)

1269

2. FULL NAME Frank Stanley Humphrey

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1865

7. AGE: 68 Years | Months | Days | If LESS than 1 day, ... hrs. or .... min.

8. OCCUPATION OF DECEASED: None

(a) Trade, profession, or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9. BIRTHPLACE (city or town) (State or country) Ossings N Y

PARENTS

10. NAME OF FATHER Orlando Humphrey

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rosendale N Y

12. MAIDEN NAME OF MOTHER Nellie Hill

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rosendale N Y

14. Informant Chauncey Humphrey
(Address) Dubois Idaho

15. Filed Oct 5, 1933. C E Jones MD
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Oct 4, 1933
that I last saw him alive on Oct 4, 1933
and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:
Acute Diffuse Nephritis
& Complications

.... (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) General Debility
Several years (duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) C E Jones, M. D.
Oct 5, 1933 (Address) Dubois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Dubois Idaho	10-5- 1933
20. Undertaker: None	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED NOV 3 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86273

Registration District No. 96
Primary Registration District No. 2185 Local Registrar's No. 61
(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alferd Berg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
About 49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Orofino Hospital (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct. 21, 193..

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED Oct. 21, 193.. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1933 to Oct. 20, 1933.
I last saw him alive on Oct 20, 1933; death is said to have occurred on the date stated above, at 11.30 m. A
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture (compound) of skull	Oct. 13
Ruptured rectum	Oct. 13
Other **contributory causes** of importance:	
Septicemia + gangrene of rectum	Oct. 16
Secondary Hemorrhage	Oct. 20

Name of operation None Date of
What test confirmed diagnosis? Clinical + clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/13/1933
Where did injury occur Clearwater Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Industry
Manner of injury Struck by falling tree
Nature of injury Above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occupation
(Signed) W. A. Shaw, M. D.
(Address) Orofino, Idaho

RECEIVED NOV 3 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86274

Registration District No. 96

Primary Registration District No. 2187 Local Registrar's No. 60

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1992

2. FULL NAME William Congleton

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 14 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Frank Congleton

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Syra Tran

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT ...R.T...Congleton (Address) Weippe

18. BURIAL, CREMATION OR REMOVAL
Place. Weippe Ida Date Oct 16 193..

19. UNDERTAKER V. A. Shaw (Address) Orofino

20. FILED Oct 16, 193.. V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 193.3, to Oct 15, 193.3

I last saw him alive on 10-14, 193.3; death is said to have occurred on the date stated above, at 12:44 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of Skull at base - of with injury to brain.	10-14-33
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 10-14 193.

Where did injury occur? Clearwater Co. Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry

Manner of injury Struck by falling Tree

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify logger

(Signed) A. B. Rappenbecker, M. D.

(Address) Orofino Idaho

RECEIVED NOV 3 1933

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86275

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME George W Kellom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. Color or Race: w
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 19 1899

7. AGE: Years 33 Months 10 Days 19 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ida

FATHER
13. NAME Frank Kellom
14. BIRTHPLACE (city or town) (State or country): Wis

MOTHER
15. MAIDEN NAME Lyra Hill
16. BIRTHPLACE (city or town) (State or country): Wis

17. INFORMANT (Address): E L Kellom Ahrakh

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 10/11, 193..

19. UNDERTAKER (Address): W A Shaw Orofino

20. FILED 10/11, 193... W A Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 8 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1933, to 10-8-, 1933.
I last saw him alive on 10-6, 1933: death is said to have occurred on the date stated above, at 11:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart rupture	

Other **contributory causes** of importance:
Carcinoma probably nodary liver & peritoneum
Liver enlarged about 3 times normal size

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W H Robertson, M. D.
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86276

PLACE OF DEATH

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 58

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Johnson

(a) Residence. No. ..... St. Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 30 ds. How long in U. S., if of foreign birth? 46 yrs. ? mos. ? ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Aug. 11, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMENT Records, State Hospital North
(Address) Orofino, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Troy Ida Date Oct, 193

19. UNDERTAKER Pickard
(Address) Troy Ida

20. FILED Oct 6, 193 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 5 1933

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1933, to October 5, 1933

I last saw him alive on October 5, 1933: death is said to have occurred on the date stated above, at 11.30 mPM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Senile psychosis, paranoid type	

Name of operation None Date of

What test confirmed diagnosis? Phys. sns Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John Irvine McKelway, M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86277

PLACE OF DEATH
County of Elmore
City of Atlanta

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Clays (Donald Clays)

(a) Residence. No. Atlanta, Idaho 0 1 18 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1932 Aug. 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Featherville
(State or country) Idaho

FATHER

13. NAME Howard J. Clays.

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Margaret Winters

16. BIRTHPLACE (city or town) Idaho City
(State or country) Idaho

17. INFORMENT Howard J. Clays.
(Address) Atlanta, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Atlanta Date Aug 19th 1933

19. UNDERTAKER NONE
(Address)

20. FILED Aug. 19, 1933 G. E. M. Rees
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Aug. 17, 1933
I last saw him alive on Aug. 17, 1933; death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Nov. 1932
Other contributory causes of importance:	
Rickets	Nov. 1932

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Sam L. Page, M. D.
(Address) Atlanta Idaho

RECEIVED NOV 1 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86278

PLACE OF DEATH
County of Franklun
City of Weston

Registration District No. 29
Primary Registration District No. 2117
Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Nels Fritchuf Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harriett Jensen

6. DATE OF BIRTH (month, day, and year) Jan 18 1861

7. AGE: Years 72 | Months 8 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Neils Jensen
14. BIRTHPLACE (city or town) (State or country) Denmaek

MOTHER
15. MAIDEN NAME Johanna Sandberg
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) June Jensen Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cornish Utah Date Oct 17, 1933

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Nov 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to Oct 15, 1933 I last saw him alive on Oct 5, 1933: death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?
Other contributory causes of importance: Hypertrophied prostate	?

Name of operation none Date of .....
What test confirmed diagnosis? Clinical finding Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. Wendell Budge M. D.
(Address) Lewiston, Utah

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

REGISTERED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86279

Local Registrar's No. 17

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2119

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Cluley Greaves

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of: Alther Greaves

6. DATE OF BIRTH (month, day, and year): Dec 21 1854

7. AGE: Years 78 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: Joseph Greaves

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Pricella Cluley

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Harley Greaves, Preston

18. BURIAL, CREMATION, OR REMOVAL Place: Preston Date: Oct 11, 1933

19. UNDERTAKER: M. W. Hendricks
(Address): Preston

20. FILED: Nov 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to Oct 8, 1933
I last saw h alive on Oct 8, 1933: death is said to have occurred on the date stated above, at 9:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis - (Apoplexy -)	1930

Other contributory causes of importance:

Chronic Nephritis

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. States, M. D.
(Address) Preston Idaho

RECEIVED NOV 10 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86280

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No.

Primary Registration District No.

Local Registrar's No. 21

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

139

2. FULL NAME Ercil H. Kofoed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Orson Kofoed

6. DATE OF BIRTH (month, day, and year): June 21 1888

7. AGE: Years 45 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Clifton Idaho

FATHER

13. NAME: Adelbert Henderson

14. BIRTHPLACE (city or town) (State or country): Kausville Utah

MOTHER

15. MAIDEN NAME: Mary Elvira Howell

16. BIRTHPLACE (city or town) (State or country): Oxford Idaho

17. INFORMENT (Address): Orson Kofoed, Clifton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Clifton Idaho Date: Oct 31, 1933

19. UNDERTAKER (Address): M. W. Hendricks, Preston Idaho

20. FILED Nov 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1933, to 10-28, 1933

I last saw her alive on 10-28, 1933; death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative paralytic ileus and shock	5 days
Following hysterectomy for enlarged fibroid uterus with complete ileus due to pressure.	
Other contributory causes of importance:	
Adenoma of thyroid with hyperthyroidism and chronic myocarditis	five years

Name of operation: hysterectomy Date of 10-24-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. R. Cutler, M. D.

(Address) Preston Idaho

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86281

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 19
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Lou James

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	W	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 17, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ¼ hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Preston Idaho

PARENTS

10. NAME OF FATHER Orson James
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Logan Utah
12. MAIDEN NAME OF MOTHER Hagaret Keller
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Logan Utah

14. Informant (Address) Orson James Preston Idaho

15. Filed Nov 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 18 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-17-, 1933, to 10-18, 1933
that I last saw h[illegible] alive on 10-18, 1933
and that death occurred, on the date stated above, at 4:30 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Asphyxia
Premature

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
10-18, 1933 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal: Logan — Date of Burial: 10.1[illegible].33 19

20. Undertaker: None — Address

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86282

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin
City of Preston Idaho

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 20
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Thomas James Ellis

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Ellis

6. DATE OF BIRTH (month, day and year) Nov 12 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work watchman on Railroad
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Albert Ellis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Elizabeth Fuller
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant (Address) Edith Ellis Ketchum Idaho

15. Filed Nov 6, 1933 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 18 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1933, to Oct 18 1933, that I last saw him alive on Oct 18 1933 and that death occurred, on the date stated above, at 8 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) don't know yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) G. W. Slater M. D.
Oct 19, 1933 (Address) Preston Ida.

19. Place of Burial, Cremation, or Removal: Ketchum Idaho — Date of Burial: Oct 20.33 19

20. Undertaker: M. W. Hendricks — Address: Preston Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1933

FORM V. S. NO. 5-A-25M. 1-10.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86283

Registration District No.
Primary Registration District No.
(No. St.)
Local Registrar's No.

1. PLACE OF DEATH
County of Gem
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stephen Frost

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Married

6. DATE OF BIRTH April 1 (Month) (Day) 1865 (Year)

7. AGE 68 Yrs. 6 Mos. 27 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Utah

10. NAME OF Father Samuel D. Frost

11. BIRTHPLACE OF FATHER (State or Country) Tenn.

12. MAIDEN NAME OF MOTHER Esther Davis

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X S. A. Frost
(Address)

15. Filed 11-2- 1933 J K Reynolds
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 30 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from several years 19.... **to** Oct 30 1933, **that I last saw him alive on** Oct 27 1933, **and that death occurred on the date stated above, at** 7 9 **M.**

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(Duration) several yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) J K Reynolds M. D.
19.... (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett, Ida
DATE OF BURIAL Oct 30 1933

20. UNDERTAKER C. D. Buckmun
ADDRESS Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED NOV 6 1933

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86284

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas Irving Chambers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: May (Month) 15 (Day) 1933 (Year)

7. AGE: Yrs. 4 Mos. 21 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Emmett, Ida

10. NAME OF Father: George William Chambers

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Dorothy G. Irving

13. BIRTHPLACE OF MOTHER (State or Country): Emmett, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) x

(Address) George W Chambers

15. Filed 10-9- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Saw this baby Oct 6th to Pm 1933, that I last saw him alive on Oct 6th 1933, and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 5 yrs. mos. 5 ds.

Contributory (Secondary) Weak Heart Congenital

(Duration) yrs. mos. ds.

(Signed) J L Reynolds M. D.

19 (Address) Emmett Ida

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Idaho

DATE OF BURIAL: Oct. 8 1933

20. UNDERTAKER: C. D. Bucknum

ADDRESS: Emmett, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED NOV 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86285

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of Ola

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6

Primary Registration District No.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Parthena Carlock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Jan (Month) 24 (Day) 1859 (Year)

7. AGE: 74 Yrs. 8 Mos. 14 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF Father: Barnet

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. J. Carlock
(Address) Ola

15. Filed Oct. 9 1933 J. H. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1929 to Jan 20 1933, that I last saw her alive on January 1933 and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
following Chronic Nephritis

(Duration) yrs. mos. ds.

Contributory (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) J. H. Reynolds M. D.

19 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ola

DATE OF BURIAL: Oct. 10 1933

20. UNDERTAKER: C. D. Bucknum

ADDRESS: Emmett, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 6 1933

FORM C. S. NO. 5A-25M-10-33

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 6

Primary Registration District No. ____

State File No. 86286

Local Registrar's No. ____

1. PLACE OF DEATH

County of Gem

City of Emmett

(No. ____ St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Coombs Howard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Married

6. DATE OF BIRTH Jan (Month) 30 (Day) 1891 (Year)

7. AGE 42 Yrs. 8 Mos. 22 ds.

IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country) Montana

10. NAME OF Father Allen Howard

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Muzzy

13. BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mabel A. Howard

(Address) ____

15. Filed 10-24-33 19 ____ J. H. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1933, to Oct 22 1933, that I last saw him alive on Oct 22 1933, and that death occurred on the date stated above, at 1-30 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia following an acute attack of Nephritis

(Duration) ____ yrs. ____ mos. 10 ds.

Contributory (Secondary) Chronic Nephritis

(Duration) ____ yrs. several mos. ____ ds.

(Signed) J. H. Reynolds M. D.

10-25 1933 (Address) Emmett Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ days. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL Emmett

DATE OF BURIAL Oct. 24 1933

20. UNDERTAKER C. D. Buchanan

ADDRESS Emmett

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3 1933

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86287

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 32

(No. Cottonwood Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

201

2. FULL NAME Vance Edward Darling

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Oct. 1917

7. AGE Years 15 Months 11 Days 10 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) Student
11. Total time (years) spent in this occupation Student

12. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

FATHER
13. NAME Roy Darling
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME May Cain
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Roy Darling Grangeville

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Oct 4, 1933

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho

20. FILED Oct 2, 1933. W. F. Orr Registrar.
per F.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933, to Oct. 2, 1933.
I last saw him alive on Oct. 2, 1933.: death is said to have occurred on the date stated above, at 5:50 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fat embolism following suture of fractured femur for nonunion.	

Other **contributory causes** of importance:

Name of operation Suture of femur clinical only Date of Oct. 2, 1933
What test confirmed diagnosis? Was there an autopsy? n

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. F. Orr M. D.
(Address) Cottonwood, Ida.

FORM V. S. No. 5-25 M. 1-16-33

RECEIVED NOV 3 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. ....., ... St.)

File No. 86288

Registered No. 33

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary A. Bicker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single (Write the word.)

6. DATE OF BIRTH. Oct. (Month) 21st (Day) 1864 (Year)

7. AGE 68 Yrs. 11 Mos. 15 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) St. Anthony, Ind.

10. NAME OF FATHER Francis Bicker

11. BIRTHPLACE OF FATHER (State or Country) Westphalia Germany

12. MAIDEN NAME OF MOTHER Sophia Schäffer

13. BIRTHPLACE OF MOTHER (State or Country) Westphalia Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) F. M. Bicker
(Address) Ferdinand Idah

15. Filed Oct. 7 1933 W. F. Orr Local Registrar
per I. B.

MEDICAL CERTIFICATE OF DEATH

118

16. DATE OF DEATH Oct. (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1933, to Oct. 6 1933, that I last saw her alive on Oct. 6 1933, and that death occured on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Obstruction

(Duration) ..... Yrs. ..... mos. 10 ds.

Contributory (Secondary) Hepatic cirrhosis

(Duration 5 yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

10/7 1933 (Address) Cottonwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Ailor Mortuary

DATE OF BURIAL Oct. 9th 1933

20. UNDERTAKER Ferdinand Idaho

ADDRESS Grangeville Idaho

SYMS - YORK CO., PTRS. & BDRS. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3 1933

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86289

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 34

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester A Hendrickson

(a) Residence. No. Cottonwood Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rozilla Hendrickson

6. DATE OF BIRTH (month, day, and year) March 9. 1902

7. AGE — Years: 31 Months: 7 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: on ranch
10. Date deceased last worked at this occupation (mo. and yr.) 1929
11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME Major Hendrickson
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME Bertha Threlkey
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Rozilla Hendrickson Cottonwood Ida

18. BURIAL, CREMATION OR REMOVAL
Place Denver Ida Date Oct 18, 1933

19. UNDERTAKER (Address): Glenn Gilor Stongeville Idaho

20. FILED Oct. 18, 1933. W. F. Orr Registrar.
per J. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1932, to Oct. 15, 1933
I last saw him alive on Oct 14, 1933; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about June 1931
Other **contributory causes** of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Healy F. Orr M. D.
(Address) Cottonwood Ida

RECEIVED NOV 3 1933

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation Hospital)

File No. 86290

Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry John Poxleitner

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single (Write the word.)

6. DATE OF BIRTH. Dec. (Month) 18th (Day) 1916 (Year)

7. AGE 16 Yrs. 10 Mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... High school Student

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Great Falls Mont.

10. NAME OF FATHER Henry J. Poxleitner

11. BIRTHPLACE OF FATHER (State or Country) Oshkosh Wis.

12. MAIDEN NAME OF MOTHER Florence Ibison

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J. Poxleitner

(Address) Winchester Idaho

15.

Filed Oct 30 1933 W. F. Orr Local Registrar per I. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 29th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1933, to Oct. 29 1933, that I last saw him alive on Oct. 29 1933, and that death occured on the date stated above, at 8:20 P.M.

The CAUSE OF DEATH* was as follows:

General Peritonitis

..... (Duration) ..... Yrs. ..... mos. 7 ds.

Contributory (Secondary) Perforated Appendicitis

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Wesley F. Orr M. D.

10/30 1933 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos. 3 days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death? Winchester Ida.

Former or usual residence Kenterville Ida.

19. PLACE OF BURIAL OR REMOVAL: Kenterville Idaho. DATE OF BURIAL: 10/30 1933

20. UNDERTAKER: Ailor - Grangeville Ida. ADDRESS

SVMS - YORK CO., PTRS. & SDRS. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

RECEIVED NOV 3 1933

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of ~~Lewis~~ Idaho

City of ~~Nepeco~~ Cottonwood

If death occurs away from usual residence, give facts called for under special information. Route 1

Registration District No. 105

Primary Registration District No. 2183

(No. Our Lady of Consolation Hospital

File No. 86291

Registered No. 36

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME X Buck, Murry David

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widowed

6. DATE OF BIRTH. X March (Month) 21 (Day) 1856 (Year)

7. AGE X 78 Yrs. 4 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION X
(a) Trade, profession or particular kind of work ... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) X Illinois

10. NAME OF FATHER X Norman Buck

11. BIRTHPLACE OF FATHER (State or Country) X Illinois

12. MAIDEN NAME OF MOTHER X Abigail Andrews

13. BIRTHPLACE OF MOTHER (State or Country) X Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Norman W. Buck
(Address) E 2422 2nd ave Spokane, Wn.

15. Filed Oct 5 1933 N. F. Orr Local Registrar per I. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September (Month) 7 (Day) 1933 (Year) 1889

17. I HEREBY CERTIFY, That I attended deceased from Sept 6 1933, to Sept 7 1933, that I last saw him alive on Sept 7 1933, and that death occured on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows: 2nd 3rd & 4th lumber Vertebrae crushed, accidentally in runaway.

(Duration) ..... Yrs. ..... mos. 2 ds.

Contributory (Secondary) .....

(Duration ..... yrs. ..... mos. ..... ds.

(Signed) N. F. Orr M. D.

Sept 8 1933 (Address) Cottonwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nepeco Cemetery

DATE OF BURIAL: Sep 8 1933

20. UNDERTAKER: Albert Huff

ADDRESS: Nepeco Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 24658

RECEIVED OCT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86292

PLACE OF DEATH
County of Idaho
City of Black Caynon

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 40
(No. Salmon River)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugo Vaner

(a) Residence. No. Buhel, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 53			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or County)

14. Informant Mrs. Ayers H
(Address) Hot Springs on Salmon River

15. Filed Oct. 12, 1933 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 15, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

~~Spontaneous~~ Drowned -

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? no.
What test confirmed diagnosis? .....

(Signed) B. Chipman, M. D.
Oct 24, 1933 (Address) Grangeville.

19. Place of Burial, Cremation, or Removal	Date of Burial
Salmon River.	Aug 16, 1933
20. Undertaker	Address
none -	Aug 16.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86293

PLACE OF DEATH

County of Jerome
City of Hagelton

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Barbara MacKenzie

(a) Residence. No. Jordon Valley, Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. 31 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Kenneth McKenzie

6. DATE OF BIRTH (month, day, and year) Apr. 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Nairn, Scotland

FATHER

13. NAME John Murry

14. BIRTHPLACE (city or town) (State or country) Nairn, Scotland

MOTHER

15. MAIDEN NAME Isobel Rose

16. BIRTHPLACE (city or town) (State or country) Cowdar, Scotland

17. INFORMENT (Address) Mrs. Norman Noles Hagelton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Boise Date , 193

19. UNDERTAKER Evans & Johnson
(Address) Twin Falls, Idaho

20. FILED 10-24, 1933 S. Hopper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Oct 23, 1933
I last saw ~~her~~ alive on Oct 22, 1933; death is said to have occurred on the date stated above, at 8:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Hopper, M. D.
(Address) Hagelton Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86294

PLACE OF DEATH

County of Jerome

City of

Registration District No. 18

Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W Knowely

(a) Residence. (Usual place of abode) No. 6 Mi N.W. Jerome St.

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Henry Knowely

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMENT (Address) Mrs Flora Maynard Jerome

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date July 18 193 8

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED 7/18, 193 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 193 8

22. I HEREBY CERTIFY, That I attended deceased from June 1 193 3 to July 16, 193 3

I last saw h alive on July 16, 193 : death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida

RECEIVED NOV 13 1933

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86295

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME J. B. Kaster

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Divorced~~

6. DATE OF BIRTH (month, day, and year) Dec 20 - 1871

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
61	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stationary Engr.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Corydon Iowa

FATHER

13. NAME John Bunion Kaster

14. BIRTHPLACE (city or town) (State or country) Corydon Iowa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mrs Ella Ford 911 Main ave. McCook Nebr.

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Nov 3, 1933

19. UNDERTAKER (Address) J. R. Wiley Jerome Idaho

20. FILED 11/3, 1933 Chas. F. Zeller Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Oct 30, 1933.
I last saw him alive on Oct 25, 1933: death is said to have occurred on the date stated above, at 8:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Mar 1933
Bronchitis	Mar 1933

Other **contributory causes** of importance:

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Reuben C. Matson M. D.
(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86296

PLACE OF DEATH

County of Jerome

City of Jerome

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME W. Edward Borden

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Borden.

6. DATE OF BIRTH (month, day, and year) Feb 20. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Fayetteville Ark.

FATHER

13. NAME John Borden

14. BIRTHPLACE (city or town) (State or country) N. K

MOTHER

15. MAIDEN NAME Eliza Brooks

16. BIRTHPLACE (city or town) (State or country) N. K.

17. INFORMENT (Address) Mrs W.E. Borden

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Cem Date July 20 1933

19. UNDERTAKER (Address) J.R. Wiley Jerome Idaho

20. FILED 7/21, 193[illegible] C.F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to July 19, 1933

I last saw him alive on July 19, 1933: death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral Apoplexy~~	
Cerebral-Hemorrhage	
Sclerosis	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas. D. Zeller, M. D.

(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86297

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____) murder 207
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Koger

(a) Residence. No. 32 mi N E Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ____ mos. 6 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Glen Koger

6. DATE OF BIRTH (month, day, and year): May 6 1885

7. AGE — Years: 48 — Months: 4 — Days: 20 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at Home
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: Dave Henlin
14. BIRTHPLACE (city or town) (State or country): not Known

MOTHER

15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): August Jacobsen Jerome Idaho
18. BURIAL, CREMATION, OR REMOVAL — Place: Jerome Cem Date: Oct 3, 1933
19. UNDERTAKER (Address): J R Wiley Jerome Idaho
20. FILED 10/2, 1933 Chas F Zeller. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 30 1933
22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:

Murdered - by Glen Koger. Shot through Head and through Heart with 32 Automatic. no inquest was Held

Date of onset

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to ~~exter'l~~ causes (violence) fill in also the following:
~~Accident, suicide~~, or homicide? Murder Date of injury? Sept 30, 1933
Where did injury occur? Jerome Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home of August Jacobsen
Manner of injury Shot in Head and Heart
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) J R Wiley (Coroner)
(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86298

PLACE OF DEATH
County of Jerome
City of Jerome
Registration District No. 18
Primary Registration District No.
Local Registrar's No. Number 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zella Alma Jacobsen

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: August Jacobsen

6. DATE OF BIRTH (month, day, and year): Nov 24, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington

FATHER
13. NAME: Edward McSparren
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Cora Henlin
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): August Jacobsen

18. BURIAL, CREMATION, OR REMOVAL Place: Jerome Cem Date: Oct 3, 1933

19. UNDERTAKER (Address): J R Wiley Idaho Jerome

20. FILED 10/2, 1933 Chas J Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:00 m. P. M.

The principal cause of death and related causes of importance were as follows: Murdered by Glen Kroger Shot through Right and left Lung with 32 Automatic No inquest was held — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Murdered Date of injury Oct 30, 1933

Where did injury occur? Jerome Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Shot through R & L. Lung

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J R Wiley (Coroner)

(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

PLACE OF DEATH

County of Jerome

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86299

Registration District No. 18

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Mitchell Mayer

(a) Residence. No. 6¼ mi N.E. Jerome St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Meyer

6. DATE OF BIRTH (month, day, and year) Jan 1. 1863.

7. AGE Years 70 Months 9 Days 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs Lettie Mayer Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Oct 27, 1933

19. UNDERTAKER (Address) J. R. Wiley Jerome Idaho

20. FILED 10/26, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Oct. 25, 1933.
I last saw him alive on Oct. 20, 1933: death is said to have occurred on the date stated above, at 10:35 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis	

Other **contributory causes** of importance:
Arterial Degeneration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Chas F. Zeller, M. D.
(Address) Jerome, Idaho

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86301

PLACE OF DEATH
County of JEROME
City of JEROME
Registration District No. 18
Primary Registration District No.
(No.)
Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ANTON BERNHARDT KALLAND

(a) Residence. No. JEROME IDAHO St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 12 yrs. 11 mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ FERN H. KALLAND

6. DATE OF BIRTH (month, day and year) DEC 27 1886

7. AGE	Years	Months	Days	If LESS than 1 day,
	47	/		hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work WATERMASTER - JEROME WATER COMPANY
(b) General nature of industry, business, or establishment in which employed ~~(or employer)~~ WATER Co. (City)
(c) Name of employer JEROME WATER Co.

9. BIRTHPLACE (city or town) (State or country) BERGEN - NORWAY

PARENTS

10. NAME OF FATHER JOHN KALLAND
11. BIRTHPLACE OF FATHER (city or town) (State or Country) BERGEN - NORWAY
12. MAIDEN NAME OF MOTHER BERTHA ? Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) NORWAY

14. Informant (Wife) FERN H. KALLAND
(Address) JEROME IDAHO.

15. Filed 11/3, 1933 C. F. Zeller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 2nd 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to Nov 2, 1933
that I last saw h~~er~~is alive on Nov. 2 1933
and that death occurred, on the date stated above, at 1.45 P m.
The CAUSE OF DEATH* was as follows: Diabetic Acidosis in convulsion.

Not Known (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Chas. F. Zeller, M. D.
11/3 2nd, 1933 (Address) Jerome Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls, Ida.	Nov 4 1933
20. Undertaker	Address
White Mortuary	Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86302

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 104

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ann Akers

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: C. H. Akers
6. DATE OF BIRTH (month, day, and year): April 12, 1856
7. AGE: Years 77 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Thomas Colbert
14. BIRTHPLACE (city or town) (State or country): Do not know

MOTHER
15. MAIDEN NAME: Maria - - -
16. BIRTHPLACE (city or town) (State or country): Do not know

17. INFORMENT (Address): L. D. Akers Kellogg Idaho
18. BURIAL, CREMATION, OR REMOVAL. Place: Pleasant View Cemetery Date: 10-10, 1933
19. UNDERTAKER (Address): Cassedy Funeral Home Rathdrum Idaho
20. FILED 11-1-, 1933 E. L. Spokane M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-7 1933
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to Oct. 7, 1933
I last saw her alive on Oct 7, 1933; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	about
	1925

Other contributory causes of importance:
Rt. Hemiplegia
Senility

Name of operation: None Date of:
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. F. Hemming, M. D.
(Address) Rathdrum

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86303

Dr. McCauley.

PLACE OF DEATH
County of Kent
City of Coeur d'Alene
Pleasant View near Cda.

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Mrs. Lena Sneva

(a) Residence. No. Pleasant View St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. 3 mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Halvor Sneva

6. DATE OF BIRTH (month, day, and year) 8-28-1856

7. AGE Years 77 Months 1 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME — Tallakson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Ellen Mellina Wiks
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Halvor Sneva Pleasant View

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pleasant View Cem Date 10-24, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 11-1-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1933, to Oct 22, 1933
I last saw her alive on Oct 22, 1933: death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Agina Pectoris	

Other contributory causes of importance:
Acute Indigestion

Name of operation None Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) F. L. McCauley, M. D.
(Address) Post Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86304

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 106

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jane Caroline O'Reilly

(a) Residence. No. 700 N. 11th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, and year) May 3 1912

7. AGE: Years 21; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME James O'Reilly

14. BIRTHPLACE (city or town) (State or country) Blue Earth County Minnesota

MOTHER

15. MAIDEN NAME Elizabeth Bawden

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) James O'Reilly 700 N. 11th - Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place At Thomas Cemetery Date 10-21, 1933

19. UNDERTAKER (Address) Cassel Funeral Home Coeur d'Alene Idaho

20. FILED 11-1-, 1933 E. L. Sparks M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1933 to Oct. 19, 1933

I last saw her alive on Oct 16, 1933: death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal tumor — (Type not determined)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene Id.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH
County of Kootenai.
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 86305

Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gust Ostrand.

(a) Residence. No. McGuires, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.M.&St.Paul

10. Date deceased last worked at this occupation (month and year) October '33

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER

13. NAME Peter Parson

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Clara Limberry

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Mrs. Chas Lidlund Marshall, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wn. Date Oct. 29 1933 Cremation

19. UNDERTAKER (Address) Mooney Mourtuary Coeur d' Alene.

20. FILED 11-1-, 1933 E. L. Spahn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/26/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1933, to Oct. 26, 1933
I last saw h— alive on —, 193..: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
He was dead when I arrived. Never saw him alive. Death probably due to Acute Heart Affection	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. J. Ten Brook, M. D.
(Address) Post Falls, Idaho.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86306

PLACE OF DEATH
County of Kootenai
City of Wallace

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 108

(No. C)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillip Edward Johnston

(a) Residence. No. Wallace St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 11-8-75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

FATHER

13. NAME William H. Johnston

14. BIRTHPLACE (city or town) (State or country) McKinney Texas

MOTHER

15. MAIDEN NAME Laura B. Simmons

16. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

17. INFORMENT (Address) W. H. Johnston "Father" Wallace Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Oct 25 1933

19. UNDERTAKER (Address) H. J. Jaeger Fairfield Wash

20. FILED 11-1-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not see deceased from ....., 193..., to ....., 193...
I ~~last saw him~~ alive on ....., 193...: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. H. Reed Coroner, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86307

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME J. C. Barton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: -----

6. DATE OF BIRTH (month, day, and year): 1874 ?

7. AGE: Years 59? Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Sheep herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Do not know

FATHER
13. NAME " " "
14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER
15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address): Cassedy Funeral Home Rathdrum, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pine Grove Cemetery Rathdrum Date: 10/28 1933

19. UNDERTAKER (Address): Cassedy Funera Home Rathdrum, Idaho.

20. FILED 11-1-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-25 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193..., to ....., 193...
I ~~last saw him~~ did not see alive on ....., 193...: death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shooting	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193..
Where did injury occur? Rathdrum Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shooting
Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) E H Teed Coroner, M. D.
(Address) Coeur d'Alene Ida

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86308

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 90
Primary Registration District No. 1050
Local Registrar's No. 110

(No. 8)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas E. Thompson

(a) Residence. No. Coeur d'Alene Homes Lutheran St. Asso.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1845 - 7 - 13

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Millie Backle

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Date 10 - 21, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 11 - 1, 1933. E. L. Lyon M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to ....., 193.....

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M.D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86309

PLACE OF DEATH

County of Kootenai

City of Hathdrum — Registration District No. 30

Primary Registration District No. 1050 — Local Registrar's No. 111

(No. Kootenai County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Al Barnes -

(a) Residence. No. ..... St. Harrison, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, and year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMENT (Address) Mrs. Helen Brown, Hathdrum, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Coeur d'Alene Date 10/28/ 1933

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Idaho.

20. FILED 11-1-, 1933 E. L. Sydnam M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/26 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to Oct. 23, 1933
I last saw him alive on Oct 23, 1933; death is said to have occurred on the date stated above, at 1:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy,	few hours
Other contributory causes of importance:	
Arteriosclerosis	years

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? — .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E. L. Sydnam M. D.
(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86310

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 112

(No. Kootenai County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otto Stahl

(a) Residence. No. ..... St. Spirit Lake, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) 1863 Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer, common

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER

13. NAME " " "

14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT Mrs. Helen Brown, Matron
(Address) Rathdrum, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Rathdrum
Place Pine Grove Cemetery 10/28 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Idaho

20. FILED 11-1-, 1933. E. L. Spahn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Oct 24, 1933
I last saw him alive on Oct 24, 1933, death is said to have occurred on the date stated above, at 2:05 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with decompensation	Month.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown to me
If so, specify
(Signed) E. L. Spahn, M. D.
(Address) Coeur d'Alene

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86311

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 113

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Euphemia A. Sage

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edgar W. Sage

6. DATE OF BIRTH (month, day, and year) December 8, 1850

7. AGE: Years 82 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Thomas Forrie
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Sarah Hezelgrave
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Cynthia Shambard Rathdrum, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cemetery Rathdrum Date 10/ 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Rathdrum, Idaho

20. FILED 11-1-, 1933, E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to Oct 28, 1933
I last saw her alive on Oct. 27, 1933; death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:
Senility
Chronic Dislocated Hip

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. F. Horning, M. D.
(Address) Rathdrum Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED OCT 9 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86312

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 89

(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Albert Tigner

(a) Residence. No. 16th & Pennsylvania St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1869-7-3

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Wyatt Tigner

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME — Mitter

16. BIRTHPLACE (city or town) (State or country) Ken.

17. INFORMENT (Address) C. H. Tigner Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Ida Date 9-11, 1933

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Idaho.

20. FILED 10-4-, 1933 [illegible] Registrar.

Forest

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from May-29-, 1933, to Sept. 9th, 1933.
I last saw him alive on Sept-8, 1933; death is said to have occurred on the date stated above, at 5.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus	Sept 8.

Other contributory causes of importance:

Myocarditis with loss of Compensation	Aug 1 1933

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. R. Stone, M. D.
(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86313

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 32
Primary Registration District No. 2032
Local Registrar's No. 90

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas. G. Houck

(a) Residence. No. 724 - Garden St. Des Moines Iowa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 5½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Susie E. Houck
6. DATE OF BIRTH (month, day, and year): 1859-1-11
7. AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Deputy Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): June 14-1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Dodge Co. Iowa

FATHER
13. NAME: John Houck
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Ellen Berry
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Susie E Houck 724 - E Garden Ave
18. BURIAL, CREMATION, OR REMOVAL Place: Nerstrom Iowa Date 9-22, 1933
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Idaho
20. FILED 10-11-, 1933, E. L. Spohn M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 21 1933
22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Sept. 21, 1933
I last saw him alive on Sept. 20, 1933: death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	Don't Know
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Elwood, M. D.
(Address) Coeur d'Alene Ida.

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86314

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 91

(No. 2012 Lakeside)

(If death occurred in a hospital or institution, give its name instead of street and number)

88

2. FULL NAME Laura Viola Hall

(a) Residence. No. ~~2012 Lakeside~~ St. Bonners Ferry, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Hall

6. DATE OF BIRTH (month, day, and year): Oct. 8, 1876

7. AGE: Years 58 | Months | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Charles Hall, Coeur d'Alene, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Sandpoint, Ida. Date Oct. 9, 1933

19. UNDERTAKER (Address) L. H. Moon, Sandpoint, Ida.

20. FILED 10-11-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep. 28, 1933, to Oct. 9, 1933.

I last saw her alive on Oct. 8, 1933: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial degeneration	1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Wood M. D.

(Address) Coeur d'Alene, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86315

PLACE OF DEATH
County of Kent
City of C.D.A.

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 92

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don K. Hanson

(a) Residence. No. C.D.A. Homes for Aged St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX X
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-25-1862

7. AGE Years 71 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Inmate of Homes for aged
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Occupation
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) C.D.A. Homes for Aged

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cem. C.D.A. Date 10-11, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 10-11-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Oct 9, 1933

I last saw her alive on Oct 8, 1933: death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1925
Respiratory infection	

Other contributory causes of importance:

Senile Dementia	1930

Name of operation — Date of —

What test confirmed diagnosis? Physical findings Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alex T. Henson, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86316

County of Kootenai Co
City of Coeur d'Alene
Registration District No. 3013
Primary Registration District No. 1060
Local Registrar's No. 46 93

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans Wiuck 94a

(a) Residence. No. ... Cave Creek St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Pauline Moore

6. DATE OF BIRTH (month, day, and year): Apr 20-1860

7. AGE: Years 72 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year): June 15-1933
11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER

13. NAME: Aant Wuori
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER

15. MAIDEN NAME: Aant Wuori
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMENT (Address): H. Johnson Wuck

18. BURIAL, CREMATION, OR REMOVAL ~~Removal~~ Date Aug 7, 1933

19. UNDERTAKER (Address): R. P. Stout

20. FILED Oct. 16, 1933 E. L. Spothin M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 4, 1933

I last saw h— alive on Aug 4, 1933: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8-1-33
Other contributory causes of importance: Diabetes Mellitus	8-2-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harold Tenderson M. D.

(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86317

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 94
(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm E. Evans.

(a) Residence. No. St. Post Falls, Ida Ho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1866-12-22
7. AGE: Years 66; Months 9; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 18 months
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) City Website
18. BURIAL, CREMATION, OR REMOVAL Place Post Falls, Ida Date 10-18, 1933
19. UNDERTAKER Carey Funeral Home
(Address) Coeur d'Alene, Idaho
20. FILED 10-17-, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 15 1933
22. I HEREBY CERTIFY, That I attended deceased from February 27, 1933, to October 15, 1933.
I last saw him alive on October 15, 1933: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mouth & neck	2 yrs

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. R. Dobson, M. D.
(Address) Coeur d'Alene

RECEIVED NOV 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86318

County of Kootenai
City of Coeur d Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 95

(No. Coeur d'Alene Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Walter Holmes

(a) Residence. No. ____ St. Sandpoint - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-9-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Spirit Lake Ida

FATHER

13. NAME Andrew W. Holmes

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Lydia Jacobson

16. BIRTHPLACE (city or town) (State or country) Duluth Minn.

17. INFORMENT (Address) Andrew Holmes

18. BURIAL, CREMATION, OR REMOVAL Place Forest Coeur d'Alene Date 10-17, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 10-17-, 1933. E. L. Spoh MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12. 1933, to Oct 13. 1933
I last saw h. alive on Oct. 13. 1933: death is said to have occurred on the date stated above, at 10.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendecitis with Peritonitis	One wk since onset.
Other contributory causes of importance:	

Name of operation Appendectomy Date of Oct 12.
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193.
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury —
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify no
(Signed) E. L. Spohn M D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86319

PLACE OF DEATH
County of Kootenai
City of ~~Coeur d'Alene~~ Squaw Bay near Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 96
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Elsworth Singer

(a) Residence. No. Squaw Bay St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 1928-9-1
7. AGE Years 5 Months 1 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. 1/10
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Occupation
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Squaw Bay

FATHER
13. NAME Wm. Singer
14. BIRTHPLACE (city or town) (State or country) Mt. Vernon Wash.

MOTHER
15. MAIDEN NAME Josephine Edwards
16. BIRTHPLACE (city or town) (State or country) Squaw Bay Ida

17. INFORMENT (Address) Wm. Singer Squaw Bay
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Squaw Bay Date 10-18, 1933
19. UNDERTAKER (Address) Moody Mortuary C.D.A.
20. FILED Oct. 19, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-15, 1933
22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193..., to ....., 193...
I last saw ~~him~~ did not see alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental. Burned when house burned	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-15-1933
Where did injury occur? Kootenai County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Burned when house burned
Nature of injury Death by burning

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) E. H. Teed Coroner, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86320

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050
(No.)
Local Registrar's No. 97

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm T. Lyons.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Juliet Lyons.

6. DATE OF BIRTH (month, day and year) 1858 - 11 - 27

7. AGE	Years	Months	Days	If LESS than 1 day,
	74	10	22	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

PARENTS

10. NAME OF FATHER Geo. Lyons
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wis

14. Informant Juliet A Lyons
(Address) Harrison Ida

15. Filed Oct. 25, 1933 E. L. Spohn M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 18. 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10. 1933 to Oct 10- 1933 that I last saw h.i.m alive on October 10th 1933 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Apoplexy.

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 1926
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) E. L. Spohn M. D.
Oct. 20, 1933 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Harrison Idaho	10-20 1933
20. Undertaker	Address
Carredy Funeral Home	Harrison Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86321

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Weaver James Morgan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Myrtle Amelia Morgan

6. DATE OF BIRTH (month, day, and year) July 6-1893

7. AGE Years 40 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Working in woods at present)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME Courtland Morgan
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Alice Taylor
16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Myrtle Morgan Rathdrum Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date 10-14, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Rathdrum, Idaho

20. FILED Oct. 26, 1933 E. L. Spohn MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-10 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193...., to ....., 193....
I last saw ~~him~~ did not see alive on ....., 193....: death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

Death by bullet wound in forehead.

Date of onset

Other contributory causes of importance:

Neuritis chief complaint.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 193
Where did injury occur? Georgetown District (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot by 22 Caliber rifle
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) E. H. Teel, M. D.
(Address) Coeur d'Alene Idaho
Coroner.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 99

DO NOT WRITE IN THIS SPACE

State File No. 86322

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Belle Lawson Sandy

(a) Residence. No. 907 Lakeside Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. J. Sandy

6. DATE OF BIRTH (month, day, and year) 186 - 1 - 6

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME — Lawson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME — Boyd

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) W. J. Sandy

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cem. Date 10-23, 1933

19. UNDERTAKER Mooney Mortuary
(Address)

20. FILED 10-31, 1933. E. L. Spokn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 21, 1933

I last saw her alive on Oct 21, 1933; death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Senility.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harned J. Sleeper, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86323

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 100

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lilas May Calavan

(a) Residence. No. Harrison, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-28-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho.

FATHER

13. NAME Richard Calavan

14. BIRTHPLACE (city or town) (State or country) Sprague Wash.

MOTHER

15. MAIDEN NAME Beulah Irene Day

16. BIRTHPLACE (city or town) (State or country) Moorehouse Mo.

17. INFORMENT (Address) R. E. Calavan,

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Ida. Date 10-19, 1933

19. UNDERTAKER Cassedy Funeral Home (Address) Harrison Idaho

20. FILED 10-31, 1933. E. L. Lyons M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1933, to 10-16, 1933.

I last saw he/she alive on 10-16, 1933: death is said to have occurred on the date stated above, at 4-P, m. 10/17/33

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Owen D. Platt, M. D.

(Address) St. Maries

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86324

PLACE OF DEATH
County of Kootenai
City of Gibbs

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 101

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Edward O'Neal

(a) Residence. No. 508 Davidson St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Maud O'Neal

6. DATE OF BIRTH (month, day, and year) 1856 - 3 - 23

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clermont (State or country) Ohio

FATHER

13. NAME Mathew O'Neal

14. BIRTHPLACE (city or town) On the Atlantic ocean (State or country)

MOTHER

15. MAIDEN NAME Catherine Natalia

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMENT Mrs Homer Anderson (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Ida Date 10-24, 1933

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Ida.

20. FILED 10-31-, 1933 E. L. Lyon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20 1933.

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1933, to October, 1933

I last saw him alive on October 19, 1933; death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 yrs
Apoplexy	1½ yrs.

Other contributory causes of importance: .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. L. Lyon, M.D.

(Address) Coeur d'Alene Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86325

County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1950
Local Registrar's No. 102

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Lou Norum

(a) Residence. No. Block Rivell Add. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1933-10-7

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida

FATHER

13. NAME Carl Norum

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Elizabeth House

16. BIRTHPLACE (city or town)
(State or country) Mont.

17. INFORMENT Carl Norum
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Forest Coeur d'Alene Ida Date 10-11, 1933

19. UNDERTAKER Gassert Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 10-31-, 1933. E. L. Sparks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1933, to Oct. 10, 1933

I last saw h[illegible] alive on Oct 10, 1933: death is said to have occurred on [illegible] 11:30 P.m.

The principal cause of d[illegible] of importance were as follows:

	Date of onset
Congenital defect (Enlarged Thymus)	Birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl T. Henson, M. D.

(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86326

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 103

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David O. Eleland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Mary Townsend Eleland
6. DATE OF BIRTH (month, day, and year): May 10 1858
7. AGE: Years 75; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Miller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): about 42 years
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): South Mountain Ontario Canada

FATHER
13. NAME: John Eleland
14. BIRTHPLACE (city or town) (State or country): Ontario Canada

MOTHER
15. MAIDEN NAME: Julia C. Bowen
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Mrs. Kate Worley Palouse Wash.
18. BURIAL, CREMATION, OR REMOVAL: Place Pine Grove Cemetery Date 10-12, 1933
19. UNDERTAKER (Address): Cassedy Funeral Home Rathdrum Idaho
20. FILED 11-1-, 1933 E. L. Spokesmd. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): October 8 1933
22. I HEREBY CERTIFY, That I attended deceased from January 15, 1933, to Sept 8, 1933
I last saw him alive on Sept 8, 1933; death is said to have occurred on the date stated above, at P P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	P

Other contributory causes of importance:

Senility	

Name of operation None Clinical Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) F. J. Hennessy, M. D.
(Address) Rathdrum

RECEIVED [illegible] 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 10 11

(No. Inland Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 86327

Local Registrar's No. 68

2. FULL NAME Oscar Herman Carlson

(a) Residence. No. ..... St. Troy Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 29 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raynold Ill

FATHER

13. NAME John Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Becke Carlson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Oscar Nelson Troy Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow cem Date 193

19. UNDERTAKER John J. Pickard
(Address) Troy Ida

20. FILED 11-8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1933 to ..... , 193...
I last saw him alive on Oct 19, 1933: death is said to have occurred on the date stated above, at 5-30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis progressive	Oct 19th
Other contributory causes of importance:	
Cardio Vascular disease with hypertension	1919

Name of operation ..... Date of .....
What test confirmed diagnosis? Coroner Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature], M. D.
(Address) Moscow

RECEIVED NOV 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86328

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 72

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest F. Meinig

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth 83 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernestine Meinig

6. DATE OF BIRTH (month, day, and year) Aug. 6, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation 50 yr.

12. BIRTHPLACE (city or town) (State or country) Saxony, Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs. J. I. Dooly, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Palouse, Wash. Date Nov. 2, 1933

19. UNDERTAKER (Address) H. R. Short, Moscow

20. FILED 11-8, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. R. Short Coroner & M.D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86329

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 6/
Primary Registration District No. 10 11
Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George David Wakefield

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Wakefield

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 10/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pratt County Kansas

FATHER

13. NAME Wm. F. Wakefield

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Althea Duden

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Eva Wakefield Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date 10/31, 1933

19. UNDERTAKER (Address) H. R. Stout Moscow

20. FILED 11-8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in head	
Suicidal	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? ..... Date of injury 10/27 1933
Where did injury occur? Near Moscow
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Shot self with .22 rifle
Nature of injury Wound in forehead

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. R. Stout Coroner
(Address) Moscow

RECEIVED NOV 14 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86330

Registration District No. 61

Primary Registration District No. 1211

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1400

2. FULL NAME George Washington Gregory

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice F. Gregory

6. DATE OF BIRTH (month, day, and year): Mar. 22, 1862

7. AGE: Years 71 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Household supplies

10. Date deceased last worked at this occupation (month and year): Oct. 1933

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Peoria, Indiana Ill.

FATHER

13. NAME: Wm. Gregory

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Lee B. Gregory, Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Moscow Date: Oct. 27, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED: 11-3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/21/33, 193..., to 10/25/33, 193...

I last saw him alive on 10/23/33, 193...: death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure
Arteriosclerosis.
Cerebral Hemorrhage.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Doyle M. Loehr, M. D.

(Address) .....

RECEIVED NOV 1 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86331

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1911

Local Registrar's No. 67

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Greif

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1933

7. AGE Years | Months | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Terence Greif

14. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

MOTHER

15. MAIDEN NAME Grace De Young

16. BIRTHPLACE (city or town) Moscow
(State or country) Ida.

17. INFORMENT Terence Greif
(Address) Moscow, Ida.

18. ~~FUNERAL~~ CREMATION, OR REMOVAL
Place Pullman, Wash. Date 10/17, 1933

19. UNDERTAKER H. C. Short
(Address) Moscow

20. FILED 11-8, 1933 Harry Linhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Oct 16, 1933

I last saw her alive on Oct 16, 1933: death is said to have occurred on the date stated above, at 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Thymus	at birth
With Resp. Failure	Oct 16 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph G. Wilson, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86332

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74 0

2. FULL NAME Mary Susan Stewart

(a) Residence. No. St. (Usual place of abode)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Stewart

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelby. Ill.

FATHER

13. NAME Wm. Rogers

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) A. L. Stewart Moscow, Idaho

18. BURIAL, [illegible] Place Moscow Date 10/16, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED 11-7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1933, to Oct. 12, 1933

I last saw h[illegible] alive on Oct. 11, 1933; death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Oct 10 33

Other contributory causes of importance: General arteriosclerosis Acute respiratory infection, old age.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Moscow, Ida

RECEIVED 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86333

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 6 1

Primary Registration District No. 10 11

Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel W. Hannah

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hannah

6. DATE OF BIRTH (month, day, and year) March 23, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 46yrs.

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME ########

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Walter Towne Moscow

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Moscow Date 10/15, 1933

19. UNDERTAKER F. R. Short Mortuary (Address)

20. FILED 11-7, 1933 Harry Enhorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to time of death, 1933

I last saw h alive on Oct 12, 1933; death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of upper right Lung and Lymphatic Vessels and nerves.	March 1933

Other contributory causes of importance:

Starvation + Resp failure due to Pressure on oesophagus & trachea

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. M. Leitch, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86334

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Virginia Neil Hammond

(a) Residence. No. 1213 South Harris St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sidney Hammond

6. DATE OF BIRTH (month, day, and year): April 15, 1857

7. AGE: Years 76, Months 5, Days 25, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Bruce
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: ——
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Paul Neil, Pottatch Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Juliette Date: 10-13, 1933

19. UNDERTAKER (Address): John J Pickerd, Troy Ida

20. FILED 11-7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 20, 1933, to Oct 10, 1933
I last saw her alive on Oct 10, 1933: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	years ago
Other contributory causes of importance:	
Degenerative Myocarditis	2 or 3 yrs.
Coronary Sclerosis	
Pulm Edema	36 hrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86335

Registration District No. 61

Primary Registration District No. 10 11

Local Registrar's No. 63

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Billingsley

(a) Residence. No. ..... St. Princeton, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Steptoe, (State or country) Wash.

FATHER

13. NAME George Billingsley

14. BIRTHPLACE (city or town) Lenore, (State or country) Tenn. ####

MOTHER

15. MAIDEN NAME Gladys McGinnis

16. BIRTHPLACE (city or town) Not Known (State or country) North Carolina

17. INFORMENT (Address) Mr. George Billingsley Princeton, Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Garfield, Wash. Date 10/12, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED 11-7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933, to Oct 10, 1933
I last saw him alive on Oct 10, 1933: death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dysentery,	Sept 24 1933
with dehydration	

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph C Wilson M. D.
(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

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RECEIVED NOV 1 1933

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86336

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Joseph C. Pierce

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Ann Pierce

6. DATE OF BIRTH (month, day, and year): Jan. 24, 1871

7. AGE: Years 62 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Building etc.

10. Date deceased last worked at this occupation (month and year): Oct. 1931

11. Total time (years) spent in this occupation: 20 yr.

12. BIRTHPLACE (city or town) (State or country): Hutchinson, Minn.

FATHER

13. NAME: John S. Pierce

14. BIRTHPLACE (city or town) (State or country): Vir.

MOTHER

15. MAIDEN NAME: Ellen King

16. BIRTHPLACE (city or town) (State or country): Vir.

17. INFORMENT (Address): Mrs. Joseph Pierce, Moscow, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: Oct. 10, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow

20. FILED: 11-7, 1933 Harry Emhouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1/33, 193..., to 10/7/33, 193...

I last saw him alive on 10/7/33, 193...: death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Doyle N. Lochr, M. D.

(Address) Moscow Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86337

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88a

2. FULL NAME Maxine Elizabeth Ruddell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lenora, Idaho

FATHER

13. NAME Guy C. Ruddell

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Elizabeth Crowell

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mr. Guy C. Ruddell Moscow, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date Oct. 8, 1933

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED 11-7, 1933 Harry Imhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	at 8
Myocarditis	progressive

Other contributory causes of importance:

Bronchitis & Pul. Edema	Oct 3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. H. Magee, M. D.

(Address) Moscow

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86338

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 11
Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Elmer Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Wilson

6. DATE OF BIRTH (month, day, and year): Mar. 28, 1866

7. AGE: Years 67, Months 6, Days 7, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Mayor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Moscow, Ida.
10. Date deceased last worked at this occupation (month and year): Sept. 30, 1933
11. Total time (years) spent in this occupation: 2yr. 5mo.

12. BIRTHPLACE (city or town) (State or country): Waynesburg, Ohio

FATHER
13. NAME: John Wilson
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Margret McCray
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): Mrs. James E. Wilson, Moscow, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: 10/7, 1933

19. UNDERTAKER (Address): [illegible] Moscow

20. FILED: 11-7, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes M. Gwascalles Sept 30	9 mos ago
Cardio Vascular disease c̄ Coronary Occlusion	Sept 30
Other contributory causes of importance:	
Anuria	Oct 3rd

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [illegible], M. D.
(Address) Moscow

RECEIVED NOV 1 1938

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86339

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 58

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Dick

(a) Residence. No. Elk River, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Italian

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 7, 1918

7. AGE: Years 15 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elk River, Idaho

FATHER

13. NAME Richard Dick

14. BIRTHPLACE (city or town) (State or country) Rome, Italy

MOTHER

15. MAIDEN NAME Benedetti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Richard Dick, Elk River, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Moscow Date Oct. 8, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED 11-7, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to Oct 4, 1933

I last saw him alive on Oct 4, 1933: death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Ruptured appendix	Sept 27
General Peritonitis	

Other contributory causes of importance:

Name of operation Laparotomy Date of Sept 30 1933

What test confirmed diagnosis? above Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Joseph G. Wilson

(Signed) ..., M. D.

(Address) Moscow, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Latah

City of Potlatch

DO NOT WRITE IN THIS SPACE

State File No. 86340

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Rosa Bell Saphronia Poe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Preston Poe

6. DATE OF BIRTH (month, day, and year): Mar. 19, 1856

7. AGE: Years 77 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cook County Ill. ###.

FATHER

13. NAME: Childers

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Mrs. G. C. Baker Potlatch, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Moscow Date: 10/14, 1933

19. UNDERTAKER (Address): H. R. Short Moscow

20. FILED: Oct 13th, 1933 Dr. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932 to Oct. 11, 1933.

I last saw her alive on Oct. 11, 1933: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other contributory causes of importance:

Old age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Lafferty, D. O., M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86341

PLACE OF DEATH

County of Latah

City of Near Harvard

Registration District No. 65

Primary Registration District No. 21-5

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Richard Billingsley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5. 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Plummer
(State or country) Idaho

FATHER

13. NAME George Billingsley

14. BIRTHPLACE (city or town) .....
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Mary Mcginnis

16. BIRTHPLACE (city or town) Garfield
(State or country) Wash.

17. INFORMENT Josephine Mc Ginnis
(Address) Pullman Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Garfield Wash. Date Sept, 29 1933

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash.

20. FILED Oct 1st, 1933. Jr J.W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept, 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933, to Sept 27, 1933

I last saw him alive on Sept 26, 1933; death is said to have occurred on the date stated above, at 230a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Flu.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W S Darth, M. D.

(Address) Palouse Wn

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86342

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Milo Wallace

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Wallace

6. DATE OF BIRTH (month, day, and year) 3-17-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Minonk Illinois

FATHER

13. NAME Alfred Wallace

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Athol Wallace Seattle Washington

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wn Date 9-18, 1933

19. UNDERTAKER (Address) D. D. Kimball Palouse, Washington

20. FILED Sept 18th, 1933 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 14 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ about 60 days last passed

I last saw him alive on Sept 10, 1933: death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease (Valvular)	unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify not to my knowledge

(Signed) W S Dartt, M. D.

(Address) Palouse Wn

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86343

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley Ann Johnston

(a) Residence. No. Potlatch R 2 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 15 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Idaho.

FATHER

13. NAME Edwin Johnston

14. BIRTHPLACE (city or town) (State or country) Sweeden.

MOTHER

15. MAIDEN NAME Mabel Rumbery

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Place Mendenhall Date Oct 15th, 1933

19. UNDERTAKER Parents
(Address)

20. FILED Oct 16th, 1933 Dr. J.W. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15th 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1933, to Oct 15th, 1933

I last saw her alive on Oct 15th, 1933; death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth -	
Other contributory causes of importance:	
✓	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J.W. Thompson, M.D.
(Address) Potlatch

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86344

PLACE OF DEATH
County of Latah
City of East Deep Creek
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74

2. FULL NAME Charles L. Hicks

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Alloa Hicks

6. DATE OF BIRTH (month, day, and year) May 7. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Tazewell Co. Illinois

FATHER

13. NAME Elwood Hicks

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Lizzie Schumacher

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Chester R. Hicks Garfild Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Freeze Date Nov. 10, 1933

19. UNDERTAKER D. D. Kimball (Address) Palouse Wash.

20. FILED Nov 9 1933 Dr. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov, 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1933, to Nov 8, 1933

I last saw him alive on Nov 5th, 1933: death is said to have occurred on the date stated above, at 730a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Cardio - Renal Vascular Disease	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Ws

(Signed) F. C. Lehmann, M. D.

(Address) Potlatch Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86345

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 59

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1926

2. FULL NAME Lena May Heilman

(a) Residence. No. Helmer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Geneva, Neb.
(State or country)

FATHER

13. NAME Charles Heilman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Linnie, May Smith

16. BIRTHPLACE (city or town) Moscow, Idaho
(State or country)

17. INFORMENT Mr. Charles Heilman
(Address) Helmer, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 10/9, 1933

19. UNDERTAKER F. B. Short
(Address) Moscow

20. FILED 11-7, 1933 Harry Linhoud Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/4/33, 193 to 10/5/33, 193
I last saw her alive on 10/5/33, 193 : death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull fracture	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/3/33
Where did injury occur? Latah Co., Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Skull fracture
Nature of injury Severe

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Doyle M. Leeds, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86346

PLACE OF DEATH
County of Latah
City of Kendrick Registration District No. 63
Primary Registration District No. 2143 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Christopher Smith Jr.
(a) Residence. No. Kendrick Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. / yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~Single, Married, Widowed,~~ or Divorced (write the word.)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

6. DATE OF BIRTH (month, day and year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) /
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chippewa Falls Wis.

PARENTS

10. NAME OF FATHER Christopher Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Raymond Waldher Pomeroy Wash.

15. Filed Oct 21, 1933 F. A. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 21, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 21, 1933
that I last saw h.[illegible] alive on Oct 21, 1933
and that death occurred, on the date stated above, at 12:15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical symptoms
(Signed) C. M. Christensen, M. D.
Oct 21, 1933 (Address) Kendrick, Idaho

19. Place of Burial, Cremation, or Removal ~~C. M. Vassar~~ Pomeroy. | Date of Burial 19

20. Undertaker C. M. Vassar. | Address Pomeroy Wash.

RECEIVED NOV 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86347

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Martha Jane May

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm May

6. DATE OF BIRTH (month, day, and year) Sept 22nd 1871

7. AGE Years 62 Months 1 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Richard Gentry
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Packwood
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Crystal McCoy Spokane, Wil.

18. BURIAL, CREMATION, OR REMOVAL Place Wild Rose Cemetery Date 10-26, 1933
Bes Bear Ridge

19. UNDERTAKER (Address) J. J. Pickerd Troy, Ida.

20. FILED Oct 25, 1933 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933, to Oct 24, 1933
I last saw her alive on Oct 24, 1933: death is said to have occurred on the date stated above, at 12.05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?

Other contributory causes of importance:

Coma	Oct. 23, 33
Carbuncles	Oct. 17, 33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 1 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86348

PLACE OF DEATH

County of Lemhi

City of Near Leesburg

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

Lost (No. found dead in Woods)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dewayne Willis Pine.

(a) Residence. No. Leesburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8th 1913.

7. AGE: Years 20 | Months | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. lived at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colorado City
(State or country) Colorado

FATHER

13. NAME Charles Willis Pine.

14. BIRTHPLACE (city or town) Gainsville
(State or country) Texas.

MOTHER

15. MAIDEN NAME Katherine May Kellogg.

16. BIRTHPLACE (city or town) Las Animas
(State or country) Colorado.

17. INFORMENT Charles Willis Pine
(Address) Leesburg Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date , 193

19. UNDERTAKER Wm. C. Doebler
(Address)

20. FILED 11/10, 1933 Cleo C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-15" 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows: Found dead in Mountains near Leesburg Idaho due from exposure.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William C. Doebler, M. D.

(Address) Salmon Ida Coroner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 13 10

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86349

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Lucian Ebby

(a) Residence. No. Salmon Hot Springs St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 84 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartz Miner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States?

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Fred Brough Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon County Date 11/8", 1933

19. UNDERTAKER (Address) Wm C Dobbs Salmon Ida

20. FILED 11/10, 1933 Chas E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-6" 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1933, to Nov 6, 1933

I last saw him alive on Oct 29, 1933: death is said to have occurred on the date stated above, at 9.45a m.

The principal cause of death and related causes of importance were as follows:

Infirmities of old age

Date of onset

Other contributory causes of importance:

Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F S Wright M. D.

(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86350

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Ralph Ankrum

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy

4. COLOR OR RACE White

5. ~~Single, Married, Widowed, or Divorced (write the word)~~

5a. ~~If married, widowed, or divorced HUSBAND of (or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) Oct 10 1933

7. AGE Years Months Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

FATHER

13. NAME W. W. Ankrum

14. BIRTHPLACE (city or town) Pittsburg
(State or country) Kansas

MOTHER

15. MAIDEN NAME Una Howell

16. BIRTHPLACE (city or town) Burley
(State or country) Idaho

17. INFORMENT W. W. Ankrum
(Address) Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date Nov. 2, 1933

19. UNDERTAKER Wm. Dobler
(Address) Salmon

20. FILED 11/10, 1933 Olio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Oct 30, 1933

I last saw him alive on Nov 1, 1933: death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchi Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter. causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. S. Wright M. D.

(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86351

PLACE OF DEATH

County of Lemhi
City of Salmon
Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Nadawait

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Making gloves

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMENT (Address) Vic Nadawait

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER Wm C. Doebler
(Address) Salmon Idaho

20. FILED 11/10, 1933 Chas. C. Pellam
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-9-11 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm C. Doebler, Coroner

(Address) Salmon, Ida.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86352

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margery Butterfield Whiting

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Forres Whiting

6. DATE OF BIRTH (month, day, and year) 12-41895

7. AGE: 37 Years, 9 Months, 5 Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 24-1933
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Dempsey (now Nassau Springs) Lavaton Bannock

FATHER
13. NAME Charles Robert Butterfield
14. BIRTHPLACE (city or town) (State or country) Oxford Idaho

MOTHER
15. MAIDEN NAME adelia Jungly
16. BIRTHPLACE (city or town) (State or country) Clarkstown Utah

17. INFORMENT (Address) Forres Whiting Salmon

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Idaho Date 27, 1933

19. UNDERTAKER (Address) Wm. C. Doebler Salmon

20. FILED 11/10, 1933 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933, to Sept 25, 1933
I last saw her alive on Sept 25, 1933: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia with Coma	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F. S. Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86353

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1(a)

2. FULL NAME Francis Earle Bebee

(a) Residence. No. Shupe St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. X yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 8 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ballentine
(State or country) Montana

FATHER
13. NAME H. Lee Bebee
14. BIRTHPLACE (city or town) Truxton
(State or country) Missouri

MOTHER
15. MAIDEN NAME Ella Stewart
16. BIRTHPLACE (city or town) Butte
(State or country) Montana

17. INFORMENT (Address) Mrs H Lee Bebee

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Date , 193

19. UNDERTAKER (Address) Wm. C. Doebler

20. FILED 11/10, 1933 Olive C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933, to Nov. 7, 1933
I last saw him alive on Nov. 6, 1933: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Oct 17/33
Other contributory causes of importance: Bronchopneumonia	Nov 4/33

Name of operation Nidal Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) Salmon, Ida

RECEIVED JUL 1 1933

PLACE OF DEATH

County of Lewis

City of Nezperce Idaho Rour

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86354

Registration District No. 47

Primary Registration District No.

Local Registrar's No. 184

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME John Wesley Thomas

(a) Residence. No. Billips St. Clarkston, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Virginia E Thomas

6. DATE OF BIRTH (month, day, and year) Sept 14, 1870

7. AGE Years 62 Months 9 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 25, 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Howell Co. Mo.

FATHER

13. NAME Nathan Thomas

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Obedience Forbes

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Charles Thomas Peck, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston Wn Date 6/28/33, 193

19. UNDERTAKER (Address) H.R.Merchant Clarkston, Wash

20. FILED July 11, 1933 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 625/33 193

22. I HEREBY CERTIFY, That I attended deceased from 1901, 193, to 1933, 193

I last saw him alive on ?, 193: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle M.D.

(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86355

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John L. Jaques.

(a) Residence No. Rexburg Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 31 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72.	7	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER

13. NAME John Jaques

14. BIRTHPLACE (city or town) Market Bosworth
(State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Loader

16. BIRTHPLACE (city or town) .....
(State or country) England.

17. INFORMENT (Address) J. W. L. Jaques Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date Nov. 7, 1933

19. UNDERTAKER (Address) Vern Keller Rexburg Ida

20. FILED Nov 8, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov 4, 1933.
I last saw him alive on Nov 2, 1933: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 mo

Other contributory causes of importance:
Cardio vascular Renal disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~test~~ Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

11/7/33 (Signed) Louis F. Rich, M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86356

PLACE OF DEATH
County of Madison
City of Rexburg #3.

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Adeal Perrenoud.

(a) Residence. No. Rexburg RFD #3. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Emil Perrenoud Deceased

6. DATE OF BIRTH (month, day, and year) March 6-1861

7. AGE: Years 72 Months 7 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Verrieres Canton Neuchatel Switzerland

FATHER
13. NAME Delphin Aldolphe Huguenin
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Laura Henrietta Landry
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) H. E. Perrenoud Rexburg #3.

18. BURIAL, CREMATION, OR REMOVAL Place Plano Ida Date Oct 30, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED Nov 7, 1933 J. R. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 1932, 193.., to Oct 26, 1933.
I last saw her alive on Oct 25, 1933: death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 23-1933

Other contributory causes of importance:
Cardio-vascular-renal disease

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Laboratory tests Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no
(Signed) Louis A. Rich, M. D.
(Address) Rexburg Idaho
10/30/33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86357

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 61

(No.) 159
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Weston Albert Smith~~
(a) Residence. No. Mary Smith St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Child
6. DATE OF BIRTH (month, day, and year) Oct 15-1 30 AM
7. AGE Years Months Days If LESS than 1 day, 13 hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg
(State or country) Madison

FATHER
13. NAME Weston Albert Smith
14. BIRTHPLACE (city or town) Pittsfield
(State or country) Mass

MOTHER
15. MAIDEN NAME Selene Laray Neeley
16. BIRTHPLACE (city or town) Burton
(State or country) Madison Co Idaho

17. INFORMENT W. A. Smith
(Address) Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Burton Date Oct 16, 1933

19. UNDERTAKER A. Keller
(Address) Rexburg

20. FILED Nov 7, 1933 J. R. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Oct 15, 1933
I last saw her alive on Oct 15, 1933: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalic	
Spina bifida	
Imperforate anus	
Club feet	
Congenital absence both thumbs	
Hare lip & cleft palate	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

PLACE OF DEATH

County of Madison

City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86358

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 60

(No.) 162

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lois Roberts

(a) Residence. No. Sugar City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 2

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 22 - 1932

7. AGE Years | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teton Idaho

FATHER

13. NAME John L Roberts Jr

14. BIRTHPLACE (city or town) (State or country) Salem Ida

MOTHER

15. MAIDEN NAME Stella Jensen

16. BIRTHPLACE (city or town) (State or country) Teton Ida

17. INFORMENT (Address) Mrs. Floyd Roberts Sugar City Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rexburg Date Oct 12 1933

19. UNDERTAKER (Address) none

20. FILED Nov 7, 1933 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Oct 10, 1933

I last saw her alive on Oct 10, 1933: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus.	

Other contributory causes of importance:

Malnutrition since birth	
Colitis	Oct 1933

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

10/12/33 If so, specify

(Signed) Lorin Hick, M. D.

(Address) Rexburg Idaho

RECEIVED NOV [illegible] 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86360

Registration District No. 19

Primary Registration District No. 20 15 Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

51

2. FULL NAME. William A. Simmons

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Simmons

6. DATE OF BIRTH (month, day, and year) June 27 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Christopher Simmons

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Eikenbury

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) John E. Simmons

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Ida Date Oct. 24 1933

19. UNDERTAKER Wade Goodman
(Address)

20. FILED 11-7, 1933 C. H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Oct 21, 1933

I last saw him alive on Oct 18, 1933: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	9
Other contributory causes of importance: Arteriosclerosis	9

Name of operation - Date of

What test confirmed diagnosis? Chemical Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Elmore, M. D.

(Address) Rupert Idaho

RECEIVED NOV 10 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86361

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbark N Harbour

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22 1853

7. AGE Years 80 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Duncan Noble
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Anna Robertson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Anna Lipps

18. BURIAL, CREMATION, OR REMOVAL
Place Herrington Kans. Date ....., 193

19. UNDERTAKER (Address)

20. FILED 11-1, 1933 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-18-, 1933, to 10-30, 1933
I last saw h..... alive on 10-21-, 1933: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis - Amb	1920

Other contributory causes of importance:

Ch. Brights Disease Amb	1930

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Leland Frazier, M. D.
(Address) Bursley

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 21 1933

Mr.

PLACE OF DEATH

County of Nez Perce

City of Lapwai, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86363

Registration District No. 138

Primary Registration District No. 128

Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Moses Kentuck

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
96			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

FATHER

13. NAME Chief Je Ju Lem Naun

14. BIRTHPLACE (city or town) Reservation
(State or country)

MOTHER

15. MAIDEN NAME Ah Men Tewah Taut

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Caleb Carter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date Aug. 28, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Aug. ....., 1933 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Natural Causes due to Old Ages

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Emil Brower M.D. Coroner

(Address) Lewiston, Idaho

8/28/33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 21 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86364

PLACE OF DEATH

County of Nez Perce

City of Lapwai

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James M. Moffett

(a) Residence. No. Kamiah, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Indian	S

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 12/27/20

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

FATHER

13. NAME Harry Moffett

14. BIRTHPLACE (city or town) .....
(State or country) Idaho

MOTHER

15. MAIDEN NAME Sarah Monteith

16. BIRTHPLACE (city or town) .....
(State or country) Idaho.

17. INFORMENT Sanatorium Records.
(Address) Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho.

20. FILED Sept ....., 1933 George Jaynes ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/20/33 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, 193..., to Sept 20/33, 193...

I last saw him alive on Sept. 20, 1933: death is said to have occurred on the date stated above, at 3:14 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Sept 3-33.
Other contributory causes of importance: Pulmonary tuberculosis, Moderately advanced	??

Name of operation ..... Date of no

What test confirmed diagnosis? Lab and exam. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Ralph M. Alley, M. D.

(Address) Lapwai, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 21 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86365

PLACE OF DEATH

County of Nez Perce

City of Arrow Junction

Registration District No. 12

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Aberaham Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Idaho

FATHER

13. NAME White Owl

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Re-Pon-My...n

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Mrs. Sam Waters
(Address) Juliaetta, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Arrow Junction Date Sept. 14 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Sept, 1933 George Taggart M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-5-33, 193..., to 9-12-33, 193...
I last saw him alive on 9-10-33, 193...: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) George Taggart, M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86367

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. Somerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Wong Lem

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Yellow

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years 87 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown "

FATHER

13. NAME: Lem

14. BIRTHPLACE (city or town) (State or country): Unknown "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown "

17. INFORMENT (Address): Record of Somerville Home, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Ida. Date: Nov. 2 1933

19. UNDERTAKER (Address): Brower-Wann Co., Lewiston, Idaho

20. FILED: Nov. 6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from For several years, 193

I last saw him alive on Oct, 1933 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility	

Other contributory causes of importance:

Paralysis lower extremities

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH

County of Nez Perce

City of Culdesac

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86368

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esther Annetta Whitney

(a) Residence. No. Culdesac St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Reuben Whitney

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winona
(State or country) Minn.

FATHER

13. NAME Emery Holiday

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Helen Hackett

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMENT (Address) John W. Whitney Culdesac Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date 10/29/ 193 3

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Nov. 6, 1933 J. M. Loyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Oct 25, 1933
I last saw her alive on Oct 25, 1933; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenale Abdominal tumor	Not known

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho

RECEIVED IN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Spalding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86369

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No.) 66
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh Thompson

(a) Residence. No. Spalding, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1. 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Simon Thompson

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Pineacot

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Joe Sutler Spalding, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spalding, Ida Date 10/31/33

19. UNDERTAKER Brower-Mann Co. (Address) Lewiston, Idaho

20. FILED Nov. 6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. M. Brower Coroner M. D.

(Address) Lewiston, Idaho

11/29/33

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

Dr Braddock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86370

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Gustav Hartung

(a) Residence. No. 2331 - Main St. Lewiston, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Flora Hartung

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho [illegible]
(State or country) Maine

FATHER

13. NAME Charles Hartung

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Anhalt

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Flora Hartung
(Address) Lewiston, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida. Date Nov. 1 1933

19. UNDERTAKER Brower-Wann Company
(Address) Lewiston, Idaho

20. FILED Nov. 6, 1933 J. M. Tyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Oct 28, 1933

I last saw him alive on Oct 28, 1933: death is said to have occurred on the date stated above, at 9:2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	1932
Stone in Common Duct	Oct 1933
Other contributory causes of importance:	
Uremia	Oct 25 1933

Name of operation Drain of Gall Bladder + common duct Date of Oct 25 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. E. Braddock, M. D.

(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1933

Dr. Carson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86371

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

91b

2. FULL NAME Joseph Anton Yockum

(a) Residence. No. 615 7th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Veronica Yockum

6. DATE OF BIRTH (month, day, and year) August 28, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lech
(State or country) Austria

FATHER

13. NAME Christian Yockum

14. BIRTHPLACE (city or town) Lech
(State or country) Austria

MOTHER

15. MAIDEN NAME Anne Marie Gassner

16. BIRTHPLACE (city or town) Lech
(State or country) Austria

17. INFORMENT (Address) Mrs. J. A. Yockum Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida Date Oct. 25 1933

19. UNDERTAKER (Address) Brower-Wann Company Lewiston, Idaho

20. FILED Nov. 6, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1933, to October 21 1933.
I last saw him alive on Oct. 21, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	+ yrs

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. C. Carson, M.D.
(Address) Lewiston, Idaho

RECEIVED NOV 6 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86372

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 1402 G Street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Wester

(a) Residence. No. 1402-G. Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Christine Wester

6. DATE OF BIRTH (month, day, and year) May 24, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Luxemburg,
(State or country) Germany

FATHER

13. NAME Peter Wester

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Margeret

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Mrs Frank Wester,
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Ida Date Oct 22, 1933

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho

20. FILED Nov. 6, 1933 J. M. Fyfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot	
Wound in head	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ellen Brower-Owens M.D.

(Address) Lewiston, Idaho

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86373

PLACE OF DEATH
County of Nezperce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 1217 -3rd Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Georgia Briggs
(a) Residence. No. 1217- 3rd Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monravia Indiana

FATHER
13. NAME Maurice W. Benton
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Sally Kirby
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Frank Morris 1217-3rd Street

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Idaho Date 10/18/33 193

19. UNDERTAKER (Address) Vassar-Shaughnessy Mortuary Lewiston, Idaho.

20. FILED Oct. 18, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/27/33 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Oct 17, 1933
I last saw her alive on Oct 16, 1933; death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1920

Other contributory causes of importance:

Acute Cardiac	Oct 16
Dilatation	1933

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. T. Braddock, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

Dr Braddock.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3 1933

Dr. White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86374

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Albert Clark

(a) Residence. No. 322 Delsol Lane, Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lottie Clark

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensville
(State or country) Illinois

FATHER

13. NAME Americus V. Clark

14. BIRTHPLACE (city or town)
(State or country) Indianna

MOTHER

15. MAIDEN NAME Sarah Hilyard

16. BIRTHPLACE (city or town) Orval
(State or country) Ohio

17. INFORMENT Mrs. Lottie Clark
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Oct 18 1933

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 19, 1933 Ivy M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Oct 16, 1933
I last saw him alive on Oct 8, 1933: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	2 yrs
(Acute Dilatation of Heart)	48 hours
myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86375

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58 V

2. FULL NAME Lura May Powers

(a) Residence. No. 1102-10th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Clifford Powers

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dara
(State or country) Illinois

FATHER

13. NAME W. H. Gragg

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Carilla Taylor

16. BIRTHPLACE (city or town) Dara
(State or country) Illinois

17. INFORMENT
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date 10/9, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct 19, 1933 Jay M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Oct 7, 1933
I last saw h.er alive on Oct 2, 1933; death is said to have occurred on the date stated above, at 2.59 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anemia	Jan 1-33
Other contributory causes of importance: Uterine fibroids	1926

Name of operation Uterine hysterectomy Date of
What test confirmed diagnosis? Blood Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. P. Broderick, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1933

Mr. Hahel

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86376

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Victor Johnson

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oak Park Illinois

FATHER
13. NAME Albert Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Angalica Anderson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Johnson Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Oct. 6, 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Oct 19, 1933 J. M. Tyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1933, to Oct 4, 1933.
I last saw him alive on Oct 3, 1933; death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Compensation	

Other contributory causes of importance:

Myocarditis

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William S. Hahel, M. D.
(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86377

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1222 11th, Avenue.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME Alice Morlan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 11, 1877

7. AGE: Years 55, Months 11, Days 20, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Illinois

FATHER
13. NAME George Kerr
14. BIRTHPLACE (city or town) (State or country) Fairfield Illinois

MOTHER
15. MAIDEN NAME Elizabeth Burholt
16. BIRTHPLACE (city or town) (State or country) Fairfield Illinois

17. INFORMENT (Address) C. H. DeShazer Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida Date 10/3, 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Oct. 16, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Oct. 1, 1933
I last saw her alive on Oct. 1, 1933; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows: Carcinoma of lungs - secondary to Carcinoma of uterus

Date of onset

Other contributory causes of importance:

Name of operation Hysterectomy Date of 2-5-31
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86378

PLACE OF DEATH
County of Nez Perce
City of Lewiston,
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Somerville Home.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Warren

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Patient of Somerville Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Illinois

FATHER
13. NAME David Carol Warren
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Lydia Castle
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT
(Address) Clarkston, Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date 10/3/33 193

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 19, 1933 J. M. Tyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1933 to Sept. 29, 1933
I last saw him alive on Sept. 26, 1933 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Chronic.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. M. Lyle, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Braddock.

RECEIVED NOV 1933

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86379

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Josephs Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elva Opal Harris

(a) Residence. No. Southwick, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Virgil Harris

6. DATE OF BIRTH (month, day, and year) July 6, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lenore
(State or country) Idaho

FATHER

13. NAME Harvey Southwick

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Tacie Jane Gilmore

16. BIRTHPLACE (city or town)
(State or country) West Virginia

17. INFORMENT (Address) Mr. Virgil Harris Southwick, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Southwick, Idaho Date Sept. 17 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Oct. 19, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Sept 15, 1933

I last saw her alive on Sept 15, 1933: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Septic Endocarditis	May 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. P. Braddock, M. D.

(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV

Mr. Johnson

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86380

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eileen Paul

(a) Residence. No. Spalding Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Athhome

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stites
(State or country) Idaho

FATHER

13. NAME Edward Paul

14. BIRTHPLACE (city or town)
(State or country) Washington

MOTHER

15. MAIDEN NAME Myra Moses

16. BIRTHPLACE (city or town) Whitebird
(State or country) Idaho

17. INFORMENT Mr. & Mrs. Edward Paul
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding, Idaho Date Aug. 28 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 9, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Aug 26, 1933

I last saw her alive on Aug 26, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Gastro enteritis	Aug 11-33

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86381

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Nez Perce
City of near Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vernon Archie Bulen

(a) Residence. No. ____ St. Culdesac
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 29, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	23	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer

9. BIRTHPLACE (city or town) Culdesac
(State or country) Idaho

PARENTS

10. NAME OF FATHER John C Bulen

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER Amelie Bolon

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Kentucky

14. Informant John C Bulen
(Address)

15. Filed Nov. 1, 1933 J. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 30, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____
that I last saw him alive on ____, 19____
and that death occurred, on the date stated above, at ____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Accidental Drowning
Auto Accident

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
What test confirmed diagnosis? ____

(Signed) C M Bower Coroner M. D.
11/1, 1933 (Address) Lewiston Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewiston Ida	Nov 2 1933
20. Undertaker F. R. Merchant	Address Clarkston Wn

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86382

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME John Edward Bush

(a) Residence. No. Malad Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Cecilia Reese

6. DATE OF BIRTH (month, day, and year) Nov 3 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman Gas Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store

10. Date deceased last worked at this occupation (month and year) 5 Months

11. Total time (years) spent in this occupation 20 Years

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER

13. NAME Robert T Bush

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Amelia Bailey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs J E Bush Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Oct 14, 1933 Burial

19. UNDERTAKER (Address) J. Guy Ransom Malad Idaho

20. FILED 10-31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) October 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933 to Oct 11, 1933

I last saw h[illegible] alive on Oct 10, 1933 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) Malad

RECEIVED NOV 14 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86383

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Blanche Young

(a) Residence. No. Malad Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 23 1921

7. AGE: Years 11 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Sept 30 1933

12. BIRTHPLACE (city or town) (State or country) Driggs Idaho

FATHER
13. NAME Parley Young
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Nell Wilson
16. BIRTHPLACE (city or town) (State or country) Victor Idaho

17. INFORMENT (Address) Parent Young Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date Burial Oct 12, 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 10-31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Oct 10, 1933
I last saw her alive on Oct 10, 1933 death is said to have occurred on the date stated above, at 7:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic	
Interstitial	
Nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Malad

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86384

PLACE OF DEATH
County of Oneida
City of Blackpine

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Magnus Swenson

(a) Residence. No. Black Pine Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year) 20th March 1862

7. AGE 71 Years 6 Months 12 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stone Mason, Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1915
11. Total time (years) spent in this occupation abt. 30 years

12. BIRTHPLACE (city or town) (State or country) Värmdö, Stockholm Sweden

FATHER
13. NAME Peter Magnus Swenson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Maria Christina Gustafson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. J. S. Anderson Black Pine

18. BURIAL, CREMATION, OR REMOVAL Place Black Pine, Idaho Date 5th Oct., 1933

19. UNDERTAKER (Address) None

20. FILED Oct 31, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Bro. Wolf Sedlitz 193...: death is said to have occurred on the date stated above, at 11:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
- Rheumatism	1910
Myocarditis	
Other contributory causes of importance:	
Ptomaine Poisoning	1924

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. M. Kerns Co. Physician, M. D.
(Address) Malad Ida

RECEIVED NOV 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86385

PLACE OF DEATH
County of Owyhee
City of Grand View

Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Goldie June Jewett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grand View
(State or country) Idaho

FATHER
13. NAME Henry Dewey Jewett
14. BIRTHPLACE (city or town) Helena, Mont.
(State or country)

MOTHER
15. MAIDEN NAME Dorothy Atkins
16. BIRTHPLACE (city or town) Porter
(State or country) Oklahoma

17. INFORMENT Henry Jewett
(Address) Grand View, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bruneau Date Oct. 29, 1933

19. UNDERTAKER None
(Address)

20. FILED Nov. 1, 1933 W J Eikenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1933, to Oct. 28, 1933
I last saw h. alive on Oct 28, 1933. death is said to have occurred on the date stated above, at 1:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	10/22 1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Wm J Eikenbeck, M. D.
(Address) Grand View, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED Nov 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86386

PLACE OF DEATH
County of Owyhee
City of Grand View

Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 84

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Levi Lemuel Yates

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 13, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) not at work

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford, Worth Co. Missouri

FATHER

13. NAME Joshua Yates

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ------- Kernel

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs. C. L. Jewett Grand View, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bruneau Date Oct 18, 1933

19. UNDERTAKER C. G. Zacher
(Address) Mt. Home

20. FILED Nov. 1st 1933 W J Eckenbeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to , 193
I last saw him alive on Oct. 14, 1933, death is said to have occurred on the date stated above, at 3:30 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Left)	Oct. 14
Other contributory causes of importance:	
Old age	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. J. Eckenbeck, M. D.
(Address) Grand View

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MARGIN RESERVED FOR BINDING

RECEIVED NOV 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86387

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 7
Primary Registration District No. 1008
Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clarence Logan

(a) Residence. No. 1nd Ave So. St. Payette Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Maude Logan

6. DATE OF BIRTH (month, day, and year) Oct 1 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mech
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Tom C. Logan
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Dora Hull
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Maude Logan Payette Ida

18. BURIAL, CREMATION, OR REMOVAL Place Mtn View Cemetery Date Oct 12 1933

19. UNDERTAKER (Address) Landon & Hagar Payette Ida

20. FILED Oct 12, 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933, to Oct 10, 1933,
I last saw him alive on Oct 10, 1933: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. C. Paxton, M. D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 2 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lafayette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 86388

Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ramona Tucke

(a) Residence. No. St. Payette Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 7 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover
(State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT Jones M. Ralph
(Address) Payette Ida

18. BURIAL, CREMATION, OR REMOVAL Place Parma Idaho Date Oct 10, 1933

19. UNDERTAKER Woodworth & Higgins
(Address) Payette Ida

20. FILED Oct 9, 1933 J. R. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Oct 2, 1933

I last saw her alive on Oct 2, 1933; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	3 yrs ago

Other contributory causes of importance:

Old Age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Woodward, M. D.

(Address) Payette, Idaho

RECEIVED NOV 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86389

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 44
(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eunice M. Martin
(a) Residence. No. New Plymouth, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emery L. Martin
6. DATE OF BIRTH (month, day, and year): July 7, 1878
7. AGE Years: 55 Months: 2 Days: 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 9-19-33
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): McAlevy's Fort Penn.

FATHER
13. NAME: Silas W. Miller
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Bigelow
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): Cora M. Wood, New Plymouth, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: New Plymouth Ida Date: Sept 24 1933
19. UNDERTAKER (Address): H. L. Peterson, Ontario, Oregon
20. FILED: Oct 2/1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 20 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Sept 20, 1933
I last saw her alive on Sept 20, 1933: death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	Sept 20 '33

Other contributory causes of importance:

Anemia	1926
Surgical anesthesia	Sept 20, '33

Name of operation: Tonsillectomy Date of Sept 20
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Alfred M. Popma, M.D.
(Address) New Plymouth, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 2 1933

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86390

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Allen Cox

(a) Residence. No. 132 South Eight St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Caldwell Cox

6. DATE OF BIRTH (month, day, and year): June 15 1858

7. AGE: Years 75 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Manti Utah

FATHER

13. NAME: Orval S. Cox

14. BIRTHPLACE (city or town) (State or country): Plymouth N. Y.

MOTHER

15. MAIDEN NAME: Mary Elizabeth Allen

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Mrs. T. J. McDaniel Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Ontario Oreg. Date: Oct 30 1933

19. UNDERTAKER (Address): H. Adair Moulton Payette Idaho

20. FILED 10/31/33 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 28 - 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933, to Oct 28, 1933.
I last saw him alive on Oct., 193..: death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED NOV 2 19[illegible]

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE
State File No. 86392

Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leona Pearl Holton

(a) Residence. No. 128 Center Ave. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Jan 20 -

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkhart Kansas

FATHER

13. NAME Elden Holton

14. BIRTHPLACE (city or town) (State or country) Gate Oklahoma

MOTHER

15. MAIDEN NAME Viola Courtney

16. BIRTHPLACE (city or town) (State or country) Weitmorte Colorado

17. INFORMENT (Address) Elden Holton Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date Oct 22, 1933

19. UNDERTAKER (Address) Glenn C. Jordan Payette Idaho

20. FILED Oct 24, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 -, 1933, to Oct 20, 1933

I last saw her alive on Oct. 20 -, 1933: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

RECEIVED NOV 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86393

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Weigand

(a) Residence. No. 7 th Ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Anna Weigand

6. DATE OF BIRTH (month, day, and year) May 6 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) W. C. Woodbury Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette Idaho Date Oct 24 1933

19. UNDERTAKER Glenn C. Landers (Address) Payette Idaho

20. FILED Oct 24 1933 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1933, to Oct 20, 1933.

I last saw him alive on Oct 20, 1933; death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance:

Mitral regurgitation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 6 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25
Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE
State File No. 86394

Local Registrar's No. 22

(No. Schilt Memorial Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Ellen Christensen. 57

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Christensen.

6. DATE OF BIRTH (month, day, and year) Dec 23

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 8th 33. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER

13. NAME Mathew S, Batty.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Martha Willis.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT Christian Christensen (Address) American Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place I. O. O. F. Date , 193

19. UNDERTAKER (Address) Am Falls Ida

20. FILED Oct 20, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1933, to October 17, 1933.
I last saw her alive on October 17, 1933; death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Other contributory causes of importance:	
Mastoid operation	Oct. 12

Name of operation Mastoidotomy Date of Oct. 12
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. J. Logan, M. D.
(Address) AMERICAN FALLS, Idaho

RECEIVED NOV 6 1933

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86395

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emily Maria Thompson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Augustus W. Thompson

6. DATE OF BIRTH (month, day, and year) 7/21/1868

7. AGE: 65 Years, Months: 1, Days: 11, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coldsfort Utah

FATHER

13. NAME Joseph Allen

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Lucinda Lasley

16. BIRTHPLACE (city or town) (State or country) ~~Ohio~~ Iowa

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rockland Date 9/5, 1933

19. UNDERTAKER (Address) A. W. Davis Am. Falls, Idaho

20. FILED 9/8, 1933 Genevieve Notz, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1933, to September 3, 1933

I last saw her alive on September 3, 1933: death is said to have occurred on the date stated above, at 5:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic abscess ?	

Other contributory causes of importance:

Name of operation -- Date of

What test confirmed diagnosis? -- Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Am. Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 6 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. 2072

(No. Schlitz Memorial Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 86396

Local Registrar's No. 23

161a

2. FULL NAME John Wade

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 22 1933

7. AGE Years	Months	Days	If LESS than 1 day, ..4.. hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

FATHER

13. NAME Gerald Wade

14. BIRTHPLACE (city or town) (State or country) Farmum, Ida.

MOTHER

15. MAIDEN NAME Elsie Lounsburry

16. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

17. INFORMENT (Address) Gerald Wade

18. BURIAL, CREMATION, OR REMOVAL Place Am Falls Date 10/23/33 193

19. UNDERTAKER H. L. Davis (Address) Am. Falls Ida.

20. FILED Oct 23, 1933 Genevieve Ross Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from .....
.., 193..., to ..., 193...
I last saw him alive on Oct 22, 1933: death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 7 mo.	
Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Farrell, M. D.

(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86397

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marilyn Higbee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Singl

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6-32

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

FATHER

13. NAME Vernon J Higbee

14. BIRTHPLACE (city or town) (State or country) Milford Idaho

MOTHER

15. MAIDEN NAME Thelma Perkins

16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMENT (Address) Albion J Higbee Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date Oct 9, 1933

19. UNDERTAKER (Address) M. E. Thornhill Kellogg Ida.

20. FILED 10/10, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933 to Oct 9, 1933
I last saw h[illegible] alive on Oct 9, 1933: death is said to have occurred on the date stated above, at 1049 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	9-30-33
Other contributory causes of importance:	
Cardiac failure	10-7-33

Name of operation None Date of
What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 220 1

DO NOT WRITE IN THIS SPACE
State File No. 86398

Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Nearing

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario, Canada
(State or country)

FATHER
13. NAME Mr. Goldsmith
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Mrs. Lahead
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMENT Mrs. Fred Arnett
(Address) Kellogg, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida. Date Oct 26 1933

19. UNDERTAKER Mc Thornhill
(Address) Kellogg Idaho

20. FILED 10/10, 1933 Mrs. Helen M Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933 to Oct. 23, 1933
I last saw h[illegible] alive on Oct 23, 1933; death is said to have occurred on the date stated above, at 5:45 Pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardeal Degeneration	1 year
Other contributory causes of importance: Cardiac failure	

Name of operation none Date of
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold T Cenderan M.D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2-2-21

DO NOT WRITE IN THIS SPACE
State File No. 86399

Local Registrar's No. 5-4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Mackenzie

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Geo. McKenzie

6. DATE OF BIRTH (month, day, and year) 1/16/1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power Plant. Bunker Hill & Sullivan

10. Date deceased last worked at this occupation (month and year) 10/24/33

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Coatbridge Scotland

FATHER

13. NAME Alex. Mackenzie

14. BIRTHPLACE (city or town) (State or country) Inverness Scotland

MOTHER

15. MAIDEN NAME Catherine McDonald

16. BIRTHPLACE (city or town) (State or country) Inverness Scotland

17. INFORMENT (Address) Christina McKenzie San Francisco, Cal.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Spokane, Wn. Date Oct 28, 1933

19. UNDERTAKER (Address) M. C. Thornburg Kellogg, Idaho

20. FILED 10/30, 1933 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH anderson

21. DATE OF DEATH (month, day, and year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 24, 1933

I last saw h.. alive on Oct 24, 1933; death is said to have occurred on the date stated above, at 6:30 a.m. 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 years

Other contributory causes of importance:

Cardiac Failure	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Anderson, M. D.

(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86400

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 226
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William W. Adams
(a) Residence. No. Saltese, Mont. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna B. Adams
6. DATE OF BIRTH (month, day, and year) Nov 9-1869
7. AGE Years 64 Months 11 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept 1933
11. Total time (years) spent in this occupation 15 yrs
12. BIRTHPLACE (city or town) (State or country) Elk Point, S. Dak

FATHER
13. NAME Wm W. Adams
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Theresa Linck
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address)
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date Oct 30, 1933
19. UNDERTAKER (Address) B. S. Marstell Wallace Ida
20. FILED Oct 30th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 27 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Oct 27, 1933
I last saw him alive on Oct 27, 1933 death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Cancer Stomach Several Mo.
Other contributory causes of importance: Ulcer Stomach Several yrs
Name of operation None Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No
23. If death was due to exter. (causes of violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. S. Mowery M.D.
(Address) Wallace Ida

RECEIVED ... 1 3 1933

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86401

Registration District No. 71
Primary Registration District No. 1011
Local Registrar's No. 225

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Ray Mosiman

(a) Residence. No. 514 First St., St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~[illegible]~~ HUSBAND of ~~[illegible]~~ Marie Mosiman

6. DATE OF BIRTH (month, day, and year) May 16th. 1895

7. AGE: Years 38 | Months 5 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls City, Nebraska.

FATHER
13. NAME Joel Mosiman
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Mosiman (cousin)
16. BIRTHPLACE (city or town) (State or country) near Falls City, Nebraska.

17. INFORMENT (Address) Mrs. Marie Mosiman Wallace, Idaho.

18. ~~[illegible]~~ REMOVAL Place St. Joseph, Mo Date Oct. 27, 1933.

19. UNDERTAKER (Address) Bruce G. Worstell, Wallace, Idaho.

20. FILED Oct 26, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on 10/23, 1933 death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound head Self inflicted	Instant

Other contributory causes of importance: None

Name of operation None Date of ....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicidal Date of injury 10/23 1933
Where did injury occur? Home in City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Own Home
Manner of injury
Nature of injury Gunshot of head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Mowry Caron M.D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86402

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John McCoocy 31

(a) Residence. No. 148½ King St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 15 1862

7. AGE: X Years: 71 Months: 2 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Paul Batzle Wallace Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Wallace Date: Oct 25, 1933

19. UNDERTAKER (Address): Bruce T. Worstell Wallace, Idaho

20. FILED Oct 25th, 1933 C. E. Stoni Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 21 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Oct 21, 1933
I last saw him alive on Oct 21, 1933 death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of lungs Instant	

Other contributory causes of importance:
Tuberculosis Pulmonary Several mo

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. S. Mowery Corone
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86403

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 223

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Alma Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Carl Peterson

6. DATE OF BIRTH (month, day, and year) Apr. 10 - 1887

7. AGE Years 46 Months 6 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Albert Chalbert
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Ida Armstrong
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mr. Carl Peterson Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Oct 22 1933

19. UNDERTAKER (Address) J. A. Burr (Ward Mud Co.) Wallace Ida

20. FILED Oct 20th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933 to Oct 19, 1933

I last saw her alive on Oct 18, 1933; death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion of Breast Several Mo

Other contributory causes of importance:

None

Name of operation None Date of [illegible]

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. S. Mowery M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Mowery

DO NOT WRITE IN THIS SPACE
State File No. 86404

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 76
Primary Registration District No. 1611 Local Registrar's No. 222
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100

2. FULL NAME Alfred Kogan

(a) Residence. No. Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Hannah C Kogan

6. DATE OF BIRTH (month, day, and year) June 26 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nobele Smaland Sweden

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Alpha Kogan Wallace

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date Oct 18, 1933

19. UNDERTAKER Bruce G Moratell (Address) Wallace Ida

20. FILED Oct 19th, 1933 Lewistone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Oct 15 1933

I last saw him alive on Oct 15 1933 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 9
Other contributory causes of importance:	
Influenza	Oct 4

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Mowery M.D.

(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86405

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 111
Local Registrar's No. 221

(No. 22 Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME E. M. Mundell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mng.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Co Hospital Records. Wallace Ida.

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place Wallace Ida. Date Oct 18, 1933

19. UNDERTAKER (Address) J. A. Burr (ward undertaker) Wallace Ida.

20. FILED Oct. 18, 1933 C. A. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1933, to Oct 18th, 1933

I last saw h... alive on Oct 14th, 1933: death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Lindsay, M. D.

(Address) Kellogg Idaho.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86406

PLACE OF DEATH
County of Shoshone
City of Gem

Registration District No. 76
Primary Registration District No. 1011
Local Registrar's No. 228

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henrietta Margaret Briggs

(a) Residence. No. Gem Ida St. Gem Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Hugh Briggs

6. DATE OF BIRTH (month, day, and year) May 24 1881

7. AGE Years 52 Months 4 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Harry Hulbert
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Ellen Saunders
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT Hugh Briggs (Address) Gem Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Oct 14, 1933

19. UNDERTAKER J. A. Brown (Ward Mud Co) (Address) Wallace Ida

20. FILED Oct 14th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct 10, 1933.
I last saw her alive on Oct 9, 1933; death is said to have occurred on the date stated above, at 11:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Carcinoma of left Breast (Inoperable)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Max T. Smith, M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 18 1933

PLACE OF DEATH

County of Shoshone,

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86407

Registration District No. 10

Primary Registration District No. 1011 Local Registrar's No. 219

(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sam J. Tennal

(a) Residence. No. Wallace, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 68 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Leavenworth Kansas

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date Oct 9th, 1933

19. UNDERTAKER (Address) B. G. Warstell Wallace Ida

20. FILED Oct 9th, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/5 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Oct, 1933

I last saw him alive on Oct 4th, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Chronic intestinal Intoxication Possible Carcinoma of bowel

Date of onset

Other contributory causes of importance: Chronic prostatitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify none

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86408

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 7 0

Primary Registration District No. 1111

Local Registrar's No. 218

(No. C O Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Casey.

(a) Residence. No. Mullan Ida. St. Mullan Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced—(write the word)
Male	White.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10 - 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) C O Hospital Records. Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date Oct 5, 1933

19. UNDERTAKER (Address) J. A. Burn (Ward and Co) Wallace Ida.

20. FILED Oct 5th, 1933 C. W. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Oct 2nd, 1933

I last saw him alive on Sept 30, 1933: death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Miner

(Signed) W. C. Lindsay, M.D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86409

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 78
Primary Registration District No. 1011 Local Registrar's No. 217
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles F. Lynch
(a) Residence. No. Burke, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Kate Lynch
6. DATE OF BIRTH (month, day, and year) May 4 1865
7. AGE Years 68 Months 5 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. mill wright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N. Hampshire

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs Kate Lynch Hayford, Wash.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Ida Date Oct 28 1933
19. UNDERTAKER (Address) B. Morstell Wallace Idaho
20. FILED Oct 30th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 26 1933.
22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1933, to Oct 26, 1933
I last saw h alive on Oct 25, 1933: death is said to have occurred on the date stated above, at 3:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:
Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Max F. Lynch, M.D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86410

PLACE OF DEATH
County of Shoshone
City of Burke

Registration District No. 70
Primary Registration District No. 1111
Local Registrar's No. 113

(No.) 185
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Weston Ofmsby

(a) Residence. No. Burke Ida St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lola Ofmsby

6. DATE OF BIRTH (month, day, and year) Sept 29-1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner (Asst Mid Dept)
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year) 9/21/33
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) St Louis
(State or country) Mo.

FATHER
13. NAME Henry Ofmsby
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Mary McCaffery
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMENT (Address) Mrs Lola Ofmsby Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Date Sept 26 1933

19. UNDERTAKER (Address) J. A. Bowers Ward Undertaking Co Wallace Ida.

20. FILED Sept 27, 1933 C. S. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1933 to Sept 23 1933, 1933
I last saw him alive on 9/23/33 His death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull. Compound.	9/23/33
Other contributory causes of importance:	

Name of operation None Date of None
What test confirmed diagnosis Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/23 1933
Where did injury occur? Burke Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on highway
Manner of injury Fell off Car while Coupling Cars
Nature of injury Compound Depressed Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. C. Mowrey, M. D.
(Address) Box 293 Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86411

PLACE OF DEATH

County of Teton
City of Victor, Idaho,

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 5
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patrick Hynes
(a) Residence. (Usual place of abode.) Victor Idaho St. (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2-04

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Anna Hynes

6. DATE OF BIRTH (month, day and year) Sept. 24, 1854

7. AGE Years 79 Months Days 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teamster (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Quincy, Ill.

PARENTS
10. NAME OF FATHER Wm. Hynes
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Margaret Quinlivan
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ireland

14. Informant (Address) W. J. Hynes, Victor, Idaho.

15. Filed Oct 17, 1933 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 17 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Suddenly dropped dead. Presumably from heart disease. Had had dizzy spells at times (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) L. R. Redner, M. D.
10/17, 1933 (Address) Driggs, Idaho.

19. Place of Burial, Cremation, or Removal Quincy, Ill. Date of Burial Oct 21 1933

20. Undertaker W. M. Hansen Address St Anthony

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86412

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 1085 Local Registrar's No. 134

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gearld Fitzgearld 3-30

(a) Residence. No. 452 Walnut St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 26/33

7. AGE Years — Months — Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER F G Fitzgearld

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Maris Anderson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Okla

14. Informant (Address) F G Fitzgearld Twin Falls

15. Filed Oct. 30, 1933 Geo C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 27, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933 to Oct 27, 1933

that I last saw him alive on Oct 27, 1933

and that death occurred, on the date stated above, at 8P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Atelectasis.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H W Clouchett, M.D.

Oct 27, 1933 (Address) Twin Falls, Idaho

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Oct 28 1933

20. Undertaker F E Drake Address Twin Falls

N. B.—Every item of information should be shown. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV. 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86413

PLACE OF DEATH
County of Twin Falls
City of ✓
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 135

(No. Residence) 182
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carma Nadine Samples

(a) Residence. No. Route #1 St. Murtaugh Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 13-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murtaugh Idaho

FATHER

13. NAME Chas. V. Samples

14. BIRTHPLACE (city or town) (State or country) Ottumaw, Kansas

MOTHER

15. MAIDEN NAME Grace Barnes

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Kansas

17. INFORMENT (Address) Chas V. Samples R 7 Murtaugh Ida

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date 11-2, 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho

20. FILED Nov. 1, 1933 Geo C. Halley M.D. Registrar. Twin Falls County Coroner. Filer Ida.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw her alive on ....., 1933; death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	✓
(Fell in Well)	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury 10-30 1933

Where did injury occur? Murtaugh Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. A. Wright Jr., M. D.
Twin Falls County Coroner. Filer Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 86414

Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Heber Marshall

(a) Residence. No. Eden, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mrs. Mary Louise Marshall

6. DATE OF BIRTH (month, day, and year) Jan. 29, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Oct. 30, 1933

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) Bagustah Utah
(State or country)

FATHER

13. NAME George Heber Marshall

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Mary Riggs

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMENT Mrs. A. V. Little
(Address) Eden, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hazelton, Idaho Date Nov. 3, 1933

19. UNDERTAKER Evans & Johnson
(Address) Twin Falls, Idaho

20. FILED Nov. 4, 1933 Geo. C. Talley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Monday Oct 30, 1933, to Oct 30th, 1933

I last saw him alive on Oct 30th, 1933; death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows: Septic Pneumonia Due to auto collision. Fracture of Femur & Tibia, both with Tuberculosis of pleura & lung

Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John P. Naughton M.D.

(Address) Twin Falls Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86415

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 137

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188c

2. FULL NAME Rebecca Cowin Henstock

(a) Residence. No. Hollister, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James E. Henstock

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1866

7. AGE: Years 67, Months 8, Days 9. If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ridgeway, Wis.
(State or country)

FATHER
13. NAME Joseph Phillips Cowin
14. BIRTHPLACE (city or town) Isle of Man
(State or country)

MOTHER
15. MAIDEN NAME Anne Moore [redacted]
16. BIRTHPLACE (city or town) Isle of Man
(State or country)

17. INFORMENT Mrs. E. J. Jones
(Address) Worthington, Minn.

18. BURIAL, ~~CREMATION, CRYPTOMAL~~
Place T. F. Cemetery Date 10/31, 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED Nov. 6, 1933 Geo C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw her alive on October 29, 1933: death is said to have occurred on the date stated above, at 11:34 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of skull with intracranial hemorrhage	

Other contributory causes of importance:
(Auto accident)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John H. Laughlin M.D.
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86416

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. Mantooth Maternity Home
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merle Wayne Gubbler

(a) Residence. No. Buhl, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct 8th/33

7. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, ✓ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country)

FATHER
13. NAME Carl Gubbler
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER
15. MAIDEN NAME Nita Hazel Chidester
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT Mrs. Hazel Chidester
(Address) Buhl

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Buhl Date Oct 9, 1933

19. UNDERTAKER Emma L. Johnson
(Address) Buhl, Ida L. Johnson

20. FILED 10-12, 1933 J. H. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from none, 193..., to ——, 193...
I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

none known

Name of operation..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) F. W. MacManus, M. D.
(Address) Buhl, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MacManus

RECEIVED NOV 6 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86418

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida M. Douglass

(a) Residence. No. 328 - 8th Ave So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of E. J. Douglass

6. DATE OF BIRTH (month, day, and year) Jan. 27-1908

7. AGE Years 25 Months 8 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER
13. NAME Peter Pasgini
14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER
15. MAIDEN NAME Dana Knau
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) E. J. Douglass Buhl.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Tiler Ida Date 10/11, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl. Ida

20. FILED 10-12, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 9, 1933
I last saw her alive on Oct 9, 1933; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Embolism	Oct 9-33

Other contributory causes of importance: Had given birth 2 hrs before to decomposed child

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) R. E. Shultz, M. D.
(Address) Buhl Ida

RECEIVED NOV [illegible] 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86419

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
R. F. D.

Registration District No. 39
Primary Registration District No. T. F. 1 Local Registrar's No.
(No. Twin Falls County Gen'l Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Nellie Butler

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of E. E. Butler

6. DATE OF BIRTH (month, day, and year) Sept. 18-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	✓	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yakima Wash.

FATHER
13. NAME Herman Van Zante
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Clara Serpstra
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) E. E. Butler Buhl Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Filer Idaho Date Oct. 14, 1933

19. UNDERTAKER Evans & Johnson (Address) Buhl — L. Johnson

20. FILED Oct. 13, 1933 J. T. Allerdyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1933, to 10-11-, 1933.
I last saw her alive on 10-11, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction following operation for drainage of pelvic abscesses	10-7-33

Other contributory causes of importance:

Multiple Pelvic abscess

Name of operation Drainage of Abscess Date of 10-7-33
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo Jennings, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 1087

DO NOT WRITE IN THIS SPACE
86420
State File No.

Local Registrar's No.

(No. 74 2nd)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Madison Neff.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Victara Neff

6. DATE OF BIRTH (month, day, and year) Nov 13 = 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Levi Neff

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Mary Bryant

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) John Neff Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl—Ida Date Oct. 15 1933

19. UNDERTAKER Evans Johnson & Johnson (Address) Buhl Ida

20. FILED 10-16, 1933 J. H. Wirfley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Oct 13, 1933

I last saw h— alive on Oct 13, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrage	Sept 11-33
Other contributory causes of importance:	
Chronic Nephritis	1926
Arteria Sclerosis	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Lantz, M. D.

(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86421

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 39

Primary Registration District No. 7087

Local Registrar's No.

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

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2. FULL NAME Lloyd Ferran Charlton

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of x

6. DATE OF BIRTH (month, day, and year) Nov. 28/1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookeeper, etc*

9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc* At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl, Ida.
(State or country)

FATHER

13. NAME Frank Charlton

14. BIRTHPLACE (city or town) Arkansas
(State or country)

MOTHER

15. MAIDEN NAME Verna Wetenkamp

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMENT (Address) Williard Charlton Buhl.

18. BURIAL, [illegible] Place Buhl Date 10/20, 1933

19. UNDERTAKER Evans & Johnson
(Address) Buhl.

20. FILED Oct 21, 1933 J. N. Merkley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1933, to Oct 18, 1933

I last saw him alive on Oct. 18, 1933: death is said to have occurred on the date stated above, at 7.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, caused by ruptured bowel due to being kicked by a horse	

Other contributory causes of importance:

Name of operation Laperotomy Date of Oct. 12 1933

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Oct. 11, 1933

Where did injury occur? At his Fathers home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Kicked by horse

Nature of injury Ruptured bowel

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Ferning

(Signed) J. N. Merkley, M. D.

(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 8 1933

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86422

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosella Samels

103

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George H. Samels

6. DATE OF BIRTH (month, day, and year) March 26/1860

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6.	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berne
(State or country) Switzerland

FATHER

13. NAME David Rush

14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER

15. MAIDEN NAME Rosella Rush

16. BIRTHPLACE (city or town) Berne
(State or country) Switzerland

17. INFORMENT (Address) Earl Samels Buhl

18. BURIAL, CREMATION, OR REMOVAL
Place Buhl Date Oct 27, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl — L. J. Johnson

20. FILED 10-31, 1933. J. H. Wurkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 1925, 193X, to Oct 25, 1933.

I last saw her alive on 25 Oct, 1933: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pulmonary congestion	
arteriosclerosis, chronic	
nephritis, cardiac hypertrophy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. MacManus, M. D.

(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86423

PLACE OF DEATH
County of Twin Falls
City of Castleford
Registration District No. 39
Primary Registration District No. 2-0187
Local Registrar's No. 175
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Gray

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura Gray

6. DATE OF BIRTH (month, day, and year) Jan 1-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) 6 Years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER
13. NAME Gerald Gray
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Nancy Pinkston
16. BIRTHPLACE (city or town) Galveston (State or country) Texas

17. INFORMENT (Address) Mrs Bessie Lomita Castleford

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date Oct 27, 1933

19. UNDERTAKER Evans & Johnson
(Address) Buhl

20. FILED Oct. 27, 1933. J. T. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933, to Oct 25, 1933
I last saw h... alive on Oct 25, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stomach Poison	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) R. E. Lynch, M. D.
(Address) Buhl Idaho

RECEIVED NOV 3 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86424

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. Twin Falls Co. Gen'l Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Edward Schmidt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Clara Schmidt

6. DATE OF BIRTH (month, day, and year) May 7th 1882

7. AGE Years 51 Months 5 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Funeral

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Director

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farina Ill.

FATHER

13. NAME Florimond Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Marie Knecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Barbara Schmidt Buhl

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Buhl Date Oct 30 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl L. Johnson

20. FILED 10-31, 1933 J. H. Wurpley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933, to Oct 28, 1933

I last saw him alive on Oct 29, 1935: death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute endocarditis and myocarditis,	Sept 21-33
this was preceded with an acute respiratory infection influenzal type	Sept 16-33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) E. K. Berry, M. D.

(Address) Buhl Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86425

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 138

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Geo G. Hendricks

(a) Residence. No. Hospital St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 8/1916

7. AGE Years 17 Months 4 Days 02 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Student
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER G M Hendricks

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Colo

12. MAIDEN NAME OF MOTHER Hazel Clawson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant (Address) G M Hendricks Twin Falls

15. Filed Nov. 6, 1933 Geo C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 30, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-30, 1930, to 10-30, 1933
that I last saw him alive on 10-30, 1933
and that death occurred, on the date stated above, at 11 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Compound depressed fracture of skull. Intracranial hemorrhage. Auto collision
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John K Loughlin, M. D.
10-30, 1933 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Nov 8 1933

20. Undertaker E Drake Address Twin Falls

N. B[illegible] item of information should be c[illegible] it may be p[illegible] should state CAUSE OF DEATH in pl[illegible] terms, [illegible] Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86426

PLACE OF DEATH

County of Twin Falls
City of Kimberly

Registration District No. 37
Primary Registration District No. 2085
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 118

2. FULL NAME Roxanna Nesbitt

(a) Residence. No. R. F. D. #1, Kimberly Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of S. K. Nesbitt

6. DATE OF BIRTH (month, day and year) Feb 25 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Folson Calif.

PARENTS

10. NAME OF FATHER John Burgess

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Mrs. Anna Quast
(Address) R. F. D. #1, Kimberly, Idaho.

15. Filed Oct. 3, 1933 Geo. C. Talley, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 30 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan - 1, 1930, to Sept 30, 1933
that I last saw her alive on Sept. 30, 1933
and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Coronary artery disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/28/33

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operation

(Signed) J. M. Dunning, M. D.

Oct. 2, 1933 (Address) Kimberly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~	Date of Burial
Twin Falls Cemetery	10-3 1933
20. Undertaker	**Address**
White Mortuary Inc.	Twin Falls, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86427

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 119

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Radcliffe

(a) Residence. No. 715, 2nd Ave N. St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	*Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Divisionad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store keeper for Idaho Power Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oldham Lancashire, England

FATHER

13. NAME John Radcliffe

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Bottomley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Lucy Wolfenden Gooding, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Gooding Idaho Date 10-4 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Idaho.

20. FILED Oct 3, 1933 Geo. C. Talley M.D. Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to Sept 30, 1933

I last saw him alive on Sept 29 1933: death is said to have occurred on the date stated above, at 12:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
	"

Other contributory causes of importance:

Angina Pectoris

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wilson, M.D.

(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86428

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 121.

(No. 359 Harrison Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anthony J. Clausen

(a) Residence. No. 359 - Harrison street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Cathren Clausen

6. DATE OF BIRTH (month, day, and year) Mar. 6Th1900

7. AGE						If LESS than 1 day, hrs. or min.
33	Years	6	Months	23	Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union City
(State or country) Okla.

FATHER

13. NAME Joseph Clausen

14. BIRTHPLACE (city or town)
(State or country) Minn.

MOTHER

15. MAIDEN NAME Mary M. Sendelbach

16. BIRTHPLACE (city or town)
(State or country) Wis.

17. INFORMENT (Address) Mrs. J. J. Hughs 220. -7Th. Ave, East

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls. Date Oct. 2Nd 1933

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED Oct. 4, 1933 Geo. C. Talley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933, to Sept 29, 1933

I last saw h. alive on Sept 29, 1933: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumia	9-16-33
Other contributory causes of importance:	

Name of operation 0 Date of C

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Geraghty M.D.

(Address) Twin Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86429

PLACE OF DEATH
County of Twin Falls
City of Clover
R.F.D.

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 122

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mamie Becker

(a) Residence. No. Clover, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lena Becker

6. DATE OF BIRTH (month, day, and year) Nov 24-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME J. M. Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Wolfram

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Rudolph Martens Clover, Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Clover Date Oct 4, 1933

19. UNDERTAKER Evans & Johnson (Address) Twin Falls L. Johnson

20. FILED Oct. 6, 1933 Geo. C. Hadley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 14th, 1933, to Oct 1, 1933
I last saw h alive on Sept 14, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Other contributory causes of importance:	
Senile changes	
Hypertension	

Name of operation c Date of c
What test confirmed diagnosis? c Was there an autopsy? c

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John T. Loughlin M. D.
(Address) Twin Falls Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86430

PLACE OF DEATH

County of Twin Falls

City of Hansen

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 123

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin C. Fields (3) yrs

(a) Residence. No. St. Hansen Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT Mrs. E. E. Clark
(Address) Box 330 San Bernardino Cal.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Twin Falls Date 10-14 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho.

20. FILED Oct. 13, 1933 Geo. C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw him alive on Oct. 11, 1933; death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Instant

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193..

Where did injury occur? Hansen tourist cabins
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Tourist cabins

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) F. A. Dwight, M. D.
Coroner.
(Address) Filer Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86431

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 124

(No. 1346 - 8th Ave E.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles H Ross

(a) Residence. No. 1346 - 8th Ave E St.
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charlett

6. DATE OF BIRTH (month, day, and year): May 8 1880

7. AGE: 53 Years | 7 Months | 3 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Shoe maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: Wm. Ross.
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: don't know
16. BIRTHPLACE (city or town) (State or country): don't know

17. INFORMENT (Address): Mrs C. H. Ross 1346 - 8th Ave E
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Oct 14, 1933
19. UNDERTAKER (Address): S.C. Phillips Twin Falls, Ida
20. FILED Oct. 14, 1933 Geo. C. Hacker M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1933, to Oct 11, 1933
I last saw him alive on Oct 11, 1933: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1932

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo C Hacker M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86432

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 125

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Eugene Fisher

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 9 / 33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Floyd Fisher
14. BIRTHPLACE (city or town) (State or country) Nebr

MOTHER
15. MAIDEN NAME Helen Loope
16. BIRTHPLACE (city or town) (State or country) Kans

17. INFORMENT (Address) Floyd Fisher

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Date Oct 14, 1933

19. UNDERTAKER A. E. Drake (Address) Twin Falls

20. FILED Oct. 14, 1933 Geo. C. Halley M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11th to Oct 13, 1933.
I last saw him alive on Oct 11th, 1933: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice Neonatorum	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Lamb, M. D.
(Address) Twin Falls.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86433

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 126

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William W. Burnett

(a) Residence. No. Route # 1 St. Filer Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) — 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem Canada
(State or country)

FATHER

13. NAME George Burnett

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Isabella Harbottle

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Miss Mary Burnett
(Address) Filer, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Twin Falls Date 10-18, 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls. Idaho.

20. FILED Oct. 18, 1933 Geo. C. Halley, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 14 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.3., to Oct 14, 1933

I last saw him alive on Oct. 14, 1933: death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine poisoning	3 Minutes
self administered,	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct 14 1933

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No.

Manner of injury Poisoning

Nature of injury Self administered.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. A. Dwight M. D.

(Address) Twin Falls Co. Coroner Filer

RECEIVED NOV 9 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86434

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 128

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Terry

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 9-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME Jack Terry

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Alta Powers

16. BIRTHPLACE (city or town) (State or country) Sublett Idaho

17. INFORMENT (Address) W. H. Day Eden Idaho.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Burley Ida Date 10-19, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Ida

20. FILED Oct. 18, 1933 Geo. C. Halley, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16th, 1933, to Oct 17th, 1933

I last saw h alive on Oct 17th, 1933: death is said to have occurred on the date stated above, at 7:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Acute Appendicitis	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Lamb, M. D.

(Address) Twin Falls Ida.

RECEIVED NOV 9 1933

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86435

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 129.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Genevieve Marie Wellhausen

(a) Residence. No. Twin Falls St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

18 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1931

7. AGE Years 2 Months 2 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

FATHER

13. NAME Henry Wellhausen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Rippe

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT (Address) Henry Wellhausen Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls, Date Oct. 18, 1933

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls.

20. FILED Oct. 18, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/17 — 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Oct 17, 1933

I last saw her ~~alive~~ on Oct 18, 1933: death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

Drowning in irrigation ditch

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury ....., 193..

Where did injury occur? South 1/4 East of Twin Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury ~~Drowning~~ Accidental

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No.

(Signed) F. A. Dwight M.D.

(Address) Twin Falls County Corner. Filer.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86436

PLACE OF DEATH

County of Twin Falls.

City of Twin Falls.

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 130

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert C. Sanders

(a) Residence. No. Twin Falls, Idaho. Route #2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mertie Sanders

6. DATE OF BIRTH (month, day, and year) Nov. 20-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Page Center Iowa

FATHER

13. NAME George Sanders

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah A. Bishop

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Mrs. Mertie Sanders Twin Falls, Ida. Route #2

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Date 10-22 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho.

20. FILED Oct 20, 1933 Geo. C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933., to Oct 19, 1933.

I last saw ~~him~~ alive on ....., 1933.: death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct. 19-33

Other contributory causes of importance:

Valvular Heart disease	1923

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1933.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John L. Langley M.D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86437

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 131
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rex Melvin Frances
(a) Residence. No. Moravia, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) Sept 10-1932
7. AGE Years 1 Months 1 Days 11 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Guthrie Center Iowa.

FATHER
13. NAME Luke M. Frances
14. BIRTHPLACE (city or town) (State or country) Polk County Iowa

MOTHER
15. MAIDEN NAME Lillie May Taggart
16. BIRTHPLACE (city or town) (State or country) Audubon, Iowa

17. INFORMENT (Address) Luke M. Frances

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Filer Co. Cem Date 10/21-, 1933

19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida

20. FILED Oct. 21, 1933 Geo. C. Holley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Oct 21, 1933.
I last saw him alive on Oct 20, 1933: death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media Acute	Oct 7
Colon Bacillus	

Other contributory causes of importance:

Mastoiditis	Oct 10 1933
Septicemia - Colon B.	Oct 14 '33

Name of operation Mastoidectomy Date of Oct 16 1933
What test confirmed diagnosis Clinic Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) C. Russell Hayes, M.D.
(Address) Twin Falls, Idaho

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86438

PLACE OF DEATH

County of Twin Falls Registration District No. 31

City of Filer Primary Registration District No. 2085 Local Registrar's No. 132

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emogene Stupplett

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 19 33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS

10. NAME OF FATHER J. V. Stupplett

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Okla

12. MAIDEN NAME OF MOTHER Goldy Cain

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ark

14. Informant (Address) J. V. Stupplett Filer Route A

15. Filed Oct. 13, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 22 33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/21, 1933, to 10/22, 1933
that I last saw h er alive on 10/22, 1933
and that death occurred, on the date stated above, at 11 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Ileo-colitis.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D. Weaver M. D.
10/22, 1933 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer	Oct 23 1933

20. Undertaker F. E. Drake Address Twin Falls

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86439

PLACE OF DEATH
County of Twin Falls
City of Murtaugh
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 133

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME La Dan Rand Bates

(a) Residence. No. La Varr St. Murtaugh
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 24-1929
7. AGE: Years 7 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Murtaugh Ida

FATHER
13. NAME: Lyman Bates
14. BIRTHPLACE (city or town) (State or country): Marion Ida

MOTHER
15. MAIDEN NAME: Edith Lee
16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMENT (Address): Mrs Edith Bates Murtaugh Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date 10-29 1933

19. UNDERTAKER: R Payne
(Address) Burley

20. FILED Oct 28, 1933 Geo. C. Halley M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 29 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1933, to Oct. 28, 1933.
I last saw him alive on Oct 15, 1933: death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis with	
mitral insufficiency.	

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Thos. D. Rees, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 3 1933

PLACE OF DEATH

County of Valley

City of Roseberry Ida,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. ____

DO NOT WRITE IN THIS SPACE

State File No. 86440

Local Registrar's No. 11

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

12

2. FULL NAME Mary Etta Jasper

(a) Residence. No. Roseberry Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wife of John M. Jasper

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Mark Cole

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Not Known "

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMENT (Address) Cyntha E. Pottenger

18. BURIAL, CREMATION, OR REMOVAL Place Roseberry Ida Date Oct 8th, 1933

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Oct 8, 1933. M. J. Keady Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Oct 6, 1933.
I last saw her alive on Oct 1st, 1933; death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1927
Other contributory causes of importance:	
Thyocarditis	1933

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Duncan W. Ward M. D.

(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86441

PLACE OF DEATH

County of Valley

City of Near McCall Idaho

Registration District No. 15

Primary Registration District No.

Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hilda Elizabeth Johnson

(a) Residence. No. Near McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John G. Johnson

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 70 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Snellman

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Fred Johnson

18. BURIAL, CREMATION, OR REMOVAL
Place Fin. Cemetary Date Oct, 19th 1933

19. UNDERTAKER (Address) A. D. Robb
Cascade Idaho

20. FILED Oct 20, 1933 Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep. 30, 1933, to Oct. 16, 1933

I last saw her alive on Oct. 16, 1933: death is said to have occurred on ~~the date stated above~~ Oct. 17 at about 5 a.m.

The principal cause of death and related causes of importance were as follows:

Weakened heart & advanced age - with paralytic stroke on Oct. 15th 1933.

Date of onset

Other contributory causes of importance:

Lobar Pneumonia - Sep. 28th to Oct. 12th 1933.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) McCall Idaho.

RECEIVED NOV 3 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86442

PLACE OF DEATH

County of Valley
City of McCall Idaho

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nikolai Nasi

(a) Residence. No. Near McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9th, 1871

7. AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Mat Nasi
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Art Nasi

18. BURIAL, CREMATION, OR REMOVAL Place Fin Cemetary Date 10/26th, 1933

19. UNDERTAKER (Address) A.D.Robb Cascade Idaho

20. FILED Oct 23, 1933 W. Gardner Ready Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased 1 day - 10-16, 1933, to (saw only once), ~~193~~
I last saw him alive on 10-16, 1933: death is said to have occurred on ~~the date stated above~~ 10-22-33, at 9-A m.
The principal cause of death and related causes of importance were as follows: Nephritis of probably long standing.

Date of onset

Other contributory causes of importance: Dropsy & Heart disease.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) D. Munton, M. D.
(Address) McCall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86443

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME George C Bradley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 28 1855

7. AGE Years 78 Months — Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER
13. NAME Milton Bradley
14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER
15. MAIDEN NAME Caroline Conklin
16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMENT (Address) Mrs Hazel Bradley Hand

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Date Oct 28 1933

19. UNDERTAKER (Address) H Adair for L C Northam Payette Weiser

20. FILED Nov 1, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1933, to Oct 26th, 1933
I last saw him alive on 19th Oct, 1933: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death, and related causes of importance were as follows:

	Date of onset
Prostatitis - of several years duration	

Other contributory causes of importance:
Anaemia.

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) M. R. Hamilton, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 14 1933

Marshall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86444

PLACE OF DEATH

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert Curtis Combs

(a) Residence. No. Washington Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26-1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Student

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Charles B Combs

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Minnie Buckman

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Minnie Tate Huntington Ore

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 9-30, 1933

19. UNDERTAKER (Address) L. C. Northrup Weiser Idaho

20. FILED Oct 19, 1933 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1933, to Sept 29, 1933

I last saw h.e alive on Sept 24, 1933; death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. O. Marshall, M. D.

(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86445

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin Burgess

(a) Residence. No. ..... St. Weiser Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Burgess

6. DATE OF BIRTH (month, day, and year) Jan 25 1864

7. AGE Years 69 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER
13. NAME Thomas Burgess
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Harris
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Fred E. Burgess Vale Ore

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date Oct 26, 1933

19. UNDERTAKER (Address) L C Northam (J H Adair) Weiser Ida (Payette)

20. FILED Nov 1, 1933 J. R. Hamilton Sec. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1933, to 10-24, 1933
I last saw him alive on 10-18, 1933: death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Weiser Ida

RECEIVED NOV 1 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86446

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosa Elizabeth Barton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Luke Barton

6. DATE OF BIRTH (month, day, and year) June 22-1875

7. AGE Years 58 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba Ky

FATHER

13. NAME Zach Williams

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Page

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMENT (Address) Luke Barton Weiser

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Date Nov 1, 1933

19. UNDERTAKER (Address) L C Northam J H Adair Weiser Ida. Payette Ida

20. FILED Nov 1, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Oct 29, 1933

I last saw her alive on Oct 16, 1933: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Marshall, M. D.

(Address) Weiser

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86447

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 24
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie Brown
(a) Residence. No. Weiser Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brown
6. DATE OF BIRTH (month, day and year) July 13 1877
7. AGE Years 56 Months 3 Days 25 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Scotland

PARENTS
10. NAME OF FATHER Charles Sommerville
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Margaret Ingals
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Scotland

14. Informant (Address) Walter Putnam Weiser Ida

15. Filed Nov 13, 1933 W. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 8 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Nov 8, 1933
that I last saw her alive on Oct 30, 1933
and that death occurred, on the date stated above, at 10 10 P m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(duration) yrs. 7 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Burloats M. D.
11/9, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal Ogden, Utah
Date of Removal Nov 10 1933
20. Undertaker E. Northam Weiser
I. H. Adair " "

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86448

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elenora Bliss 89

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Sidney F. Bliss

6. DATE OF BIRTH (month, day, and year) Nov 3- 1870

7. AGE Years 62 Months 10 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

FATHER
13. NAME Robert Evans
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Beansford
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMENT Sidney F. Bliss
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date 9-6-, 1933

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Sept 13, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 5- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1933, to Sept 5th, 1933
I last saw her alive on Sept 5th, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia Pernicious	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) M. R. Hamilton, M. D.
(Address) Weiser, Idaho

RECEIVED OCT 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86449

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME Frank C Ives

(a) Residence. No. 891 State St St. Weiser Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Minnie Ives

6. DATE OF BIRTH (month, day, and year) Nov 24 1861

7. AGE Years 72 Months 6 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) The Dalles Ore

FATHER
13. NAME Sherman Ives
14. BIRTHPLACE (city or town) (State or country) N Y City N Y

MOTHER
15. MAIDEN NAME ✓ ✓
16. BIRTHPLACE (city or town) (State or country) ✓ ✓

17. INFORMENT (Address) Minnie Ives

18. BURIAL, CREMATION, OR REMOVAL Place Baker Ore Date Oct 16, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser

20. FILED Oct 16, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
auto accident killed by walking in front of car	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northam Coroner, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86450

PLACE OF DEATH

County of Washington
City of Weiser
Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charlotte Hayes

(a) Residence. No. 1000 Springs Valley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 25 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME O. S. Hayes

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Emma Elkins

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMENT (Address) W. G. Hayes Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mountain Creek Date Sept 16, 1933

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Oct 16, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 13, 1933
I last saw her alive on Sept 13, 1933; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	?
" Endocarditis	?

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. M. Coats, M. D.
(Address) Weiser, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86451

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 16.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Max Kuhlman
(a) Residence. No. 134 W Liberty St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ida Kuhlman

6. DATE OF BIRTH (month, day and year) ~~Oct 2 33~~ Nov 15-1876

7. AGE Years 56 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Fred Kuhlman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Louisa Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs Mary B. Linderman

15. Filed Oct 16, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to Oct 2, 1933
that I last saw him alive on Oct 2, 1933
and that death occurred, on the date stated above, at 8 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Brain Tumor

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) R. McCoats M. D.
1/5, 1933 (Address) Weiser Idaho

19. Place of Burial, Cremation, or Removal Hillcrest Cemetery
Date of Burial Oct 4 1933

20. Undertaker C C Atkins
Address Payette

RECEIVED OCT 18 1933

Coals

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86452

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Serreptia Thompson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wht
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ H.A. Thompson

6. DATE OF BIRTH (month, day, and year) Mar 18.-1868

7. AGE Years 64 Months 6 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME Elish Blevins
14. BIRTHPLACE (city or town) (State or country) Green County Dont Know

MOTHER
15. MAIDEN NAME Margaret Akers
16. BIRTHPLACE (city or town) (State or country) Kentucky Dont Know

17. INFORMENT (Address) H.A. Thompson Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Date 9-30, 1933

19. UNDERTAKER (Address) L.C. Northam Weiser Idaho

20. FILED Oct 16, 1933 H.R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to Sept 28, 1933
I last saw her alive on Sept 28, 1933: death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Dec 1932?

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Weiser Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86453

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 18
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elesebeth May Elliott

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of: John Elliott

6. DATE OF BIRTH (month, day and year): May 4-1895

7. AGE: Years 38 | Months 5 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Nunberg Mass

PARENTS

10. NAME OF FATHER: Charles A McBride
11. BIRTHPLACE OF FATHER (city or town) (State or Country): New Orleans
12. MAIDEN NAME OF MOTHER: Della Patterson
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Coshocton Ohio

14. Informant (Address): John Elliott Weiser Idaho

15. Filed Oct 16, 1933 S. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 5, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933, to Oct 5 1933
that I last saw her alive on Oct 4, 1933
and that death occurred, on the date stated above, at 7:15 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) R. M. Coutts M. D.
Oct 7, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal: Weiser Idaho — Date of Burial: 10-7-1933

20. Undertaker: J. H. Adair — Address: Boyette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

Dr John Bo[illegible] RECEIVED NOV 16 1933 86454

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86454

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 106

(No. Boise, Idaho. Route # 5)

(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Charles M. Abbott

(a) Residence. No. Boise, Idaho Route #5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva M. Abbott.

6. DATE OF BIRTH (month, day, and year): August 23rd 1854

7. AGE: Years 79 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alton, Ill

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. Eva M. Abbott. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem Date 11/10/33

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho

20. FILED 11-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8/33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1933, to Nov. 8th, 1933.
I last saw him alive on Nov. 7th, 1933: death is said to have occurred on the date stated above, at 12:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Encephalomalacia and continuous gastro intestinal disturbances.	

Other **contributory causes** of importance:

Anaemia

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) F. M. Bowers M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 14 1933

86455

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86455

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 289

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helma Bridgeman.

(a) Residence. No. 1911. N. 9 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Don Bridgeman.

6. DATE OF BIRTH (month, day, and year): April. 6.1908.

7. AGE: Years 25 | Months 6 | Days 27. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Downey Idaho

FATHER
13. NAME: Claig.
14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Don Bridgeman. 1911. N. 9 th Street.

18. BURIAL, CREMATION, OR REMOVAL (Place): Morris Hill Cemetery. Date: Nov. 5.1933.

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 11-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11/3 1933.

22. I HEREBY CERTIFY, That I attended deceased from 9/23, 1933, to 11/3, 1933

I last saw her alive on 11/3/33, 193...: death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia from abscess of heel	9/27/33

Other contributory causes of importance:

Name of operation: Incision of abscess Date of 9/30/33

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Evans Roth, M. D.

(Address)

86456

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86456

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1904
Local Registrar's No. 306

(No. 1705 N 14th St)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Adelaide Hunchy

(a) Residence. No. 1705 N 14th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of William Hunchy

6. DATE OF BIRTH (month, day, and year) Dec. 25-1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
67	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Brunswick
(State or country) Canada

FATHER

13. NAME Patrick Rafter

14. BIRTHPLACE (city or town) Connaught
(State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Myers

16. BIRTHPLACE (city or town) New Brunswick
(State or country) Canada

17. INFORMENT Ann Hunchy
(Address) 1705 N 14th St

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cemetery Date Nov 27 1933

19. UNDERTAKER Ackerman + McCann
(Address) 614 7th Bannock St

20. FILED 11-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933, to Nov 24, 1933

I last saw h[illegible] alive on Nov 23, 1933; death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death due to Coronary Occlusion or Thrombosis, Coronary Thrombosis	

Other contributory causes of importance:

Diabetes Influenza Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wahle, M. D.

(Address) .....

Wahle

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86457

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2 1 5 D
Local Registrar's No. 209

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Byron E. Mobley.

(a) Residence. No. 104 E 14th St.
(Usual place of abode)
Length of residence in city or town where death occurred, 20 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn F. Mobley (Lee)

6. DATE OF BIRTH (month, day, and year) Sept 12 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Second Hand Store

10. Date deceased last worked at this occupation (month and year) Nov 8 1933.

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Weakley Co. Tennessee

FATHER

13. NAME Ephriam B Mobley.

14. BIRTHPLACE (city or town) (State or country) Raleight North Carolina

MOTHER

15. MAIDEN NAME Ward.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) E. F. Mobley Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Nov 11 1933

19. UNDERTAKER (Address) V. F. McCann Idaho Falls Ida

20. FILED Nov 10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1933, to Nov. 9, 1933

I last saw him alive on Nov 1, 1933; death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy—	2 Minutes
Acute Indigestion	3 Hrs.

Other contributory causes of importance: Unknown to me. I did not see the man until he was dying—

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry L. Wilson, M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

REGISTERED No. 86458 Ada. Hosp. 86458

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86458

PLACE OF DEATH

County of Nez perce
City of Lewiston
Registration District No. 1209
Primary Registration District No. 96
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar S. Goldner

(a) Residence. No. 3rd Ave North Lewiston
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: ~~White~~ ~~Female~~
5. Single, Married, Widowed, or Divorced. (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Goldner
6. DATE OF BIRTH (month, day, and year): Dec. 9, 1887
7. AGE: Years 45 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: George W. Goldner
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Mary Misner
16. BIRTHPLACE (city or town) (State or country): Luxerberg, Germany

17. INFORMENT (Address): Jessie Goldner Lewiston, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Ida Date: Nov. 23 1933
19. UNDERTAKER: Brower-Wann Co.
(Address): Lewiston, Idaho
20. FILED Dec 4, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 21 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933, to Nov. 21, 1933
I last saw h[illegible] alive on Nov. 20, 1933: death is said to have occurred on the date stated above, at 4½ a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation.	

Other contributory causes of importance:

Chronic Nephritis	
Arteria Sclerosis.	

Name of operation: — Date of:
What test confirmed diagnosis: Surgical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Deceased to Home
If so, specify
(Signed) William Hoffabel, M. D.
(Address) Lewiston, Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86459

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 204

(No. Rear of 1414 North Garfield Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilbur Olsen Turner

(a) Residence. No. 1414 North Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1914.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME F. H. Olsen

14. BIRTHPLACE (city or town) (State or country) Midway, Utah.

MOTHER

15. MAIDEN NAME Merle Woodland

16. BIRTHPLACE (city or town) (State or country) Provo, Utah.

17. INFORMENT (Address) Mrs. H. A. Turner, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Nov. 10, 1933

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho.

20. FILED Nov. 9, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1933, to Nov 7, 1933

I last saw alive on 11-7, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) [signature], M. D.

(Address) Pocatello, Idaho.

RECEIVED DEC 12 1933

86460

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86460

PLACE OF DEATH
County of Shoshone
City of Linton

Registration District No. 123
Primary Registration District No. 1201
Local Registrar's No. 60

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Boro

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 7 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Schofield Wisc

FATHER

13. NAME Frank Boro Sr

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Walter Boro Spokane, Wash. Kellogg, Ida

18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Ida Date Nov 19, 1933

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED Dec. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193....; death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

Gangrene Wound Left Foot Left Middle Finger — Suicide — Date of onset

Other contributory causes of importance:

Alcoholism Severe

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 16 1933

Where did injury occur? (Specify city or town, county, and State) Home Kellogg Shoshone Co Ida

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot wound Left Foot

Nature of injury Gun Shot Wound Left Foot

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. C. Thornhill Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1933

86461

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86461

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME George Hempstead Kennett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Perle Kennett

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 56 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missoula Montana

FATHER
13. NAME: Ferdinand Kennett
14. BIRTHPLACE (city or town) (State or country): St Louis Missouri

MOTHER
15. MAIDEN NAME: Helene Weirick
16. BIRTHPLACE (city or town) (State or country): No inf.

17. INFORMENT (Address): Dorothy Kennett

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place: Spokane Wash. Date: Dec 1, 1933

19. UNDERTAKER (Address): M. C. Thornhill Kellogg Idaho

20. FILED: Dec. 9, 1933 Mrs. Helene McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GSW abdomen	
Self inflicted	Instant

Other contributory causes of importance: myocarditis chronic severe angina pectoris severe MS

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide or homicide? Suicide Date of injury: Nov. 29 1933

Where did injury occur? Home Kellogg Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Private Home Kellogg Ida

Manner of injury: GSW abdomen

Nature of injury: Suicidal

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Mowery Coroner

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86462

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 302

(No. St Lukes Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Mrs. Mary T. Van Horn

(a) Residence. No. Star, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.=yrs.=mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of J. W. Van Horn

6. DATE OF BIRTH (month, day, and year) November 22 - 1887

7. AGE Years 45 Months 11 Days 26. If LESS than ~~1 day, ... hrs.~~ or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boone Co, Iowa

FATHER

13. NAME Alexander D. McPherson

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Bridget Dawson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) J. W. Van Horn Star Idaho

18. BURIAL, CREMATION OR REMOVAL Place Star Cemetery Date 11/21/33

19. UNDERTAKER (Address) Wm. McDratney Boise Idaho

20. FILED 11-20 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Nov 18, 1933

I last saw her alive on Nov 18, 1933: death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestinal Ileus: from adhesions	

Other **contributory causes** of importance:

Pyloric stenosis

Name of operation Caparotomy Date of Nov 8-33

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. Tomney, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86463

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 303

(No. St Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Short

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 21, 1933

7. AGE Years Months Days If LESS than 1 day, 9 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME Chester W. Short

14. BIRTHPLACE (city or town) Payette, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Mayme Lee

16. BIRTHPLACE (city or town) Wyo.
(State or country)

17. INFORMANT Mrs. Asal Richardson
(Address) Ontario, Oregon

18. BURIAL, CREMATION OR REMOVAL Removed
Place Ontario, Ore Date 11-22, 1933

19. UNDERTAKER Mrs Asal Richardson
(Address)

20. FILED 11-22, 1933 W H Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1933, to 11/22, 1933

I last saw ~~him~~ alive on 11/21, 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

Prematurity due to Toxicity of Mother

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....
(Signed) Fred A. Pierce Jr., M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

RECEIVED DEC 1 1933

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 86464

Local Registrar's No. 304

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olga Hansen.

(a) Residence. No. 1017. Chamberlaine Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Niels. C. Hansen.

6. DATE OF BIRTH (month, day, and year) May. 6. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denmark.
(State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT Niels, C. Hansen.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Shelley Idaho. Date Nov. 24 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-22 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from aug 29, 1933, to Nov. 21 -, 1933

I last saw h[illegible] alive on Nov 5-t, 1933; death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of face head & neck	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. A. Springer, M. D.

(Address) Boise. Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

John Boell ✓

DO NOT WRITE IN THIS SPACE

State File No. 86465

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 305

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jennie. S. Croker.

78

(a) Residence. No. 1530. Vermont Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E.G. Croker.

6. DATE OF BIRTH (month, day, and year) Sept. 1. 1883.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	2	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ord, Nebraska.

FATHER

13. NAME Chauncey. F. Whipple.

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Elizabeth. E. Ware.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) E.G. Croker. R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cemetery Date Nov. 22, 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 11-22, 1933 W N Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12th, 1933, to Nov 20th, 1933

I last saw her alive on Nov 19, 1933; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:

Heart trouble-Valvular
Epilepsy —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Boell, M. D.

(Address) Boise Ida

RECEIVED DEC 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86466

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 307

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Larry Albert Owens

(a) Residence. No. 1163 River St St. n/a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/2/33

7. AGE Years 0 Months 4 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Clarence J. Owens
14. BIRTHPLACE (city or town) Kansas City
(State or country) Kan.

MOTHER
15. MAIDEN NAME Mildred Howlett
16. BIRTHPLACE (city or town) York
(State or country) Neb.

17. INFORMENT (Address) C J Owens Boise Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 11/28/33

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida.

20. FILED FF 28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1933, to Nov. 26, 1933
I last saw him alive on Nov. 26, 1933 death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	Probably About Sept. 1
(Type being determined by pathological laboratory)	
Other contributory causes of importance:	
Bronchopneumonia	Nov. 21

Name of operation None. Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Harmon Tremaine, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86467

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 308

(No. St. Alphonsus Hos.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Boyle

(a) Residence. No. St. Alphonsus Hos St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not obtainable

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc R.R. Section Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) A. Schreiber Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 11-25-1933 St. John's

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida

20. FILED 11-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22-1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Nov 22, 1933
I last saw him alive on Nov 21, 1933: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Insomnia	
Complete Resection of Rectal organs	

Name of operation Resection of Rectal organs Date of Oct 1-1932
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred A. Strange M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86468

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 309

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Charles Towne

(a) Residence. No. Pine, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2Yrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie I. Towne.

6. DATE OF BIRTH (month, day, and year) April 9. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Obed C. Towne

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Turaine Currier.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) Mrs. Bessie I. Towne. Pine, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Nov. 18 1933

19. UNDERTAKER Summers & Krebs (Address) Boise, Idaho.

20. FILED 11-16, 1933 W. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1933, to 11-15-33, 1933

I last saw him alive on 11-14, 1933; death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Bulbar-chr	5-1-33
Cerebral Hemorrhage—	Immediate
Myocarditis—	
Arteriosclerosis—	

Other contributory causes of importance:

	Not Known
	6 Mo.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard D Simonton M. D.

(Address) Boise Ida

RECEIVED DEC 1 1933

Taylor ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86469

PLACE OF DEATH
County of Ada
City of

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. ~~118~~ 102

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME William. A.P. Mc Pike.

(a) Residence. No. Near Fair Grounds. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Emma Mc Pike.

6. DATE OF BIRTH (month, day, and year) April. 18. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	6	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palmyra, Missouri.

FATHER

13. NAME John Mc Pike.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Mary Calhoun.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMENT (Address) Harry. C. Mc Pike. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date Nov. 1. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-1, 193 3 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30th 1933

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not see him till 10 minutes after death, 193, to, 193. I last saw him alive on, 193: death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure suddenly stricken at his Farm, collapsed was caught and eased to floor, Dr. was in 10 minutes & Probably a Fatal Coronary Thrombosis Resulting in Asphyxia	
Other contributory causes of importance. Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Taylor, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

AB Book ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86470

PLACE OF DEATH

County of Ada

City of

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. ~~105~~ 103

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

100a

2. FULL NAME Sarah Frances Little.

(a) Residence. No. 3 Miles West of Boise, R.D. s# 2.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17. 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	11	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zanesville Ohio.

FATHER

13. NAME Solomon Border.

14. BIRTHPLACE (city or town) (State or country) Zanesville Ohio.

MOTHER

15. MAIDEN NAME Harriett Church.

16. BIRTHPLACE (city or town) (State or country) Zanesville Ohio.

17. INFORMENT (Address) L.H. Little. R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Nov. 2.1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 11-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933, to Oct 31, 1933

I last saw her alive on Oct 31, 1933; death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Oct 30

Other contributory causes of importance:

Cold.	Oct 27

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A B Borch, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86471

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 104

(No. Ada County Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME George Burch

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Burch.

6. DATE OF BIRTH (month, day, and year) February 22nd 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Haskel Burch.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Helen Burch. Walla Walla, Wash.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 11/2/33 193..

19. UNDERTAKER (Address) Wm. McBratney

20. FILED [illegible] 193[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/31/33

22. I HEREBY CERTIFY, That I attended deceased from March 3..., 1933.., to Oct 31..., 1933..
I last saw him alive on Oct 30, 1933.; death is said to have occurred on the date stated above, at 6:10 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation
If so, specify

M. Greenway, M. D.
Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86472

Registration District No. 8

Primary Registration District No. 3004

Local Registrar's No. ~~116~~ 105

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Andrew J. Robinson

(a) Residence. No. St. Box 1604, Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Della Robinson

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Court Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tennessee
(State or country)

FATHER

13. NAME John Robinson

14. BIRTHPLACE (city or town) Tennessee
(State or country)

MOTHER

15. MAIDEN NAME Drusilla Lloyd

16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 11/4/33 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-4, 193 3 W. N. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 193 3, to November 2, 193 3

I last saw him alive on November 2, 193 3: death is said to have occurred on the date stated above, at 2:00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy with obstruction; Hypostatic Pneumonia; Coma, Uremic	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86473

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 255

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Amos.

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 21, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER / FATHER

13. NAME Leo Alvin Field

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Audrey Amos

16. BIRTHPLACE (city or town) (State or country) Boise, Idaho

17. INFORMANT (Address) Mrs. Stella Lee Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery Date 11/9/33, 193..

19. UNDERTAKER (Address) Orner Brothers Boise Idaho

20. FILED 11-9, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 8, 1933.

I last saw him alive on Nov. 8 1933.: death is said to have occurred on the date stated above, at 8.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	10-21-33

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) T. Harmon Brennan M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86474

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 256

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pete Storseth

(a) Residence. No. 706 Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Restaurant Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT J. C. McCann
(Address) Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 11/11/33 193

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-10, 1933 W. F. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7th 1933 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h.....alive on....., 193.....: death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Butcher Knife Wound In Upper Right Chest,	
Homicide,	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury....., 193

Where did injury occur? Boise Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) J. C. McCann Coroner, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Meridian.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86475

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 424

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Jean Nesbitt.

(a) Residence. No. Meridian, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 10. 1929.

7. AGE: Years 3; Months 11; Days 21.; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc None,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Clyde. I. Nesbitt.

14. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Violet Marie Note.

16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMENT (Address) Clyde. I. Nesbitt. Meridian, Idaho.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Boise, Idaho. Date Dec. 1. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-5-33, 1933 W H Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1933, to Dec 1st, 1933

I last saw her alive on Dec 1st, 1933: death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Septicaemia

Dec. 27 1933. Specimen at Hole Lab - examined shows: Streptoc. and B. Diphtheria

Other contributory causes of importance:

Streptococc. inflam. of throat & Bronchi

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Bowk, M. D.

(Address) .....

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86476

PLACE OF DEATH

County of Ada

City of Meridian.

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Clyde Nesbitt.

(a) Residence. No. Meridian, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White/
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March. 27.1926

7. AGE Years: 7 Months: 8 Days: 10. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Clyde. I. Nesbitt.

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

MOTHER

15. MAIDEN NAME Violet Marie Note.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Clyde. I. Nesbitt. Meridian, Idaho.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Boise, Idaho. Date Dec. 7. 1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-8-, 1933. W H Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23d, 1933, to Dec. 7th, 1933

I last saw him alive on Dec 6th, 1933: death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) [signature], M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86477

PLACE OF DEATH
County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2003 Local Registrar's No. 23
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Homer Tolleth

(a) Residence. No. ..... St. Meridian Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Racine Wis

MOTHER FATHER

13. NAME James Tolleth

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Charlotte Neal

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Floyd E. Tolleth
(Address) Meridian Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Meridian Cemetery Date Nov 21., 1933

19. UNDERTAKER N. S. Materer
(Address)

20. FILED 11/20., 1933. L. H. Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1., 1933., to Nov 19., 1933.
I last saw him alive on Nov 18., 1933.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Hypertension	
Hypertensive Heart disease	

Other **contributory causes** of importance:

Senility	

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. C. Weaver, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 86478

Local Registrar's No. 295

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nadie D. Mc Bride

(a) Residence. No. 1704 Hath 25 St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Mc Bride

6. DATE OF BIRTH (month, day, and year) Oct. 20-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Carl Walters

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Engelhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) John W. Mc Bride, Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 11-10, 1933 Boise, Ida

19. UNDERTAKER Schreiber & McEuen (Address) Boise Ida

20. FILED 11-13, 1933 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7- 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1932, to 11-2-, 1933

I last saw h alive on 11-7-, 1933.: death is said to have occurred on the date stated above, at 800 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1930.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold T. Morris, M. D.

(Address) 309 Eastman Bldg Boise

FORM V. S. No. 5-A-25M. 1-19.

1. PLACE OF DEATH

County of Ida

City of Boise

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St. Lukes St.)

2. FULL NAME Donald D Pitman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86479

Local Registrar's No. 296

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Single

6. DATE OF BIRTH: Feb. (Month) 2 (Day) 1931 (Year)

7. AGE: 2 Yrs. 9 Mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Emmett, Ida

10. NAME OF Father: Thomas Pitman

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Evalyn Summers

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Pitman

(Address)

15. Filed 11-16 1933 W. H. Rhodes Local Registrar

MEDICAL CERTIFICATE OF DEATH 189

16. DATE OF DEATH: Nov (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 11 1933 to Nov 12 1933, that I last saw h/m alive on Nov 12 1933, and that death occurred on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Ruptured liver with hemorrhage from horse kick in the abdomen.

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Forbush M. D.

19 ..... (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Home
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Idaho — DATE OF BURIAL: Nov 14 1933

20. UNDERTAKER: C D Bucknum — ADDRESS: Emmett, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Pittenger Call 130

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86480

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 297

(No. St. Alphonsus Hos)

(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Amanda S. W. Ashby

(a) Residence. No. Cobarton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Tom Ashby.

6. DATE OF BIRTH (month, day, and year): 5-3-1863

7. AGE: Years 70 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Augosto Linde

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Alvin Nelson, Cobarton, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Home Ida Date: 11-14, 1933

19. UNDERTAKER (Address): G. S. Zaiher, Mt. Home, Idaho

20. FILED 11-16, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933, to Nov 11, 1933

I last saw her alive on Nov 11, 1933 death is said to have occurred on the date stated above, at 8.33 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Strangulated Hernia
Inguinal well
Gangrenous gut

Name of operation Herwolling + gut resection Date of 11/7/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Pittenger M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 86481

Local Registrar's No. 298

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Woodrow John Condie.

(a) Residence. No. 1004 North 19th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1918.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho.

FATHER

13. NAME John W. Condie.

14. BIRTHPLACE (city or town)
(State or country) Utah.

MOTHER

15. MAIDEN NAME Rilla Pendelton

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMENT John W. Condie.
(Address) 1004 N. 19th, Boise.

18. BURIAL, CREMATION, OR REMOVAL
Place Preston, Ida. Date Nov. 17 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho

20. FILED 11-16, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/15/1933

22. I HEREBY CERTIFY, That I attended deceased from 9/5/33, 193..., to 11/15/33, 1933

I last saw h... alive on 11/15/33, 193...: death is said to have occurred on the date stated above, at 9:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Endocarditis with decompensation	1924
Other contributory causes of importance: Chronic Pancreatitis	Fall 1933,

No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Ernest C. Faulkner, M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86482

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 299

(No. 1204 Hays Street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. Hepburn

89

(a) Residence. No. 1204 Hays Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hepburn

6. DATE OF BIRTH (month, day, and year): December 22nd, 1863

7. AGE: Years 69 | Months 10 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator, O.S.L.R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elmira, N. Y.

FATHER

13. NAME: UNKNOWN

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. Susan Wright. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Cem. Date 11-19 1933

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.

20. FILED 11-17, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on Nov. 16, 1933: death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	11/16/33

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) N. A. Koelsch M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 193[illegible]

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86483

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 300

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Booth Farrer.

(a) Residence. No. 2103. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vern. P. Farrer.

6. DATE OF BIRTH (month, day, and year) April. 17. 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta, Wis.

FATHER

13. NAME Edgar Booth.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Vern. P. Farrer. 2103. State Street. Boise.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Nov. 21. 1933.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 11-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov. 18, 1933

I last saw h[illegible] alive on Nov 8, 1933; death is said to have occurred on the date stated above, at 7055 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	July 1931

Other contributory causes of importance:

Name of operation Amp. of breast Date of Nov 1931

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86484

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 301

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Oscar Laren

(a) Residence. No. Boise, Idaho. Morris Creek. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown.

7. AGE: Years: About 67 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Pearl Allen. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 11/19/33

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho.

20. FILED 11-20, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Nov 18, 1933.
I last saw him alive on Nov 18, 1933. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Eva Callen, M. D.

(Address) Boise, Idaho

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86485

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 279

(No. 2316 Lemp Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Myrtle E. Nuzman

105

(a) Residence. No. 2316 Lemp Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis E. Nuzman

6. DATE OF BIRTH (month, day, and year) October 19th 1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ...min.
62	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago. Ill.

FATHER

13. NAME Willard C. Hart

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Martha Lucas

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Louis E. Nuzman. (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 11-2-33, 193..

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho

20. FILED 11-1..., 193... W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h. alive on ....., 193...: death is said to have occurred on the date stated above, at 12:07 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asthma, Chronic Bronchitis with Pulmonary Emphysema	

Other **contributory causes** of importance:

Chronic myocarditis with acute cardiac Dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. J. M. Davis, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86486

County of Ada
City of Boise,
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 281

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Flora Ellen Dilkes.

(a) Residence. No. R.D. # 5. 4 Miles. S.W. of Boise.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter. F. Dilkes.

6. DATE OF BIRTH (month, day, and year) Dec. 20. 1909.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	10	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. Emmett, Idaho.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Warren. T. Simmons.

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME Nellie Davison.

16. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

17. INFORMENT (Address) Walter. F. Dilkes. R.D. # 5., Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Emmett, Idaho. Date Nov. 2. 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 11-2, 1933 W. R. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Oct 30, 1933

I last saw her alive on Oct 30, 1933: death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/25/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Forbes, M. D.

(Address) Boise Idaho

RECEIVED

John Beers

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86487

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 282

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella. N. Beach.

(a) Residence. No. 202½. Broad Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15.1848.

7. AGE: Years 84. Months 10. Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worthington, Ohio.

FATHER

13. NAME Josephus Collier.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Nancy Sells.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Nora Sparrow. 202½ Broad Street.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Nov. 3.1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 11-2, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Octr 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Octr 15th, 1933, to Octr 31st, 1933

I last saw her alive on Octr 31st, 1933; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:

Hypertension & senility

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [signature], M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86488

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 283

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Milton Hope

(a) Residence. No. 205½ North 14th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Hope

6. DATE OF BIRTH (month, day, and year): July 22 - 1900

7. AGE: Years 33 Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Vale, Oregon

FATHER

13. NAME: Milton Geo. Hope

14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER

15. MAIDEN NAME: Emma Hight

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): Mollie Hope Boise Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Vale Oregon Date: 11 - 4, 1933

19. UNDERTAKER (Address): Schreiber & Mr Cann Boise Ida

20. FILED: 11 - 3, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25-33, 193..., to 10-31, 1933

I last saw him alive on 10-31, 1933: death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr.	
Alcoholism - Chronic	
Alcoholic mania - acute	10-25-33
Other contributory causes of importance:	
Pneumonia (Bronchial)	10-29-33

Name of operation: no Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. D. Simonton, M. D.

(Address) Boise Ida

Simonton

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86489

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 284

(No. 1508 Denver Street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Amber Maybelle Hammack.

(a) Residence. No. 1508 Denver Street. St. 89

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Hammack.

6. DATE OF BIRTH (month, day, and year) April 13th 1868

7. AGE Years 65 Months 6 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Effingham Co. Ill.

FATHER

13. NAME -------Cooley.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Alice Manwaring.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Berlin Hammack. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 11/5/33

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 11-4, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3/33

22. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1933 to Nov 2nd, 1933

I last saw her alive on Nov 2nd, 1933: death is said to have occurred on the date stated above, at 1 A.M.

The **principal cause of death** and related causes of importance were as follows:

Nov 2nd 1933 at 11.50 P.M. angina pectoris

Date of onset

Other **contributory causes** of importance:

Has had similar attacks in the past year.

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Tom Bowe M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Stewart ✓

RECEIVED DEC 11 193[illegible]
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86490

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 285

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur F. Coonrod

88 a

(a) Residence. No. 1311 E. State Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle Coonrod

6. DATE OF BIRTH (month, day, and year) March 7th 1887

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
46	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Timberman and
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Forester
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME John F. Coonrod.
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Nancy Alderson.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Sim. Coonrod.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 11/6/33, 193..

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 11-6, 193[illegible] W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/4/33 93

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 193[illegible], to Nov. 4, 1933.
I last saw h[illegible] alive on Nov. 4, 193[illegible]; death is said to have occurred on the date stated above, at 7[illegible] p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1931
with decompensation	

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) Boise, Idaho.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 11 1933

Calloway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86491

PLACE OF DEATH

County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 286

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William W. Crist.

(a) Residence. No. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Crist.

6. DATE OF BIRTH (month, day, and year) October 23rd 1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Jacob Crist.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Emily Dawson.

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Mrs. Mary L. Crist. Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Middleton Cem. Date 11/7/33 193..

19. UNDERTAKER (Address) Wm. McBratney Boise Idaho.

20. FILED 11-6-, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3/33

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1933., to Nov. 3, 1933.
I last saw him alive on Nov. 3., 1933.; death is said to have occurred on the date stated above, at 9:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.
(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86492

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 287

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Gray.

(a) Residence. No. 2229 Ellis Avenue. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 13. 1844.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumber Ireland.

FATHER

13. NAME William Morrison.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Alice Pritchard.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs. Alice Evans. 2229. Ellis Avenue, Boise.

18. BURIAL, CREMATION, OR REMOVAL Lenox Iowa. Date Nov. 7, 1933.

19. UNDERTAKER Summers & Krebs.

(Address) Boise, Idaho.

20. FILED 11-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 3, 1933

I last saw her alive on Nov 1, 1933: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Nov 3 1933

Other contributory causes of importance:

Arterio Sclerosis & Aortic Sclerosis	Years

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Brafford M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86493

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 208

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kitty Ann Simer.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) November 3rd 1933

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Roland E. Simer.

14. BIRTHPLACE (city or town) (State or country) Salmon, Idaho.

MOTHER

15. MAIDEN NAME Hildreth Howard.

16. BIRTHPLACE (city or town) (State or country) Idaho City, Ida.

17. INFORMANT (Address) Roland E. Simer. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 11/5/33

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 11-6 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/3/33

22. I HEREBY CERTIFY, That I attended deceased from 11-3-, 1933, to 11-3, 1933.

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 8 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematur~~e~~ Birth. (Living)	
Other **contributory causes** of importance:	
~~None~~	
Membranes Ruptured	
11-1-33	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold T. Hohn ..., M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1 193

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86494

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 290

(No. St. Alphonsus Hos)

(If death occurred in a hospital or institution, give its name instead of street and number.)

1012

2. FULL NAME James S. Carter

(a) Residence No. 1311 Brumback St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Carter

6. DATE OF BIRTH (month, day, and year): October 23 - 1864

7. AGE: Years 69 | Months | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Joseph Carter

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Adeline Gilbert

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMENT (Address): Philip J Carter 1311 Brumback

18. BURIAL, CREMATION, OR REMOVAL: St. Johns Cemetery
Place: Boise Date: 11-6, 1933

19. UNDERTAKER (Address): Schreiber & McCann Boise, Ida

20. FILED 11-6, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to 11/1, 1933

I last saw him alive on 11/1, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Clinical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Pettinger, M. D.

(Address) Boise

Pittinger

4 ft.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86495

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 291

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

107

2. FULL NAME Florence Campbell.

(a) Residence. No. 421. O Farrel. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Al. J. Campbell.

6. DATE OF BIRTH (month, day, and year): Dec. 22. 1896

7. AGE: Years 36 Months 10 Days 12. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Provo Utah.

FATHER
13. NAME: Samuel. K. Roberts.
14. BIRTHPLACE (city or town) (State or country): Provo Utah.

MOTHER
15. MAIDEN NAME: Anna. M. Hooper.
16. BIRTHPLACE (city or town) (State or country): Provo Utah.

17. INFORMENT (Address): Al. J. Campbell. 421. O Farrell St. Boise.

18. BURIAL, CREMATION, OR REMOVAL Place: Morris Hill Date: Nov-8, 1933

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 11-7, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1933, to Nov. 4, 1933

I last saw her alive on 11 AM, 1933; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombus.	

Other contributory causes of importance: Operation Uterine Suspension Perineorphy + Trachelorphy.

Name of operation: Perineal Repair + Uterine Suspension Date of Oct 20-33

What test confirmed diagnosis? Clinical finding Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Pennington, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 86496

Local Registrar's No. 252

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Daniel Addison.

(a) Residence. No. 931. North 8 th Street. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Minnie Addison.

6. DATE OF BIRTH (month, day, and year) Apr. 6. 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78 ~~88~~	7	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Sparta Illinois.

FATHER

13. NAME Daniel Addison.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMENT (Address) W. Kent Addison. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date Nov. 9., 193 3.

19. UNDERTAKER Summers & Krebs. (Address) Boise, Idaho.

20. FILED 11-8-, 193 3 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8 193 3

22. I HEREBY CERTIFY, That I attended deceased from July ..., 193 0, to Nov. 8, 193 3

I last saw him alive on Nov. 6., 193 3, death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows: Myocarditis, Angina Pectoris, Chronic interstitial Nephritis

Date of onset ....

Other contributory causes of importance: None

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ..., 193

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) A. J. Coats, M. D.

(Address) Boise Ida.

RECEIVED NOV 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86497

PLACE OF DEATH
County of Adams
City of Indian Valley

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 55

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 P

2. FULL NAME Jacob Wesley Coriell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Agness Hutchison Coriell

6. DATE OF BIRTH (month, day, and year): Mar 26 1876

7. AGE: Years 57 Months 6 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lincoln Neb

FATHER
13. NAME: William Mehry Coriell
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Sarah Edelia Everson
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Harold Coriell Indian Valley Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address)

20. FILED 10-28-33 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 — 31, 193, to 10-19-33 193
I last saw him alive on 10-12-33, 193: death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows: Date of onset

Chronic Myocarditis
Chronic Nephritis - [Interstitial]

Other contributory causes of importance:
Arterio-sclerosis

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M.D.
(Address) Cambridge - Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED NOV 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86498

PLACE OF DEATH
County of Adams.
City of Council.
Little Mud Creek.

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 53
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Earl P. Nokes.
(a) Residence. No. ..... St. Payette Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of America Stewart

6. DATE OF BIRTH (month, day and year)

7. AGE Years 67 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher. Fruit.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) New York State

PARENTS
10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) —
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) E. J. Amick Payette

15. Filed Nov 16, 1933 Alvin S Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 27 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased from ....., 19....., to ....., 19.....
that I last saw him dead ~~alive on~~ 10-27-33, 19.....
and that death occurred, on the date stated above, at 2:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute dilatation of heart with
" " " stomach
(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) High altitude + exertion on hunting trip (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 0
Did an operation precede death? 0 Date of .....
Was there an autopsy? 0
What test confirmed diagnosis? Clinical.
(Signed) Alvin S Thurston, M. D.
Oct 27, 1933 (Address) Council

19. Place of Burial, Cremation, or Removal | Date of Burial 19

20. Undertaker Unknown — (Peterson) (Adair) | Address Payette

RECEIVED NOV 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86499

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Adams

City of Fruitvale

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 52

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Catherine Margaret McGinley

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of James Henry Mc Ginley

6. DATE OF BIRTH (month, day and year) July 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) Cedersburg Wis.
(State or country)

PARENTS

10. NAME OF FATHER Patrick Maloy

11. BIRTHPLACE OF FATHER (city or town) Ireland
(State or Country)

12. MAIDEN NAME OF MOTHER Margarett---------

13. BIRTHPLACE OF MOTHER (city or town) Ireland
(State or County)

14. Informant Sterling Mc Ginley Son Fruitvle
(Address)

15. Filed Nov 16, 1933, 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 22, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
October 1, 19 33 to Oct 22 33, 19.....
that I last saw her alive on Oct 22 33, 19.....
and that death occurred, on the date stated above, at 8:22 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pancarditis 3-4 yrs duration

.....

.....

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 3-4 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Alvin S Thurston, M. D.

Oct. 22, 19 33 (Address) Council

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Cemetery	Oct 24, 19 33
20. Undertaker Adair (Northam)	Address Weiser Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

RECEIVED

PLACE OF DEATH

County of Adams

City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 86500

Local Registrar's No. 57

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Ellen Fitzmorris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Fitzmorris

6. DATE OF BIRTH (month, day, and year) Dec 27 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Cambridge

FATHER

13. NAME Clifford Owen Jacoby

14. BIRTHPLACE (city or town) (State or country) Pontotoc Miss.

MOTHER

15. MAIDEN NAME Elizabeth Jacoby Wedding Fuqua

16. BIRTHPLACE (city or town) (State or country) Vandalia Mich.

17. INFORMENT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Meadows Date 11-27-, 193

19. UNDERTAKER Family
(Address)

20. FILED Dec 12, 193 Alvin S Thurston MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26 193 3

22. I HEREBY CERTIFY, That I attended deceased from 11-24-, 193 3, to 11-26, 193 3

I last saw her alive on 11-25-, 193 3: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis + Pancreatitis with effusion. —	6 mos. 3 mos.
Other contributory causes of importance: Generalized bacterial infection, multiple abscesses of internal viscera + pregnancy.	3 yrs

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin S Thurston, M. D.

(Address) Council Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC

PLACE OF DEATH

County of Adams.

City of Council.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 71.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 86501

Local Registrar's No. 56

164

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredricka Hildebrand.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Widow.

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Christ Hildebrand.

6. DATE OF BIRTH (month, day, and year) Oct 10, 1849

7. AGE: Years 84. Months 1 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housework.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Schutter Germany
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMENT Mrs. Chas. Hann.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Council Ida. Date Dec 19, 193

19. UNDERTAKER Robt Young
(Address)

20. FILED Dec 13, 193 Chas S Thurston M D
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 193 3, to Dec 17, 193 3

I last saw h alive on Dec 17, 193 3: death is said to have occurred on the date stated above, at 5:18 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	3 yrs
Other contributory causes of importance: Fall on sidewalk 2 mos.	
prin. Shock.	2 mos

Name of operation 0 Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas S Thurston, M. D.

(Address) Council Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86502

PLACE OF DEATH
County of Adams
City of Council Idaho

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 56
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie Violet Smith
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Derry Walter Lynch.

6. DATE OF BIRTH (month, day and year) June 22, ~~[illegible]~~ 1888

7. AGE Years 48 Months 4 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (city or town) Iowa
(State or country)

PARENTS
10. NAME OF FATHER Pete Staley
11. BIRTHPLACE OF FATHER (city or town) unknown
(State or Country)
12. MAIDEN NAME OF MOTHER Clara Palmer
13. BIRTHPLACE OF MOTHER (city or town) unknown
(State or County)

14. Informant (Address) D. W. Lynch.

15. Filed Dec 13, 1933 Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 18 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 — 1933, to Nov 18, 1933
that I last saw her alive on Nov 16, 1933
and that death occurred, on the date stated above, at 10:20 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Gangrenous bowel from a large incarcerated umbilical hernia
..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)
Hernia (duration) 8 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death Yes Date of Nov 16th 1933
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) Alvin S. Thurston, M. D.
Dec 18, 1933 (Address) Council

19. Place of Burial, Cremation, or Removal Hornet Creek Country Date of Burial Nov 21 1933

20. Undertaker Robt Young Family Address Council

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86503

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 214
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmina Paulson Hayden

(a) Residence. No. 629 North Harrison St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Carl Hayden

6. DATE OF BIRTH (month, day, and year): Aug. 12, 1910.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Grace, Idaho.

FATHER

13. NAME: Denzel Paulson

14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER

15. MAIDEN NAME: Libby Allsop

16. BIRTHPLACE (city or town) (State or country): Grace, Idaho.

17. INFORMENT (Address): Carl Hayden, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Grace, Idaho. Date: Nov. 26, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho

20. FILED: Nov. 24, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 23, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 23, 1933

I last saw her alive on Nov 23, 1933; death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid & Bowels - (Inoperable)	

Other contributory causes of importance:

Name of operation: Colostomy - Date of: 10-3-33

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Young, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1933

1933 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86505

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 216
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME August Erick Engstom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Engstom

6. DATE OF BIRTH (month, day, and year) March 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boden Sweden

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown Sweden

MOTHER

15. MAIDEN NAME Margaret Larson
16. BIRTHPLACE (city or town) (State or country) Unknown Sweden

17. INFORMENT (Address) Ida Engstrom Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Date Nov 28, 1933

19. UNDERTAKER H.L. McHan (Address) Pocatello, Idaho

20. FILED 11-27, 1933 D C Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Nov 25, 1933

I last saw him alive on Nov 25, 1933; death is said to have occurred on the date stated above, at 3 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
With Complete heart block.	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Raab, M. D.
(Address) Pocatello, Idaho

RECEIVED DEC 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86506

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 217

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Maurice Miller

(a) Residence. No. 324 North Fourth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 51 Months Unknown Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep-herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Ribail Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Ida. Date Nov. 28, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Nov. 27, 193 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to Nov 25, 1933
I last saw him alive on Nov 25, 1933: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	
Metas - liver	

Other contributory causes of importance:

Carcinoma rectum

Name of operation None Date of ✓
What test confirmed diagnosis? Usual Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) H. C. Irwin M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86507

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 248

PLACE OF DEATH

County of Bannock

City of Pocatello

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lenore Jardine Cook

(a) Residence. No. 445 North Lincoln St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lake Cook

6. DATE OF BIRTH (month, day, and year) March 9, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad, Idaho

FATHER

13. NAME William Jardine

14. BIRTHPLACE (city or town) (State or country) Manchester England

MOTHER

15. MAIDEN NAME Rebecca Dudley

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Evelyn Cook Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Date Dec. 1, 1933

19. UNDERTAKER McHan Undertaking Co. (Address) Pocatello, Idaho

20. FILED 11-29, 1933 D O Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sudden, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilitation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86508

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 219
(No.) Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy May Clark

90

(a) Residence. No. 357 South Grant Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1913.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Mountain States Telephone Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME Albert D. Clark
14. BIRTHPLACE (city or town) (State or country) Logan, Utah.

MOTHER
15. MAIDEN NAME Ida Harrison
16. BIRTHPLACE (city or town) (State or country) Manan, Idaho.

17. INFORMENT (Address) Albert D. Clark Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Nov. 29, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Nov. 29, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 27, 1933

I last saw h[illegible] alive on Nov 27, 1933: death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Compression	
Jaundice Mystral	
Immaturity	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation No Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. F. Hall, M. D.
(Address) Pocatello, Idaho.

RECEIVED DEC 6 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86509

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 220

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Eugene Allard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Jan 21, 1916

7. AGE: Years 17 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: William Allard

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Matilda Dundorf

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMENT (Address): William Allard, Arbon, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. View Date: Dec. 1, 1933

19. UNDERTAKER (Address): McHan Undertaking Co. Pocatello, Idaho

20. FILED 11-29, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1933, to 11-28, 1933

I last saw him alive on 11-28, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	

Other contributory causes of importance:

Ruptured appendix

Name of operation: Appendectomy Date of 11/26/33

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Pocatello

RECEIVED DEC 3 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86510

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216

Local Registrar's No. 221

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Wesley

(a) Residence. No. 1430 North 1st Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Wesley

6. DATE OF BIRTH (month, day, and year) August 16, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

FATHER

13. NAME Cezar Thompson

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Frank Wesley Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Date Dec. 3 193 3

19. UNDERTAKER McHan Undertaking Co.
(Address) Pocatello, Idaho

20. FILED 11-29, 193 3 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29, 193 3

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 193 3, to Nov 29, 193 3

I last saw her alive on Nov 28, 193 3; death is said to have occurred on the date stated above, at 2:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cabar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D C Ray, M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86511

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 7161
Local Registrar's No. 206

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Wm. Talbot

(a) Residence. No. 692 Washington Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Phenretta Partridge

6. DATE OF BIRTH (month, day, and year): Jan. 12, 1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Africa

FATHER

13. NAME: Henry Talbot

14. BIRTHPLACE (city or town) (State or country): London, England.

MOTHER

15. MAIDEN NAME: Ruth Sweetman

16. BIRTHPLACE (city or town) (State or country): Kent, England.

17. INFORMENT (Address): E. R. Talbot, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Blackfoot, Idaho Date: Nov. 14, 1933

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Nov. 13, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 9, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1931, to Nov. 9, 1933

I last saw him alive on Nov. 9, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Nephritis	

Other contributory causes of importance:

Mitral Lesion	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. O. Miller, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED DEC 8 19[illegible]

PLACE OF DEATH

County of Bannock

City of Downey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 7161

DO NOT WRITE IN THIS SPACE

State File No. 86512

Local Registrar's No. 207

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John W. Taylor

(a) Residence. No. Downey, St. Idaho.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Margaret Anderson

6. DATE OF BIRTH (month, day, and year): Mar. 20, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Carolina.

FATHER

13. NAME: Joseph C. Taylor

14. BIRTHPLACE (city or town) (State or country): North Carolina.

MOTHER

15. MAIDEN NAME: Sarah Jane Fallan

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMENT (Address): Mrs. John W. Taylor, Downey, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Robin, Idaho. Date: Nov. 13, 1933

19. UNDERTAKER: Arthur W. Hall
(Address): Pocatello, Idaho.

20. FILED Nov. 13, 1933. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 9, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Nov 9, 1933

I last saw h[illegible] alive on Oct 3, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	1 year
Died no one present	

Other contributory causes of importance:
Investigated Death of John W Taylor
Arthur W. Hall Coroner

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1933

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D C Ray, M. D.

(Address) Pocatello, Idaho.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86513

PLACE OF DEATH
County of Bannock
City of Inkom
Registration District No. 38
Primary Registration District No. 3161
Local Registrar's No. 208

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeannie Cochrane Forrest

(a) Residence. No. Inkom, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow Thomas Forrest

6. DATE OF BIRTH (month, day, and year): June 14th, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83 83	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER
13. NAME: Robert Cochrane
14. BIRTHPLACE (city or town) (State or country): Unknown Scotland

MOTHER
15. MAIDEN NAME: Elizabeth McArthur
16. BIRTHPLACE (city or town) (State or country): Unknown Scotland

17. INFORMENT (Address): Mrs W. A. McHan Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Nov. 14, 1933

19. UNDERTAKER: H. L. McHan
(Address): Pocatello, Idaho

20. FILED 11-14, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Nov 11, 1933
I last saw her alive on Nov 11, 1933: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows: Senility

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Grace J Parker M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86514

Registration District No. 78

Primary Registration District No. 2161 Local Registrar's No. 209

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wanda M. Hatch

(a) Residence. No. 709 North Fifth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 9, 1917.

7. AGE: Years 16 Months 3 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME D. B. Hatch

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Sussan Kelly

16. BIRTHPLACE (city or town) (State or country) Richfield, Utah.

17. INFORMENT (Address) D. B. Hatch Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland, Idaho. Date Nov. 21, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Nov. 20, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17, 1933.

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1933, to November 17, 1933.

I last saw her alive on November 17, 1933: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum exam. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. H. Hughart, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 9 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86515

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 210

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Olga Anna Field

(a) Residence. No. 339 West Clark St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of John T. Field

6. DATE OF BIRTH (month, day, and year): Mar. 23, 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Centerville, Wisconsin.

FATHER

13. NAME: John Mill

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): John T. Field, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: Nov. 19, 1933

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Nov. 18, 1933. D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 17, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Nov. 17, 1933

I last saw h[illegible] alive on Nov. 16, 1933: death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage (Cerebral)	Sept 20, 1933

Other contributory causes of importance:

Exhaustion	Nov. 1, 1933

Name of operation ✓ Date of

What test confirmed d[illegible] Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William F. Howard, M. D.

(Address) Pocatello, Idaho.

RECEIVED DEC 8 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2761

DO NOT WRITE IN THIS SPACE
State File No. 86516

Local Registrar's No. 211

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Hopkins

(a) Residence. No. St. Anthony Hospital St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Nov 20-33

7. AGE: Years | Months | Days: 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mildred Hopkins

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMENT (Address): Mother

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Nov 20, 1933

19. UNDERTAKER Byron A Raymond (Address) Pocatello Idaho

20. FILED 11-24, 1933 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Nov. 20, 1933

I last saw him alive on Nov, 1933 death is said to have occurred on the date stated above, at 5 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 months)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86517

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 212

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Byler

(a) Residence. No. Idaho Falls, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. ... mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88-7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David B. Byler

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1857

7. AGE: Years 76 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER

13. NAME Joseph France

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Adelade Snyder

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Ethel Cundall Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Nov. ..., 1933

19. UNDERTAKER (Address) Jack S. Wood Idaho Falls, Idaho

20. FILED 11-22 1933 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1933, to Nov. 20, 1933

I last saw her alive on Nov. 19, 1933: death is said to have occurred on the date stated above, at 4:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	....
(b) Myocarditis	....
....	....
....	....
....	....
Other **contributory causes** of importance:	
....	....
....	....
....	....

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) .... M. D.
(Address) Pocatello Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 193

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86518

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 213

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Elmer Hoyt

(a) Residence. No. St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Hoyt

6. DATE OF BIRTH (month, day, and year) July 9, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	44	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Section Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Pacific

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Charles Hoyt

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Statz

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Beatrice Hoyt Caldwell, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Emmett, Idaho Date Nov. 21, 1933

19. UNDERTAKER (Address) H.L. McHan Pocatello, Idaho

20. FILED 11-21, 1933 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1933, to 11-20, 1933

I last saw him alive on 11-20, 1933; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Cecum	

Other contributory causes of importance:

Name of operation Resection of Carcinoma Date of 11/4/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86519

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 202

(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Twila Mary Daniels

(a) Residence. No. North of Pocatello City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Russell N. Daniels

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1905.

7. AGE: Years 28 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME Chancey W. Syewart
14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER
15. MAIDEN NAME Eliza Hunter
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMENT (Address) Russell N. Daniels Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Nov. 7, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Nov. 6, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov. 4, 1933

I last saw her alive on Nov. 4, 1933: death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

Aortic and Mitral insufficiency (Valvular heart disease — Date of onset: Chronic

Other contributory causes of importance: Polyp of Uterus haemorrhage Curettement polypoid endometrium — Chronic Oct 28

Name of operation Curettement Date of Nov. 1 1933

What test confirmed diagnosis? Cl. + pth Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William F Howard, M. D.

(Address) Pocatello, Idaho.

RECEIVED DEC 1933

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86520

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 203

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Lester Rause 6

(a) Residence. No. 645 N. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) February 4, 1921

7. AGE Years 12 Months 9 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Lester Rause

14. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

MOTHER

15. MAIDEN NAME Susan Farnworth

16. BIRTHPLACE (city or town) (State or country) Mt Pleasant Utah

17. INFORMENT (Address) Lester Rause Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Date Nov. 6, 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello Idaho

20. FILED Nov. 6, 1933 D. Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/2/33, 193..., to 11/5/33, 193...

I last saw him alive on 11/5/33, 193...: death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Small pox with encephalitis or secondary

Date of onset

Other contributory causes of importance:

Name of operation — Physical Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Teall, M.D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC [illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86521

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 305
(No. Lynn Bros. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mucia Dara Lovin

(a) Residence. No. 345 N. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of R. N.
6. DATE OF BIRTH (month, day, and year) Jan 8-1876
7. AGE Years 57 Months 10 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nolton Tenn

FATHER
13. NAME Thomas Taylor
14. BIRTHPLACE (city or town) (State or country) Nolton Tenn.

MOTHER
15. MAIDEN NAME Cornelius Moore
16. BIRTHPLACE (city or town) (State or country) Countalia Tenn.

17. INFORMENT (Address) Mrs May Olson Salt Lake Utah
18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Nov. 11, 1933
19. UNDERTAKER (Address) Byron B. Dennard Pocatello Idaho
20. FILED 11-14, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 9 1933
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to Nov 9, 1933
I last saw her alive on Nov 9, 1933: death is said to have occurred on the date stated above, at 130 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Hypostatic Pneumonia	

Other contributory causes of importance:
none
Pernicious Anemia

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? none —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. — none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none
(Signed) [illegible], M. D.
(Address) Pocatello, Idaho

RECE...

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86522

Registration District No. 84

Primary Registration District No. 2161 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betsy Lucile Thompson

(a) Residence. No. Grace, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1856.

7. AGE Years 77, Months 7 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lived with daughter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Henry Beckstead

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Lucine Bybee.

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Clyde Thompson

18. BURIAL, CREMATION, OR REMOVAL Place Grace Ida Date Nov 29, 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello, Ida

20. FILED ~~Nov 29~~ Dec 1, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-22-, 1933, to 11-27-, 1933

I last saw her alive on 11-26-33, 193...: death is said to have occurred on the date stated above, at 9:00 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11-22-33

Other contributory causes of importance:

Arteriosclerosis mild

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. Zuring, M. D.

(Address) Grace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86523

PLACE OF DEATH
County of Bannock
City of Grace, Idaho

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 20
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Rufus Smith
(a) Residence. No. Grace Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah McLain, Smith

6. DATE OF BIRTH (month, day and year): Dec. 7, 1880

7. AGE: 52 Years | Months: 11 | Days: 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Brigham City, Utah

PARENTS
10. NAME OF FATHER: Samuel Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country): England
12. MAIDEN NAME OF MOTHER: Frances N. Ingram
13. BIRTHPLACE OF MOTHER (city or town) (State or County): England

14. Informant (Address): Melva Smith Stoddard, Grace, Idaho

15. Filed Dec 1, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. 10, 1933 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-24-33, 19, to 11-9-33, 19
that I last saw him alive on 11-9-33, 19
and that death occurred, on the date stated above, at 5:15 AM

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Puncture wound left thigh casued by wire fence barb
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (Secondary): Phlebitis with Septicemia
(duration) yrs. mos. 18 ds.

18. Where was disease contracted if not at place of death? At deceased ranch
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Hist & phy exam
(Signed) [signature], M. D.
11-11, 1933 (Address) Grace, Ida

19. Place of Burial, Cremation, or Removal: Smithfield, Utah | Date of Burial: Nov. 12, 1933
20. Undertaker: Lindquist | Address: Logan, Utah

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86524

PLACE OF DEATH
County of Bannock
City of Chesterfield
Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 22
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jesse Hawley. 90

(a) Residence. No. Chesterfield Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Leah Hansen Hawley.

6. DATE OF BIRTH (month, day and year) Sept 9-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Tyrum Utah

PARENTS
10. NAME OF FATHER George F. Hawley.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Manchester England
12. MAIDEN NAME OF MOTHER Maryann Buckley
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Chris Call
(Address) Chesterfield Ida

15. Filed Dec 7, 1933 Mrs. G. G. Fitz. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 2 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933, to Dec 2, 1933
that I last saw him alive on Nov 26th, 1933
and that death occurred, on the date stated above, at 3:30 A m.
The CAUSE OF DEATH* was as follows:

Organic Heart Lesion, Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) G G Fitz, M. D.
Dec 4, 1933 (Address) Chesterfield

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant Ida	Dec 4 1933
20. Undertaker	Address
Had none.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED DEC 1 0 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86525

PLACE OF DEATH
County of Bear Lake.
City of Bloomington
Registration District No. 5-3
Primary Registration District No.
Local Registrar's No. 30

(No. 1610 Second St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eva Hoss Gruning

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 23, 1933
7. AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bloomington Idaho

FATHER
13. NAME: Oscar Edward Gruning.
14. BIRTHPLACE (city or town) (State or country): Nounsan Idaho

MOTHER
15. MAIDEN NAME: Verda Lysdell Ward
16. BIRTHPLACE (city or town) (State or country): Bloomington Idaho

17. INFORMENT (Address): Oscar Gruning Bloomington Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Bloomington Ida Date Nov 25, 1933
19. UNDERTAKER (Address): L. P. Holmes Bloomington Ida
20. FILED Dec 8, 1933 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 24 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1933 to Nov. 24, 1933
I last saw her alive on Nov 24, 1933: death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 Months gestation)	
Other contributory causes of importance:	

Name of operation: None Date of
What test confirmed diagnosis? We Ex. 7 mo. gestation. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Spencer L Rich, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86526

PLACE OF DEATH
County of Bear Lake
City of Bloomington
Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evert Gruning

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 23 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Baby.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bloomington Idaho.

FATHER

13. NAME Oscar Edward Gruning

14. BIRTHPLACE (city or town) (State or country) Norway Idaho

MOTHER

15. MAIDEN NAME Verda Lysdell Ward

16. BIRTHPLACE (city or town) (State or country) Bloomington Idaho.

17. INFORMENT (Address) Oscar Gruning Bloomington Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bloomington Ida. Date Nov 25, 1933

19. UNDERTAKER J. P. Hulme
(Address) Bloomington Idaho.

20. FILED Dec 8, 1933 Mrs. Beulah Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1933, to Nov. 23, 1933

I last saw h... alive on Nov. 23 1933, death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7 Months gestation	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? 9/4 Lbs. 7 Mo. Gestation Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Spencer Haight, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 86527

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Nifong

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sacramento Calif.

FATHER

13. NAME James Nifong

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mary Flower

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) T. M. Nifong Waitsburg, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov. 19 1933

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho.

20. FILED 12-8, 1933 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Nov. 13, 1933

I last saw him alive on Nov. 12, 1933: death is said to have occurred on the date stated above, at 2: A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) Owen D. Platt, M. D.

(Address) St. Maries, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86528

PLACE OF DEATH
County of Renewah
City of St Maries Idaho
Registration District No. 32
Primary Registration District No. 12079 Local Registrar's No. 19
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otto Bergman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE: Years: About 60; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) St. Maries Hospital St. Maries, Ida
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Nov. 13 1933
19. UNDERTAKER Mitchell & Wespa (Address) St. Maries, Ida
20. FILED 12-8, 1933 Walter Boberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-5 1933
22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1933, to 11-5, 1933
I last saw him alive on 11-5, 1933; death is said to have occurred on the date stated above, at 8:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Pyo-nephrosis	10/22/33
Other contributory causes of importance: Arterio-sclerosis	Unknown

Name of operation None Date of .....
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Had an injury, 8/30/33.
Manner of injury Hit by wheel.
Nature of injury Right sacro-iliac arthritis

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G A Robins, M. D.
(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemewah

City of St. Maries

Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86529

Registration District No. 32

Primary Registration District No. 12049 Local Registrar's No. 18

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Coty

(a) Residence. No. Capital Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Edw. Davis St. Maries

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date 11-7, 1933

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Idaho

20. FILED 12-8, 1933 Walter Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1933, to 11-4, 1933

I last saw him alive on 11-4, 1933: death is said to have occurred on the date stated above, at 1:48 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by firearms	11-3-33
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11-3, 1933

Where did injury occur? St. Maries Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Gunshot wound head

Nature of injury self inflicted

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Carl Johnson, M. D.

(Address) St. Maries Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Bennoah State Idaho Registered No. 18
Township ..... or Village 86530 or
City R 1 Plummer No. R 1 Plummer St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Elmer~~ Eileen Margaretta Mullen

(a) Residence. No. R 1 Plummer St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F1
4 COLOR OR RACE: Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Jun 13 - 1933

7 AGE

Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	5	X9	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Reservation Idaho

PARENTS
10 NAME OF FATHER: Edward Mullen
11 BIRTHPLACE OF FATHER (city or town) Colville
(State or country) Reservation Wash
12 MAIDEN NAME OF MOTHER: Margaretta Chirapine
13 BIRTHPLACE OF MOTHER (city or town) Coeur d'Alene
(State or country) Reservation Idaho

14 Informant Ed. Mullen
(Address) R 1 Plummer, Ida

15 Filed Nov. 24, 1933 John Post
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 22, 1933,
that I last saw her alive on Nov 21, 1933,
and that death occurred, on the date stated above, at 5:15 a.m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
following Influenza.
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? Clinical
(Signed) J. A. Nelson, M. D.
(Address) Tekoa

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Dr Guest, Ida.
DATE OF BURIAL: 11/24/1933

20 UNDERTAKER: Kimball Funeral Home
ADDRESS: Tekoa, Wn

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2—200 d
V. S. No. 98

11—2184 GOVERNMENT PRINTING OFFICE

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86531

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 165

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

189

2. FULL NAME DAVID BAMBERRY

(a) Residence. No. St. JEROME- IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs 7 mos. 9 ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs David Bamberry

6. DATE OF BIRTH (month, day, and year): Dec 22, 1876

7. AGE: 57 Years | Months: 1 | Days: 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: own farm

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Galloway County Ireland

FATHER

13. NAME: David Bamberry

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: do not know

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Jerome Ida Date: , 193

19. UNDERTAKER (Address): G R Wiley Jerome Idaho

20. FILED Nov. 8, 1933 Mrs Nalie E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1933, to Nov 8th, 1933

I last saw him alive on Nov 7th, 1933: death is said to have occurred on the date stated above, at 8:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS aggravated by an injury including a fractured arm followed by infection.	Sept 15th 1933

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-15, 1933

Where did injury occur? Blackfoot, Idaho team (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on state hospital farm

Manner of injury team ran away with manure spreader

Nature of injury fracture right upper arm lacerations scalp; general contusions

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify was driving team that ran away

(Signed) Chas R. Lowe, M. D.

(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86532

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 164

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ALBERT IMSON

(a) Residence. No. ..... St. Soda Springs. 164
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): ---

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year) July 1, 1856

7. AGE: 77 Years | Months: 4 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Berlin Wisconsin

FATHER
13. NAME David P. Imson
14. BIRTHPLACE (city or town) (State or country) Seneca, New York

MOTHER
15. MAIDEN NAME Nellie Robinson
16. BIRTHPLACE (city or town) (State or country) Vermont New York

17. INFORMENT (Address) Records of State Hosp So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Asylum Cemetery Date Nov. 8, 1933

19. UNDERTAKER (Address) Marion Clark Blackfoot

20. FILED Nov. 8, 1933 Wm Patrick Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14th, 1933, to Nov. 7th, 1933

I last saw him alive on Nov. 7th, 1933: death is said to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	Sept 14 1933

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---

(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86533

PLACE OF DEATH
County of Bingham
City of Shelley

Registration District No. 121
Primary Registration District No. 2194
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 162

105

2. FULL NAME Samuel Peak
(a) Residence. No. Shelley St. Idaho
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Black
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years 57 Months 11 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry business, or establishment in which employed (or employer) General Janitor Work
(c) Name of employer Centrail Barber Shops

9. BIRTHPLACE (city or town) (State or country) Texas

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't Know
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) " "

14. Informant Russell Crookston
(Address) Shelley Ida

15. Filed Nov 11, 1933 Mrs Walter E Fatine Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 6th 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22nd, 1933, to Nov. 6th, 1933
that I last saw him alive on Oct 25th, 1933
and that death occurred, on the date stated above, at 2 A.M.
The CAUSE OF DEATH* was as follows:
Asthma and ~~Mitral heart disease~~
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Mitral regurgitation
(duration) 1 yrs. mos. ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. R. Roberts, M. D.
Nov. 6th, 1933 (Address) Shelley Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~ Shelley, Idaho
Date of Burial Nov 7th 1933

20. Undertaker Jack A. Wood
Address Ida Falls, Ida.

...TION is very important. See instruction on back o...

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of BIGNHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86534

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 161

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

101 a

2. FULL NAME FRANK CREM

(a) Residence. No. St. Pocatello, Bannock Co,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE

4. COLOR OR RACE WHITE

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of do not know

6. DATE OF BIRTH (month, day, and year) -----1880

7. AGE Years 53 Months - Days - If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. do not know

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) -- Oklahoma

FATHER

13. NAME do not know

14. BIRTHPLACE (city or town) (State or country) do not know

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ceylon Cemetery Date Nov 6, 1933

19. UNDERTAKER (Address) Marion Clark Blackfoot

20. FILED Nov. 6, 1933 Mr Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th, 1933, to Nov. 5th, 1933

I last saw him alive on Nov. 5th, 193...: death is said to have occurred on the date stated above, at 8:30PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	Nov 3rd 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury ....., 193

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas R Lown M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED

PLACE OF DEATH

County of Bingham

City of Shelley, #2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 86535

Local Registrar's No. 160

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

177

2. FULL NAME Floyd Hansen.

(a) Residence. No. Shelley, Idaho Route 2. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - - - -

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1932

7. AGE: Years I; Months 9 ~~22~~; Days 15; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Ida. R. 3

FATHER

13. NAME Chris Hansen

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Cora Johnson

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) George Hansen Shelley Ida R. 2.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place G. C. Blackfoot Date Nov. 6, 1933

19. UNDERTAKER (Address) None.

20. FILED Nov. 6, 1933 Mrs Valerie E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Investigated death, 193...

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally burned to death in dwelling house unattended, in absence of parents. Dwelling consumed by fire.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental Date of injury ....., 193

Where did injury occur? burned dwelling (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury burned

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Patrie, M. D.

(Address) Blackfoot, Idaho.

RECEIVED

PLACE OF DEATH

County of BLACKFOOT

City of BINGHAM

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86536

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 170

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME CHARLES MERICLE

(a) Residence. No. St. Kuna, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year) Mar. 17, 1854

7. AGE: 79 Years, Months: 8, Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Jacob Mericle
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Mary Hatelle
16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Nampa Date Nov 20 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot

20. FILED Nov 20 1933 Mrs Helen E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1933, to Nov. 17th, 1933
I last saw him alive on Nov. 17th, 1933: death is said to have occurred on the date stated above, at 2:32 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury, 193
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. R. Lower, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86537

PLACE OF DEATH
County of Bingham
City of Woodville

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Abbott Collings

(a) Residence. No. Woodville St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Emma Thurston

6. DATE OF BIRTH (month, day, and year): 4-5-1876

7. AGE: 58 Years | Months: 7 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Monroe Utah

FATHER
13. NAME: Geo. Collings
14. BIRTHPLACE (city or town) (State or country): London Eng.

MOTHER
15. MAIDEN NAME: Mary Ann Jerome
16. BIRTHPLACE (city or town) (State or country): Monroe Utah

17. INFORMENT (Address): Leland Delos Collings R1 Shelley

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Shelley Cemetery Date: 11-19-, 1933

19. UNDERTAKER (Address): Jack Wood Idaho Falls

20. FILED Nov. 19, 1933 Mr Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1933, to 11-17-, 1933. I last saw him alive on 11-17-, 1933: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
~~[illegible]~~ or homicide? ..... Date of injury ....., 193..
~~Where did injury occur?~~ ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Custer, M. D.
(Address) Box 86. Shelley

RECEIVED DEC 8 1933

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86538

PLACE OF DEATH
County of Bingham
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 168

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME SAM V. COYLE

(a) Residence. No. ..... St. Star, Ada County
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): Separated

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year) Apr 15 1864

7. AGE: 69 Years | Months: 6 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): --- Missouri

FATHER
13. NAME: Egbert Clark Coyle
14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER
15. MAIDEN NAME: ---McGahey
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMENT (Address): Records of STATE HOSPITAL SOUTH Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Sylvan Cem. Date: Nov 15, 1933

19. UNDERTAKER (Address): Marian Clark Blackfoot

20. FILED: Nov 15, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1932 to Nov. 13th, 1933
I last saw him alive on Nov. 13th, 1933: death is said to have occurred on the date stated above, at 2:05 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	11-27 1930

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? Wassermann Test & Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp. South Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

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RECEIVED

PLACE OF DEATH
County of Bingham
City of Springfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86539

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 15

(No.) 74 a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Walters, Jr.

(a) Residence. No. Springfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Apr. 16, 1898

7. AGE: Years 35 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation always.

12. BIRTHPLACE (city or town) (State or country) Walter Russia

FATHER
13. NAME Henry Walters
14. BIRTHPLACE (city or town) (State or country) Walter Russia

MOTHER
15. MAIDEN NAME Marie Schoesler
16. BIRTHPLACE (city or town) (State or country) Walter Russia

17. INFORMENT (Address) Marie Walters (Sister) Pingree, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Date Nov 24, 1933

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED Nov 21, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933, to Nov 20, 1933
I last saw him alive on Nov 17, 1933: death is said to have occurred on the date stated above, at 11-40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 16, 1933

Other contributory causes of importance:
Hypertension
Time not known

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —
(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

RECEIVED DEC 3 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 86540

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Henry Toevs

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Toevs

6. DATE OF BIRTH (month, day, and year) Apr. 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Danzig
(State or country) Germany

FATHER

13. NAME Jacpb Toevs

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Maria Toevs

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT (Address) Mrs. J. D. Toevs Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeenlda Date Nov. 12, 1933

19. UNDERTAKER H. L. McHan
(Address) Pocatello Idaho

20. FILED Nov 7, 1933 M. C. McCammon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927, to Nov 6, 1933
I last saw him alive on Nov 6, 1933: death is said to have occurred on the date stated above, at 10:40PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1927
Cerebral Hemorrhage	Recent
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) M. C. McCammon, M. D.
(Address) Aberdeen, Idaho

RECEIVED 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86541

PLACE OF DEATH
County of Bingham
City of Woodville

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 171

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

113

2. FULL NAME Douglas Lufkin Risenmay.
(a) Residence. No. Woodville Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 7-20-1933

7. AGE Years | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: baby.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Woodville Ida

PARENTS
10. NAME OF FATHER Geo. H Risenmay
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Logan Utah
12. MAIDEN NAME OF MOTHER Jane Pitt Lufkin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Salt Lake City Utah

14. Informant Geo. H. Risenmay
(Address) R 4 Idaho Falls

15. Filed Nov. 27, 1933 Mrs Walter E Patrick Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 (Month) - 25 (Day) - 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth 19.., to 11-20- 1933
that I last saw him about 1 month ago alive on ....., 19..
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:
Catarrhal
Enteritis
(duration) more less since birth yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at home.
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Edwin Cutler, M. D.
11/26, 1933 (Address) Box 86 Shelley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Shelley Cemetery | Date of Burial 11/27 1933

20. Undertaker: Jack Wood | Address: Idaho Falls

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86543

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 163
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roger Vulane Fenner

(a) Residence. No. McCoy Idaho R 3, St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 5th. 1933

7. AGE

Years	Months	Days	If LESS than 1 day,
	3	I	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Blackfoot Idaho

PARENTS

10. NAME OF FATHER: Roger Fenner
11. BIRTHPLACE OF FATHER (city or town) (State or Country): San Francisco Calif.
12. MAIDEN NAME OF MOTHER: Arletta Newbert
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Fremont Nebr

14. Informant: Roger E Fenner (Address): Blackfoot, Ida Rout #3

15. Filed Nov 7. 33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 6. 1933 (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov6.1933, 19, to Nov 6 1933, 19
that I last saw him alive on Nov 6 1933, 19
and that death occurred, on the date stated above, at 11 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute intestinal infection

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) E W Beck, M. D.
Nov 7, 1933 (Address) Blackfoot Ida

19. Place of Burial, Cremation, or Removal: Grove City Cemetery — Date of Burial: II/8/3 19

20. Undertaker: E J Peck — Address: Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

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933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86544

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 167
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dona Jean Brock
(a) Residence. No. 287 South Birch St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --
6. DATE OF BIRTH (month, day and year) April 8, 1927
7. AGE: Years 6, Months 7, Days 3. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS
10. NAME OF FATHER Frank Brock
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Littleschute, Wis.
12. MAIDEN NAME OF MOTHER Zuda Hill
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Rigby, Idaho.

14. Informant (Address) Frank Brock 287 S Birch Blackfoot Idaho
15. Filed Nov. 13 1933 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 11 (11) (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933 to Nov 11, 1933
that I last saw her alive on Nov 10, 1933
and that death occurred, on the date stated above, at 8 a m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Encephalitis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W W Beck, M. D.
Nov 13, 1933 (Address) Blackfoot, Ida

19. Place of Burial, ~~Cremation,~~ or Removal: Rigby, Idaho Date of Burial: Nov. 14, 33 19
20. Undertaker: E J Rink Address

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86545

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Claud Schwamb

(a) Residence. No. - St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Schwamb

6. DATE OF BIRTH (month, day, and year) April 27 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) San Francisco Calif.
(State or country)

FATHER

13. NAME Charles W. Schwamb

14. BIRTHPLACE (city or town) Mentz Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Vo Winkle

16. BIRTHPLACE (city or town) Near Stine Germany
(State or country)

17. INFORMENT Mary C. Schwamb
(Address) Hailey Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Hailey Ida. Date Dec 1, 1933

19. UNDERTAKER G. Harris
(Address) Hailey - Ida.

20. FILED 12-1, 1933 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1933, to 11-28, 1933

I last saw him alive on 11-28, 1933; death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 mo -
Other contributory causes of importance: Chronic Bronchitis	3 yrs -

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho -

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86546

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Antone Peterlin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Italian
5. Single, Married, Widowed, or Divorced (write the word): X

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9-1884

7. AGE: Years 49 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pr. Vicenia Italy

FATHER
13. NAME X
14. BIRTHPLACE (city or town) (State or country) X

MOTHER
15. MAIDEN NAME X
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Anthony Bonin

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bellevue Ida Date Nov 29, 1933

19. UNDERTAKER (Address) L. J. Harris Hailey Ida.

20. FILED 12-1, 1933 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Accidental Death Cranking car while in gear-struck on head by crank, car running over body.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R. H. Wright - Co. Coroner, M.D.

(Address) Blaine Co - Hailey, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86547

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Henry Allison

(a) Residence. No. Co. Poor Farm, Hailey, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16-1850

7. AGE Years 83 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) X

MOTHER
15. MAIDEN NAME X
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) J. C. McLaren Hailey Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place County Plot Date Nov 20 1933

19. UNDERTAKER (Address) J. Harris Hailey - Ida.

20. FILED 12-1, 1933 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1933, to 11-18, 1933
I last saw him alive on 11-17, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs

Other contributory causes of importance:
Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

RECEIVED 1933

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86548

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth Roberts Wright

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow -

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) June 1 - 1847

7. AGE: Years 86 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) W. T. Roberts Bellevue Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Bellevue Ida. Date Nov 7, 1933

19. UNDERTAKER (Address) L. J. Harris Hailey Ida -

20. FILED 12 - 1, 1933 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 27, 1933, to 11 - 4, 1933
I last saw her alive on 11 - 4, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - uremic	
Coma	1 mo -

Other contributory causes of importance: Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Robert H. Wright - M. D.
(Address) Hailey, Idaho -

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86549

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 46
(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wm Lombardina

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Oct 18 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 3 years

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) San Lorenzo Idaho.

FATHER

13. NAME Wm Lombardina

14. BIRTHPLACE (city or town) (State or country) Saint Bernard Switzerland

MOTHER

15. MAIDEN NAME Josephine Bagat

16. BIRTHPLACE (city or town) (State or country) Genoa Italy.

17. INFORMENT (Address) Pete Lombardina Ketchum Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Ketchum Date Oct 17, 1933

19. UNDERTAKER L. F. Harris (Address) Hailey Ida.

20. FILED 12-1, 1933 T. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to Oct 15, 1933
I last saw h alive on Oct 15, 1933; death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	
Pleural effusion	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Tuberculosis Miners Pulmonary
(Signed) ..... M. D.
(Address) Hailey Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86550

PLACE OF DEATH
County of Bonner
City of Laclede

Registration District No. 86
Primary Registration District No. 2185 Local Registrar's No. 17
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Ethel Moore

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ewen E. Moore

6. DATE OF BIRTH (month, day and year) June 18, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Laclede Idaho.

PARENTS

10. NAME OF FATHER Henry L. Graves
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Mary Campbell
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Appleton, Wis.

14. Informant (Address) Ewen E. Moore Laclede, Idaho.

15. Filed Oct. 31, 1933. Harold C. Soucey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 30 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from May, 1930, to Oct., 1933, that I last saw h.. alive on Oct. 25, 1933, and that death occurred, on the date stated above, at 8:00 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Emfolism

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pelvic Cellulitis
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Findings
(Signed) Harold C. Soucey, M. D.
Nov. 1, 1933 (Address) Priest River, Idaho

19. Place of Burial, Cremation, or Removal: Seneacqueteen Cem. Sawyer, Idaho.
Date of Burial: Nov. 2, 1933
20. Undertaker: L. G. Moon
Address: Sandpoint, Ida.

PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86551

PLACE OF DEATH

County of Bonner
City of Newport R # 3

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No.) Local Registrar's No. 16
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Harold Trafford Burnett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Burnett

6 DATE OF BIRTH (month, day and year): Aug. 10, 1868

7 AGE: Years 65, Months 2, Days 14. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS
10 NAME OF FATHER: Rev. C. C. Burnett
11 BIRTHPLACE OF FATHER (city or town) (State or country): England
12 MAIDEN NAME OF MOTHER: Sarah An Trafford
13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Trafford Burnett
(Address): Newport R # 3 Wash.

15 Filed Oct 27, 1933 Harold C. Sorvey Registrar
Nov 16

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 24th (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 10th, 1933, to Oct. 24th, 1933, that I last saw him alive on Oct. 24th, 1933, and that death occurred, on the date stated above, at 3:00P. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage. Last attack on October 8th.

(duration) 2 yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis
(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) A. D. Schlotthauer, M. D.
Oct. 26th, 1933 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Greenwood Cemetery, Spokane, Wash
Date of Burial: Oct. 28 1933

20. Undertaker: Sherman + Davis
Address: Newport, Wash.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86552

PLACE OF DEATH
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 15
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Oscar A. Stone

(a) Residence. No. Priest River, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown.

14. Informant Clive Vance
(Address) Priest River Idaho

15. Filed Oct 18, 1933 Harold E Lowery Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 15, (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
Oct. 15, 1933, to Oct. 15, 1933
that I last saw h.m alive on Oct. 15, 1933
and that death occurred, on the date stated above, at 6:20 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
.....
.....
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Symptoms & Findings
(Signed) Harold E Lowery, M. D.
Oct. 18, 1933 (Address) Priest River, Idaho

19. Place of Burial, Cremation, or Removal: Priest River, Idaho. Date of Burial: Oct 18 1933

20. Undertaker: L. G. Moon Address: Sandpoint Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86553

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 14

2. FULL NAME Garrison George Blair

(a) Residence. No. Priest River, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Blair

6 DATE OF BIRTH (month, day and year): Aug. 8, 1877

7 AGE: Years 56 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mill Superintendent
(b) General nature of industry, business, or establishment in which employed (or employer): Sawmill
(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Hartland Wis.

PARENTS
10 NAME OF FATHER: Hugh M. Blair
11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland
12 MAIDEN NAME OF MOTHER: Anna Pynn
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Mrs. Ellen Blair
(Address) Priest River, Idaho

15 Filed Oct. 17, 1933 Harold G. Soucey Registrar
Nov 16

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 14 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1933, to Oct 14, 1933, that I last saw him alive on Oct. 14, 1933, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:
cerebral hemorrhage
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Blood pressure systolic 230
(duration) 4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) Leslie J. Stauffer, M. D.
Oct. 15, 1933 (Address) Priest River Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Woodmen Cemetery
Date of Burial: Oct. 17 1933

20. Undertaker: R. E. Wessa
Address: St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86554

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 69

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Lena Lydia Hitchner

(a) Residence. No. 517 S First St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmett F Hitchner

6. DATE OF BIRTH (month, day, and year) Mar 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Marcia Crandell

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT Emmett F. Hitchner
(Address) Sandpoint Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Courtland N.Y. Date Nov 16, 1933

19. UNDERTAKER Turnbull Co
(Address) Sandpoint Idaho

20. FILED Nov 15, 1933 Viola Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to Nov 15, 1933.
I last saw her alive on Nov 15, 1933: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 13-33
Other contributory causes of importance:	
Asthma (bronchial)	1932

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) O. F. Page M. D.
(Address) Sandpoint Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86555

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 V-D
Local Registrar's No. 219

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Johan Lauzen

(a) Residence. No. Idaho Falls Rt #5 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

185

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Lauzen

6. DATE OF BIRTH (month, day, and year): Jan. 23, 1848

7. AGE: Years 85 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as primer, sawyer, bookeeper, etc.: Retired Cement
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Worker
10. Date deceased last worked at this occupation (month and year): 1914
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Biskopskulla Sweden

FATHER
13. NAME: Mathis Mattson Landzen
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Beata Fredrika Roberg
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): G. H. Johnson, Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Dec 5, 1933

19. UNDERTAKER (Address): Jack A. Wood, Idaho Falls, Idaho

20. FILED 12/1, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
No medical attendance	

Other contributory causes of importance:
Asthma for several years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86556

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Caldwell

(a) Residence. No. 259 Gladstone St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary Caldwell

6. DATE OF BIRTH (month, day, and year) Oct. 28 1861

7. AGE: Years 72 | Months 0 | Days 3. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Oct 1 1933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lockridge Iowa

FATHER
13. NAME Noah Caldwell
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Rachel Vorhees
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs Mary Caldwell Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Nov. 5 1933

19. UNDERTAKER (Address) V. F. McHaw Idaho Falls Idaho

20. FILED Nov 7, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Nov 1, 1933
I last saw him alive on Nov 1, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86557

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 V-0 Local Registrar's No. 206

(No. W.O.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jensen Mas. Nills

(a) Residence. No. Tetonia, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): —

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 6 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah

FATHER
13. NAME Ephraim Enoch Jensen
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Mary Rawlings
16. BIRTHPLACE (city or town) (State or country) Fairview, Idaho

17. INFORMENT (Address) Ephraim E. Jensen Tetonia Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Tetonia Ida. Date Nov, 1933

19. UNDERTAKER (Address) none

20. FILED Nov. 7, 1933 (signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1933, to Nov 4, 1933.
I last saw him alive on Nov 3, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:
Acute tonsilitis.

Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H Ray Hatch, M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86558

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No.
Primary Registration District No.
Local Registrar's No. 207

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

162

2. FULL NAME Margarette May Casper.

(a) Residence. No. Jefferson Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 4 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3 1933

7. AGE: Years ✓ Months ✓ Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls. Idaho.

FATHER
13. NAME Melville R. Casper.
14. BIRTHPLACE (city or town) (State or country) Idaho Falls. Idaho.

MOTHER
15. MAIDEN NAME Leona Lords.
16. BIRTHPLACE (city or town) (State or country) Rigby Idaho

17. INFORMENT (Address) Mellville R Casper. Idaho Falls Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Idaho Falls Date Nov 8, 1933

19. UNDERTAKER (Address) V. F. McHan. Idaho Falls Idaho.

20. FILED Nov 8, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw her alive on Nov. 6, 1933: death is said to have occurred on the date stated above, at 245 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonic Stenosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No
(Signed) Geo. A. Aupperle D. O., ~~M. D.~~
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86559

PLACE OF DEATH
County of Bonneville
City of Grays Lake
Registration District No.
Primary Registration District No.
Local Registrar's No. 204

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dale W. Ake

(a) Residence. No. Grays Lake St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Placer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Fred J. Poulty Idaho Falls Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Nov 8 1933
19. UNDERTAKER F. F. McHaney (Address) Idaho Falls Ida
20. FILED Nov 4, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1933.
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h[illegible]ve on ....., 193...: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? Grays (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. [illegible]
Manner of injury Cause unknown
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred J. Poulty Jr. M. D.
(Address) Idaho Falls

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn.

City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86560

Registration District No. 73

Primary Registration District No. 217 Local Registrar's No. 210

(No. Bergner Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Conrad Scheal. 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 25 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46.	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Rev Father F. E. Lobell Idaho Falls Ida

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Date 11/7, 1933

19. UNDERTAKER (Address) E. F. McFarland Idaho Falls Idaho

20. FILED Nov 10, 1933 (Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1933, to Nov 4, 1933

I last saw h~~e~~ alive on Nov 4, 1933; death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative pulmonary tuberculosis	2 yrs.
Other contributory causes of importance:	
Pulmonary hemorrhage	Oct 31

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Abbott, M. D.

(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86561

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
Registration District No.
Primary Registration District No. 1 Local Registrar's No. 211
(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant — Eyslow

(a) Residence. No. 139-15 th St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Nov 11 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 20 min.
no	no	no.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls. (State or country) Idaho.

FATHER

13. NAME Stanley F. Eyslow.

14. BIRTHPLACE (city or town) Burlington (State or country) Iowa.

MOTHER

15. MAIDEN NAME Rose Wochner.

16. BIRTHPLACE (city or town) Nyssa. (State or country) Idaho.

17. INFORMENT Stanley Eyslow Idaho Falls Ida
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 11/13 1933

19. UNDERTAKER W. F. Mc Steen
(Address) Idaho Falls Ida

20. FILED Nov 13, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 193 , to Nov 11, 1933

I last saw him alive on Nov 11, 1933; death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Gestation 7 mo.)	

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. R. Abbott M. D.
(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville,

City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86562

Registration District No. 73

Primary Registration District No. 2140 Local Registrar's No. 212

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Edmond Lovell

(a) Residence. No. St. Rt. 2 Rigby, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse L. Lovell

6. DATE OF BIRTH (month, day, and year) June, 26, 1875.

7. AGE Years 58 Months 4 Days 16 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oak City, Utah.

FATHER

13. NAME Joseph H. Lovell

14. BIRTHPLACE (city or town) (State or country) Illinois,

MOTHER

15. MAIDEN NAME Leah Ellen Bradford

16. BIRTHPLACE (city or town) (State or country) Provo, Utah.

17. INFORMANT Mrs. Edmond Lovell (Address) Rt. 2, Rigby, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Shelton, Ida. Date Nov. 14, 1933.

19. UNDERTAKER Jack A. Wood, (Address) Idaho Falls, Ida.

20. FILED Nov 13, 1933 C. J. McFarland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933, to Nov 12, 1933.

I last saw him alive on Nov 12, 1933; death is said to have occurred on the date stated above, at 8:50 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic valvular heart with myocardial decompensation	

Other **contributory causes** of importance:

Name of operation Clinical & Lab Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86563

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21 V 20
Local Registrar's No. 213
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William S. Baker

(a) Residence. No. Irwin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lucille Baker

6. DATE OF BIRTH (month, day, and year) Aug 15 1889

7. AGE: Years 44, Months 2, Days 28, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Nov. 1 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Etna Wyoming

FATHER
13. NAME James F. Baker
14. BIRTHPLACE (city or town) (State or country) Mink creek Utah

MOTHER
15. MAIDEN NAME Martha Bithel
16. BIRTHPLACE (city or town) (State or country) Cache Valley Utah

17. INFORMENT (Address) Mrs Lucille Baker Irwin Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Irwin Ida Date 11/16, 1933

19. UNDERTAKER (Address) V. F. McHan Idaho Falls Ida

20. FILED 11/16, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Nov 13, 1933
I last saw him alive on Nov 13, 1933: death is said to have occurred on the date stated above, at 11:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days

Other contributory causes of importance:

Alcoholic Psychosis	1 wk

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86564

Registration District No. 73

Primary Registration District No. 21 1-0 Local Registrar's No. 214

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Denning

(a) Residence. No. ..... St. Rt #3 74
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Phillip Denning.

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1872

7. AGE Years 61 Months 1 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

FATHER

13. NAME Richard Ashdown

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Polly Hayes

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT (Address) Warren Denning Rt #3 Idaho Falls.

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Ida Date Nov. 18, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.

20. FILED 11/18, 1933 W. Kunaind Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933 to Nov 15, 1933

I last saw her alive on Nov 15, 1933: death is said to have occurred on the date stated above, at 10:55 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thromboses	Aug 4

Other **contributory causes** of importance:

Arterio scleroses.

Name of operation Clinical Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls Ida.

RECEIVED DEC 9 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86565

Registration District No. 73

Primary Registration District No. 210 Local Registrar's No. 210

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME May Olsen

(a) Residence. No. 318 Lava St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ben A. Olsen

6. DATE OF BIRTH (month, day, and year): October 16, 1908

7. AGE — Years: 25 | Months: 1 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Portage Utah

FATHER

13. NAME: Melvin Harris

14. BIRTHPLACE (city or town) (State or country): Woodruff Utah

MOTHER

15. MAIDEN NAME: Ruby Morrell

16. BIRTHPLACE (city or town) (State or country): Portage Utah

17. INFORMANT (Address): Melvin Harris Idaho Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Nov. 24, 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED Nov. 22, 1933 C. E. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): November 20 1933

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1933, to Nov 20, 1933.

I last saw her alive on Nov. 20, 1933; death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic valvular heart	Jan 1933
Other **contributory causes** of importance:	

Name of operation: Clinical Date of: .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott, M. D.

(Address) Ida Falls Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86566

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 216

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Wadsworth 189

(a) Residence. No. ..... St. Rt 3
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) September 7, 1919

7. AGE Years 14 Months 2 Days 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls

FATHER

13. NAME Wallace Wadsworth

14. BIRTHPLACE (city or town) (State or country) Hooper, Utah

MOTHER

15. MAIDEN NAME Elsie Fowers

16. BIRTHPLACE (city or town) (State or country) Hooper Utah

17. INFORMANT (Address) Wallace Wadsworth Rt #3 Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Idaho Date Nov. 23, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED 11/22, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 20, 1933
Where did injury occur? Ammon
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. on the farm
Manner of injury Dragged by horse
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred Doctor Coroner M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86567

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 217

(No. Spencer Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Dean L. Ohlman

(a) Residence. No. 472 Lomax St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) December 28, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Eldon E. Ohlman

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Alta Clark

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Mrs. Alta Ohlman Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL Place Logan, Utah Date Nov 26 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls Idaho

20. FILED 11/24, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1933, to Nov 21, 1933.

I last saw him alive on Nov 21, 1933; death is said to have occurred on the date stated above, at 1:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholera Infantum	Nov 7
Other **contributory causes** of importance:	

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86568

PLACE OF DEATH

County of Bonneville

City of Garfield

Registration District No. 73

Primary Registration District No. 2140

Local Registrar's No. 214

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John Treasure.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Treasure

6. DATE OF BIRTH (month, day and year) May 21, 1867

7. AGE

Years	Months	Days	If LESS than 1 day,
66	5	30	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Smithfield, Utah.

PARENTS

10. NAME OF FATHER William Treasure

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales.

12. MAIDEN NAME OF MOTHER Mary Davis.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Wales.

14. Informant Don Treasure
(Address) Rigby, Idaho. R. #1

15. Filed 11/24, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 20, 1933. 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Nov 20, 1933 that I last saw him alive on Nov 20, 1933 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

..... (duration) ..... yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

— (duration) — yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [signature], M. D.

11-20, 1933 (Address) Rigby

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Ucon, Idaho.

Date of Burial: 11/22/33 19

20. Undertaker: A B Eckersell

Address: Rigby

FORM A.S. No. 5-A-25M 1-19 RECEIVED DEC 12 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Ruth

City of Arco

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

State File No. 86569

Local Registrar's No. 68

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Gilbert Garnett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: March 24 1867 (Month) (Day) (Year)

7. AGE: 65 Yrs. 8 Mos. 0 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Dairyman
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Nephi, Utah

10. NAME OF Father: James Byron Garnett Mch. 26

11. BIRTHPLACE OF FATHER (State or Country): Mich.

12. MAIDEN NAME OF MOTHER: Evans

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dezza Davis
(Address) 1147 ~~[illegible]~~ Ave

15. Filed Nov. 27 1933 Don Francisco Coley Ruth E. Nichols
Local Registrar

MEDICAL CERTIFICATE OF DEATH

90

16. DATE OF DEATH: Nov. 24 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1933 to Nov. 24 1933, that I last saw him alive on Nov. 23 1933, and that death occurred on the date stated above, at 1 00/4 M.

The CAUSE OF DEATH* was as follows:
Acute Dilation of Heart.

(Duration) ..... yrs. ..... mos. 4 hrs. ..... ds.

Contributory (Secondary): Myocarditis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) I. R. Eyler M. D.

Nov. 26 1933 (Address) Arco Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arco, Idaho

DATE OF BURIAL: Nov 27

20. UNDERTAKER: P. Harmer

ADDRESS: Ar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86570

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 139

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Alexandria Paul

(a) Residence. No. 712—7 Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Floyd Paul

6. DATE OF BIRTH (month, day, and year) Sept-2, 1899

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
34	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyo.

FATHER

13. NAME William Salmenin

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Floyd Paul
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 11/26, 1933

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Dec. 7, 1933. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1933 to Nov. 24, 1933.
I last saw h[illegible] alive on Nov. 24 1933.: death is said to have occurred on the date stated above, at 3.10 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cystic Colon	
Pneumonia	
(Double)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. C. Beckman M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86571

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 134

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace Franklin

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/31/85

7. AGE Years 48 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME G. B. Franklin

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Sarah Drake

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) E. J. Franklin Lewiston Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston, Ida Date 11/11, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Dec 4, 1933. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933, to Nov 9, 1933.

I last saw her alive on Nov 9, 1933: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Volvulus of Colon	Nov 7/33

Other **contributory causes** of importance:

Name of operation Lapaystomy rep. air of Volvulus Date of Nov 7

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. P. Ross, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86572

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 130
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Laura Smith

(a) Residence. No. 308 - 23rd Ave So. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 13-1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
62	1	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER
13. NAME Thomas Kelley
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Tapsett
16. BIRTHPLACE (city or town) (State or country) V

17. INFORMANT (Address) T. G. Smith, Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 11/12 1933

19. UNDERTAKER F. K. Robuck (Address) Nampa Ida

20. FILED Dec. 4, 1933. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933 to Nov. 6, 1933.
I last saw her alive on Nov. 6, 1933 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolus	
Other **contributory causes** of importance:	

Name of operation Cholecystectomy Date of Oct 31-33
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —. If so, specify .....

(Signed) Samuel A Swayne M. D.
(Address) Nampa, Ida.

RECEIVED DEC 8 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86573

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 132

(No. 1116 – 13th ave. So)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie Griffitts 31

(a) Residence. No. 1116 – 13th Ave. So St.
(Usual place of abode)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 4th 1905

7. AGE: Years 27 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Friendsville
(State or country) Tennessee

FATHER

13. NAME Ambrose V. Griffitts

14. BIRTHPLACE (city or town)
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Luzina Toneo

16. BIRTHPLACE (city or town) Friendsville
(State or country) Tenn.

17. INFORMENT (Address) Mr. A. V. Griffitts. Nampa, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Rohlerdawn Date 12-28, 1933

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho.

20. FILED Dec. 4, 1933. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1933, to Nov. 26, 1933

I last saw her alive on Nov. 25, 1933: death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. F. Mangum, M. D.

(Address) Nampa, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86574

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 130

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Troxel

(a) Residence. No. Nampa, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Troxel

6. DATE OF BIRTH (month, day, and year) March 24, 1858

7. AGE Years 75 Months 7 Days 10 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Jake Troxel

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Ruth Clayton Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL Place Boise Valley, Cemetery Date 11 17 1933

19. UNDERTAKER (Address) F.K. Robinson Nampa, Ida.

20. FILED Dec 4, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1933, to 11-14, 1933

I last saw him alive on ....., 193... death is said to have occurred on the date stated above, at 8 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral	
apoplexy	

Other **contributory causes** of importance:

Chronic Indigestion

Name of operation none Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? no Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo R Proctor M. D.

(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86575

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Antone Crha

(a) Residence. No. 2 1/2 Miles west of Nampa
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna

6. DATE OF BIRTH (month, day, and year) Sep 12 - 1891

7. AGE Years 42 Months 2 Days 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMANT (Address) Anna Crha Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Date 11/23 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Dec 4, 1933 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Nov. 20, 1933.

I last saw him alive on Nov. 19, 1933: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Write Dilatation of Heart caused by high blood pressure (240)	

Other **contributory causes** of importance: Chronic Nephritis with arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. C. Billings M. D.

(Address)

RECEIVED

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86576

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 137

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Perry

(a) Residence. No. Rural St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B. F. Perry

6. DATE OF BIRTH (month, day, and year) 9-6-60

7. AGE Years 73 Months Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John Bond

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wordly

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) Mrs. Wm. Wilker Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place Nampa, Ida. Date 11/26, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Dec. 6, 1933. Lyla Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1933, to 11-23, 1933

I last saw her alive on 11-23, 1933: death is said to have occurred on the date stated above, at 2 m.p.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis for part 6 mo.	

Other **contributory causes** of importance:

Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace P. Belknap, M. D.

(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

TYPED

PLACE OF DEATH

County of Ada

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86577

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 131

(No. 10 mi. so. east Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ross Albert Smith

(a) Residence. No. 10 mi. so. east Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible] White [illegible]

FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Lelia Smith R.F.D. #1 Kuna, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 11-19-33, 193

19. UNDERTAKER Wm D. Talley (Address) Nampa, Idaho

20. FILED Dec 4, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-16 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknow. But Natural	
Died Before Medical	
Assistance Could Be	
Summoned.	
Other contributory causes of importance:	
Peobably Apoplexy,	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Cann Coroner

(Address) Boise Idaho

RECEIVED DEC 2 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86578

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 133

(If death occurred in a hospital or institution, give its name instead of street and number) No.

2. FULL NAME John A Watson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Watson

6. DATE OF BIRTH (month, day, and year): Jan 25-1870

7. AGE — Years: 63 | Months: 10 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmer City Ill.

MOTHER FATHER

13. NAME: W W Watson

14. BIRTHPLACE (city or town) (State or country): Kentucky

15. MAIDEN NAME: Arminda Webb

16. BIRTHPLACE (city or town) (State or country): Farmer City Ill.

17. INFORMANT (Address): Mary E. Watson R-3 Meridian Ida

18. BURIAL, CREMATION, OR REMOVAL — Place: Meridian Cem. Date: Dec. 3, 1933

19. UNDERTAKER (Address): W. E. Mathers Meridian Ida

20. FILED Dec 4, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933 to Nov 29, 1933

I last saw him alive on Nov 28, 1933: death is said to have occurred on the date stated above, at 3:22 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other **contributory causes** of importance:

Name of operation: no Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Watts, M. D.

(Address) Nampa, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86579

PLACE OF DEATH
County of Canyon
City of Parma
Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Elmer Nevgen

(a) Residence. No. Parma Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 7-1933

7. AGE — Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Parma Idaho
(State or country)

FATHER

13. NAME Ora Nevgen

14. BIRTHPLACE (city or town) Moscow Idaho
(State or country)

MOTHER

15. MAIDEN NAME Emma Jane Harrison

16. BIRTHPLACE (city or town) Hill City Idaho
(State or country)

17. INFORMENT Ora Nevgen
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parma Date Nov 11, 1933

19. UNDERTAKER none
(Address)

20. FILED Dec 5, 1933 Ethel Jurries
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Nov 11, 1933
I last saw him alive on Nov 6, 1933: death is said to have occurred on the date stated above, at 1:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 7, 33
Other contributory causes of importance: —	

Name of operation none Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Eugene Johnson, M. D.
(Address) Parma, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86580

PLACE OF DEATH
County of Canyon
City of Parma
Registration District No. 2007
Primary Registration District No. 3
Local Registrar's No. 27
(No. 1 mi. no. Parma)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irwin Ray Nugent.
(a) Residence. No. 1 mi. no. Parma St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): Sept 18th 1933
7. AGE — Years: | Months: 1 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Parma Ida.

FATHER
13. NAME: O. C. Nugent.
14. BIRTHPLACE (city or town) (State or country): Okla.

MOTHER
15. MAIDEN NAME: Fern Skinner.
16. BIRTHPLACE (city or town) (State or country): Okla.

17. INFORMENT (Address): O. C. Nugent Parma Ida
18. BURIAL, CREMATION, OR REMOVAL — Place: Parma, Date 11-18, 1933
19. UNDERTAKER (Address): Wm. D. Talley Caldwell Ida
20. FILED Dec 5, 1933 Ethel Jurvis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 17th 1933
22. I HEREBY CERTIFY, That I attended deceased from Dead 193..., to ..., 193...
I last saw him alive on Nov 18, 1933: death is said to have occurred on the date stated above, at 1:15 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal flu according to history of case.	7da.
Non physician attending.	
(Followers of Christ)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Wm D Talley Coroner M.D.
(Address) Parma Ida.

RECEIVED DEC 12 1933

PLACE OF DEATH
County of Canyon
City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86581

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 97

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Elsie Mae Campbell

(a) Residence. No. Wilder, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of O. M. Campbell

6. DATE OF BIRTH (month, day, and year) May 19 1885

7. AGE Years 48 Months 6 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fresno County, Calif.

FATHER
13. NAME Robert Baird
14. BIRTHPLACE (city or town) (State or country) Glascow Scotland

MOTHER
15. MAIDEN NAME Charlotte Rogers
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) O. M. Campbell Wilder Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Cemetery Date 12-3, 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 12-7, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1933, to Nov 26, 1933
I last saw her alive on Nov 26, 1933: death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septemia of Face & Jaw following Extraction of tooth	Mar 16-33

Other contributory causes of importance:
Treated by Christian Science

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Robert E. Talbot, M. D.
(Address) Wilder Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86582

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 96
(No. Caldwell Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred F. Stone (STONE)
(a) Residence. No. 1414 Dearborn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Mabel R Stone
6. DATE OF BIRTH (month, day, and year) May 2 1887
7. AGE Years 46 Months 6 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. atty at law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minn
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER
13. NAME W. H. Stone
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Mrs Mary J. Stone
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs Alfred F. Stone 1414 Dearborn Caldwell Ida
18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 12/1, 1933
19. UNDERTAKER (Address) Paul L. Cose Caldwell Idaho
20. FILED 12-2, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1933
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Nov 28, 1933
I last saw him alive on Nov 28, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Spinal Cord	

Other contributory causes of importance:

Name of operation Exploration of Cord Date of Sept 22 33
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F M Cole M. D.
(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86583

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 95
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Margaret Ann Beer
(a) Residence No. 5 & Everett St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Jess Beer

6. DATE OF BIRTH (month, day and year) 3-21-1855

7. AGE Years 78 Months 8 Days 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS
10. NAME OF FATHER John McCune
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N Y
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Mrs N C Bacon Parma Idaho

15. Filed 11-29, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11-26-33 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933, to Nov 23, 1933
that I last saw her alive on Nov 23, 1933
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cardio Vascular Renal Disease

Several (duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) A. A. Newberry M. D.
11/25, 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal Roswell Ida Cemetery
Date of Burial 11-28-33

20. Undertaker Paul L. Case
Address Caldwell Idaho

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Canyon
City of Caldwell

DO NOT WRITE IN THIS SPACE
State File No. 86584

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 94.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Arthur Mason 188C

(a) Residence. No. 120 Dearborn St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16"-1872

7. AGE Years 61 Months 6 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jay Co. Ind.

FATHER
13. NAME Adam Mason.
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Sarah Beama
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Mrs. W. A. Mason Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place Canyon Hill Date Nov. 22 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 11-23, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19" 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 ~~Nov 19~~ 1933, 1933, to Nov 19, 1933

I last saw him alive on Nov. 19, 1933 death is said to have occurred on the date stated above, at 4 am.

The principal cause of death and related causes of importance were as follows:

Sheet form
traumatic injuries

Date of onset

Other contributory causes of importance:
Compound fiber of Rt tibia
Fracture left humerus
fracture of several ribs on left side
& Concussion of Chest & brain

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. A. Newbery M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1005

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No.

(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Willaim Arthur Mason

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED 11-29, 1933 John L Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/19/ 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 2:30A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally killed by car	
see reverse side	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/19/33

Where did injury occur? 2 3/4 mi. so. Wilder
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on highway

Manner of injury

Nature of injury Broken leg, arm & rib & other injuries

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. D. Bailey Coroner

(Address) Nampa, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86585

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 138
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Armistead Pleasants

(a) Residence. No. 315 12 ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 4 1863

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Real Estate Dealer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toyson, Md.

FATHER

13. NAME Richard H. Pleasants

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Poultney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs Wm Pleasants Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idg. Date 12/2, 1933

19. UNDERTAKER F. K. Robinson (Address) Nampa, Ida.

20. FILED Dec. 6, 1933. Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28/33

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to Nov. 28, 1933.
I last saw him alive on Nov. 28, 1933: death is said to have occurred on the date stated above, at 7.4 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Coma	Nov 25/33
Chronic interstitial Nephritis + pyelitis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. F. Rose, M. D.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86586

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loyd M. Lynch

(a) Residence. No. 712-13 Ave So. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1913

7. AGE Years 20 Months 6 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Claud Howell

14. BIRTHPLACE (city or town) Kas (State or country)

MOTHER

15. MAIDEN NAME Pearl Williams

16. BIRTHPLACE (city or town) Mo. (State or country)

17. INFORMANT (Address) J. J. Lynch 712-13 Ave S. Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida Date 11/24, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED Dec. 6, 1933 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to 11-21, 1933

I last saw him alive on 11-21, 1933: death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

Peritonitis acute following thrombosis superior mesentaric vein. Pyaemia

Other **contributory causes** of importance:

Fracture lower jaw center & rt 3 molar tooth following fight.

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Horace P. Belknap, M. D.
(Address) Nampa Ida

RECEIVED DEC 1 5 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86587

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laudi Carlton Eastman

(a) Residence. No. Soda Springs Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ — Caroline M. Eastman

6. DATE OF BIRTH (month, day, and year) Aug-22-1855

7. AGE Years 78 Months 3 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Probate Judge
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec-6-1933
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Osc. Iowa

FATHER
13. NAME Enoch W. Eastman
14. BIRTHPLACE (city or town) ~~Wheat field~~ (State or country) Deerfield N.H.

MOTHER
15. MAIDEN NAME Sarah Caroline Tremont
16. BIRTHPLACE (city or town) (State or country) Canterbury N.H.

17. INFORMENT (Address) Mrs. L. C. Eastman Soda Springs Ida

18. BURIAL, CREMATION, OR REMOVAL Place Soda Springs Date Dec. 10, 1933

19. UNDERTAKER (Address) E. D. Whitman Soda Springs Ida

20. FILED 12-8, 1933 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-7- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Dec-7-, 1933
I last saw him alive on Dec-7-, 1933: death is said to have occurred on the date stated above, at 3 a.m. –
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Premium	
Left Lower	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Ellis Karsley, M. D.
(Address) Soda Springs Ida

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86588

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 36

(No.) 143(c)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorretta Swanson Sterrett
(a) Residence. No. Soda Springs Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clifton A. Sterrett

6. DATE OF BIRTH (month, day, and year) Sept. 7 1912

7. AGE Years 21 Months 2 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Ida

FATHER
13. NAME Arthur C. Swanson
14. BIRTHPLACE (city or town) (State or country) Lost River Ida

MOTHER
15. MAIDEN NAME Ida J. Gunnell
16. BIRTHPLACE (city or town) (State or country) Wells Ville Utah

17. INFORMENT (Address) S. R. Sterrett Soda Springs Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Soda Springs Ida Date Dec 5 1933

19. UNDERTAKER (Address) C. L. Whitman Soda Springs Ida

20. FILED 12-3, 1933 D. Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1933, to Dec. 2, 1933
I last saw her alive on Dec 2, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubal Pregnancy	Right
Complicated by	
Left Pus tube	

Other contributory causes of importance:

Name of operation Laparotomy Date of 11/27/33
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ellis Kuck Lee, M. D.
(Address) Soda Springs Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86589

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

Registration District No. 12
Primary Registration District No. 2159 Local Registrar's No. 35
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel W. Hillman
(a) Residence. No. Alexander Ida St. Alexander Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ora Davis Hillman
6. DATE OF BIRTH (month, day, and year) Nov. 20 - 1903
7. AGE Years 30 Months 0 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electrical Engineer and office work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Plant at Alexander, Ida
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Vernal Utah

FATHER
13. NAME Daniel H. Hillman
14. BIRTHPLACE (city or town) (State or country) Bonaparte Iowa

MOTHER
15. MAIDEN NAME Grace E. Ashton
16. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

17. INFORMENT (Address) Ernest F. Hillman 3469 Highland Drive Salt Lake City Ut
18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Salt Lake City Date 12-8-1933
19. UNDERTAKER (Address) E. D. Hillman Soda Springs Ida
20. FILED 12-6, 1933 Dr Russell Tegert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-5- 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 29-, 1933, to Dec-5-, 1933
I last saw him alive on Dec.-5-, 1933: death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	11-27-33

Other contributory causes of importance:
None

Name of operation Splenectomy Date 11-29-33
What test confirmed diagnosis? operation Was there an autopsy? no
& Pathological examination
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-27-33
Where did injury occur? Alexander, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Blow on left side, Accdt.
Nature of injury Casued splenic rupture
24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Occurred in line of duty
(Signed) B. K. Earing, M. D.
(Address) Grace, Idaho

RECEIVED DEC 1 1933

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86590

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 34

(No. Caribou Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vera M. Kunz

(a) Residence. No. Cokeville Wyo St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 31 - 33

7. AGE Years Months Days If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Soda Springs Ida

FATHER

13. NAME Elmer Kunz

14. BIRTHPLACE (city or town) (State or country) Montpelier Ida

MOTHER

15. MAIDEN NAME Vera M. Bertwistle

16. BIRTHPLACE (city or town) (State or country) San Diego Calif

17. INFORMENT (Address) Cokeville Wyo.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Cokeville Wyo Date Nov. 2, 1933

19. UNDERTAKER (Address) O. L. Whiteman Soda Springs Ida

20. FILED 11-1-, 1933 Dr Russell Tight Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-31-, 1933, to Oct 31, 1933

I last saw her alive on Oct-31-, 1933; death is said to have occurred on the date stated above, at 11:30 a.m. -

The principal cause of death and related causes of importance were as follows:

Pulmonary atelectasis

Date of onset

Other contributory causes of importance: premature birth

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ✓, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Lindsay, M. D.

(Address) Cokeville, Wyo

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 10 12 193

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86591

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvella Hansen 160

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. Color or Race W.
5. Single, Married, Widowed or Divorced (write the word) S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31 - 1933

7. AGE Years Months Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

FATHER

13. NAME Joseph Martinus Hanson

14. BIRTHPLACE (city or town) Utah.
(State or country)

MOTHER

15. MAIDEN NAME Thelma Finley

16. BIRTHPLACE (city or town) W. Yo.
(State or country)

17. INFORMANT (Address) X Joseph Martinus Hansen Oakley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Oakley Date 11-5, 1933

19. UNDERTAKER (Address) D. E. Johnson Burley Idaho

20. FILED 11-4, 1933 Laura Greer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933, to Oct. 4, 1933.

I last saw her alive on Oct 31, 1933: death is said to have occurred on the date stated above, at 7 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Congenital
Patent Foramen Ovale	

Other **contributory causes** of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify .....
(Signed) Charles B. Beymer M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86592

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

87

2. FULL NAME Laura Christina Bailey

(a) Residence. No. North Oakley Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bailey

6. DATE OF BIRTH (month, day, and year) July 26 1886

7. AGE Years 47 Months 3 Days 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) 10-31-33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wilfred Idaho

FATHER

13. NAME Wm. Orson Pratt

14. BIRTHPLACE (city or town) (State or country) Franklyn Ida.

MOTHER

15. MAIDEN NAME Sophia Keller

16. BIRTHPLACE (city or town) (State or country) Brigham City Utah

17. INFORMANT (Address) Henry Bailey North Oakley Ave. Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 11/8, 1933

19. UNDERTAKER (Address) Johnson Mortuary Vern B. McCulloch

20. FILED 11/4/, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/4/1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to Nov 4, 1933.

I last saw her alive on Nov 4, 1933: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignant Acute Pericarditis	~~Oct~~ Nov
	Oct 30

Other **contributory causes** of importance:
Pneumonia (Terminal)
& Pluricy Oct 30

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) F. H. Cutler, M. D.
(Address) Burley Ida

RECEIVED DEC 1 2 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86593

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Avaralio Alexandro Pluez

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

162

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race Mexican

5. Single, Married, Widowed or Divorced (write the word) S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 10-1933

7. AGE Years Months Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

FATHER

13. NAME Avaralio Alexandro Pluez

14. BIRTHPLACE (city or town) .....
(State or country) Mexico

MOTHER

15. MAIDEN NAME Ramona Montoya

16. BIRTHPLACE (city or town) .....
(State or country) Colorado

17. INFORMANT x Abram Montoya
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 11/14, 1933

19. UNDERTAKER D. E. Johnson
(Address) Burley Ida

20. FILED 11/13, 1933 Laura Greer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Nov. 12, 1933.

I last saw him alive on Nov. 12, 1933: death is said to have occurred on the date stated above, at 8:40 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Visceral Haemorrhage	

Other **contributory causes** of importance:

Prolonged hard labor

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. H. Cutler, M. D.
(Address) Burley

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86594

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 78

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Mary A. Jensen Pike

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Oscar Pike

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 34 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo Ut.

FATHER

13. NAME Nels L. Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Helena Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Oscar Pike Burley Ida

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 11-16, 1933

19. UNDERTAKER (Address) Jas. P. Payne Burley Ida

20. FILED Nov 14, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to Nov. 13, 1933

I last saw her alive on Nov. 13, 1933: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Double.

Date of onset

Other contributory causes of importance: operation for chronic appendicitis

Name of operation appendectomy Date of

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Treinstad, M. D.

(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH

County of Cassia

City of Churchill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86595

Registration District No. 117

Primary Registration District No. 296 Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Parley Anthon Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs P. A. Anderson

6. DATE OF BIRTH (month, day, and year) Dec. 16. 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) July '33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) San Pitsim Utah

FATHER

13. NAME Edward E. Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Pernella Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. P. A. Anderson Churchill Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 11/24, 1933

19. UNDERTAKER (Address) H. E. Johnson Burley Ida.

20. FILED 11/23, 1933 J. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to Oct. 31, 1933
I last saw him alive on Oct. 31, 1933; death is said to have occurred on the date stated above, at 4:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	10 yrs.

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Parley B. Reynolds M. D.
(Address) Burley, Idaho

RECEIVED DEC 1 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86596

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 80

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Wilson

(a) Residence. No. 135 N. Miller Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Lee Wilson

6. DATE OF BIRTH (month, day, and year) ? ? 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11-2-33

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME Lee Wilson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Lee Wilson 135 N. Miller

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 11-26 1933

19. UNDERTAKER H. E. Johnson
(Address) Burley Ida.

20. FILED 11-26 1933 Laura Green
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 24, 1933.
I last saw him alive on Nov 24, 1933; death is said to have occurred on the date stated above, at 4:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	10 days
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Hugh E. Dean, M. D.
(Address) Burley Idaho

RECEIVED DEC 1 2 1933

PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86597

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Sarah McClendon

(a) Residence. No. Malta Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of McClendon

6. DATE OF BIRTH (month, day, and year) Apr 26, 1850

7. AGE Years 83 Months 6 Days 15 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Malta Ida. Date 11-15-1933

19. UNDERTAKER (Address) D. E. Johnson Dudley Idaho

20. FILED 11-13, 1933 C. L. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1933, to Nov. 11, 1933.
I last saw her alive on Nov. 11 1933: death is said to have occurred on the date stated above, at 4 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fire burn	

Other **contributory causes** of importance:

Name of operation No Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Ac. Date of injury 11/11, 1933
Where did injury occur? Idahome Ida - her home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury Starting fire in stove
Nature of injury 4/5 of body burned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. L. Sater, M. D.
(Address) Malta Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1933

PLACE OF DEATH

County of Cassia

City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86598

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Daniel Robert Thompson

(a) Residence. No. N. E. of Albion St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. D. R. Thompson

6. DATE OF BIRTH (month, day, and year) July 1 - 1886

7. AGE Years 47 Months 3 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farm & Cattle

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming & Cattle Raising

10. Date deceased last worked at this occupation (mo. and yr.) 8/ /33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Huntington
(State or country) West Virginia

FATHER

13. NAME John Henry Thompson

14. BIRTHPLACE (city or town)
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Catherine Sanders

16. BIRTHPLACE (city or town)
(State or country) Colorado

17. INFORMANT Mrs. D. R. Thompson
(Address) Albion Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Albion Ida. Date 10/24 1933

19. UNDERTAKER Johnson Mortuary
(Address) Burley Ida Vern McCullach

20. FILED 10/24, 1933. C. J. Sater
Registrar.

D. E. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Oct 22/33

I last saw him alive on Oct 10, 1933: death is said to have occurred on the date stated above, at 4 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

None

Name of operation No Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) C. J. Sater, M. D.
(Address) Malta Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86600

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Hugh M. Moon

(a) Residence. No. 161 - N. Oriental Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Moon

6. DATE OF BIRTH (month, day, and year) Jan. 25 - 1856

7. AGE Years 77 Months 10 Days 5 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 8/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER

13. NAME Hugh M. Moon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha McBride

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Carl Moon 161 - N. Oriental Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Ida Date 12/3 1933

19. UNDERTAKER (Address) Johnson Mortuary Vern McCulloch

20. FILED 11/30, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Nov 30, 1933.

I last saw him alive on Nov 30, 1933: death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cl. Nephritis	1930
Other **contributory causes** of importance:	
Cl. Myocarditis	1925

Name of operation Non Date of.....

What test confirmed diagnosis? Did was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Id

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86601

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Kathryn McKnight

114

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 22, 1930

7. AGE Years 3 Months 8 Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** none

10. Date deceased last worked at this occupation (mo. and yr.) 1/1/1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Elko Nevada

FATHER

13. NAME Joseph F. McKnight

14. BIRTHPLACE (city or town) (State or country) Nevada

MOTHER

15. MAIDEN NAME Cleo. Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) Delta Nevada

17. INFORMANT (Address) Joseph F. McKnight

18. BURIAL, CREMATION OR REMOVAL
Place Elko, Nevada Date 12/4, 1933

19. UNDERTAKER (Address) H. C. Johnson Burley Ida

20. FILED 12/2, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-23-, 1933, to 12-1-, 1933

I last saw her alive on 11/30/, 1933: death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enteritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) G. G. Espe, M. D.

(Address) .....

RECEIVED [illegible]

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86602

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 81

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Eudora June McKnight

(a) Residence. No. 235 So. Hansen St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June-20-1427

7. AGE Years 6 Months 5- Days 5- If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** School

10. Date deceased last worked at this occupation (mo. and yr.) 11/13/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Elko (State or country) Nevada

FATHER

13. NAME Joseph Francis McKnight

14. BIRTHPLACE (city or town) (State or country) Nevada

MOTHER

15. MAIDEN NAME Cleo. Elizabeth Morgan

16. BIRTHPLACE (city or town) Delta (State or country) Nevada

17. INFORMANT Joseph F. McKnight (Address) Burleyada Elko Nevada

18. BURIAL, CREMATION OR REMOVAL
Place Elko Nevada Date 11/29, 1933

19. UNDERTAKER H. E. Johnson (Address) Bur.

20. FILED 11/25, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-20-33 193..., to 11-25-, 1933

I last saw her alive on 11-24-, 1933: death is said to have occurred on the date stated above, at 5a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Enteritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) G. B. Estes, M. D.
(Address) .....

RECEIVED DEC 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86603

PLACE OF DEATH
County of Clark
City of Small PO

Registration District No. 120
Primary Registration District No. 2203
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Sarah A Small

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dennis Small

6. DATE OF BIRTH (month, day and year): Mar 18 1855

7. AGE — Years: 77 | Months: 5 | Days: 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Lancaster Wis

PARENTS

10. NAME OF FATHER: Decker
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Do not know
12. MAIDEN NAME OF MOTHER: Do not know
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Do not know

14. Informant: Mrs Nellie Webster
(Address) Dubois Idaho

15. Filed Nov 13, 1933 — C E Jones MD, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Nov 13, 1933, that I last saw her alive on Nov 8, 1933, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue, throat & face & bronchi
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C E Jones, M. D.
, 19 (Address) Dubois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Small Idaho	Nov 14 1933

20. Undertaker: Jack A Wood — Address: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86604

PLACE OF DEATH

County of Clearwater

City of Orofino

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 63

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number.)

38

2. FULL NAME Victor Pellesier

(a) Residence. No. St. Mullan, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Unascertained

6. DATE OF BIRTH (month, day, and year): August 18, 1890

7. AGE: Years 43 | Months 2 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Antone Pellesier

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Rosalind Bordow

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMENT (Address): Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Wallace Date: 11/8, 193

19. UNDERTAKER (Address): V. A. Shaw Orofino

20. FILED 11/7, 193 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to November 5, 1933

I last saw him alive on November 4 1933: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Psychosis with Cerebro-spinal Syphilis.	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelway, M. D.

(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86605

PLACE OF DEATH

County of Kootenai

City of Orofino

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 62

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Osner M. Oakes

(a) Residence. No. ..... St. Echo Bay, Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? x yrs. x mos. x ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Feb. 11, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scorigon, Maine

FATHER

13. NAME William J. Oakes

14. BIRTHPLACE (city or town) (State or country) Mango, Maine.

MOTHER

15. MAIDEN NAME Olive Hall

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place State Hosp. North Cemetery Date Oct. 31, 1933

19. UNDERTAKER F. A. Billberg, Hosp. Attendant. (Address) Orofino, Idaho.

20. FILED 11/4, 1933 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to October 29, 1933

I last saw him alive on October 29, 1933; death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary arterio-sclerosis	
Other contributory causes of importance: Psychosis - manic depressive	

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho

RECEIVED DEC 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86607

PLACE OF DEATH

County of Clearwater
City of Weippe Idaho

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No. 64

2. FULL NAME David patrick Coon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Nov 2 - 1933

7 AGE: Years | Months | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Never Baby
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Weippe Ida

PARENTS
10 NAME OF FATHER: James E Coon
11 BIRTHPLACE OF FATHER (city or town) (State or country): Michigan
12 MAIDEN NAME OF MOTHER: Rose Thomas
13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Dakota Stark County

14 Informant: James E Coon
(Address): Weippe Ida

15 Filed 11/17, 19.... W A Shaw Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 8 (Month) Wensday (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,
that I last saw h..... alive on ....., 19.....,
and that death occurred, on the date stated above, at 1 pm m.
The CAUSE OF DEATH* was as follows:
Convulsion

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) Jane Coon Farther, M. D.
11/8, 1933 (Address) Weippe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Weippe
Date of Burial: Nov 9 1933

20. Undertaker: Jane Coon Farther
Address: Weippe

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC [illegible] 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mt. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE

State File No. 86608

Local Registrar's No. 25

(No. 90) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mc Cabe

(a) Residence. No. (Usual place of abode) St. Bruneau Idaho. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Place E[redacted] Date 11/30, 1933

19. UNDERTAKER D. C. Zauner (Address) Mt. Home Ida.

20. FILED Nov 28, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1933, to Nov. 28, 1933

I last saw him alive on Nov. 28, 1933: death is said to have occurred on the date stated above, at 5:2[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of stomach	Nov. 28, 33
Other contributory causes of importance:	
Diaphragmatic pleurisy	Nov. 20 '33
Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry C. Rifford, M.D.

(Address) Mountain Home, Idaho.

RECEIVED EC 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86609

PLACE OF DEATH
County of Elmore
City of Mt. Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary P. Mc Cowan. 57

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: B. F. Mc Cowan
6. DATE OF BIRTH (month, day, and year): 4-29-1860
7. AGE: Years 73 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMENT (Address): B. F. Mc Cowan. Boise Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Home Date: 10-22, 1933
19. UNDERTAKER (Address): [illegible] Mt Home Idaho
20. FILED Nov 27, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 20 1933
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to , 1933
I last saw her alive on , 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Chronic Interstitial Nephritis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86610

PLACE OF DEATH

County of Elmore

City of Mt. Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elva Isabelle Dawson

(a) Residence. No. St. Smiths Prairie Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-12-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
*	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smiths Prairie Idaho

FATHER

13. NAME Geo. E. Dawson

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Gladys Werner

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Geo E. Dawson

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Home Date , 193

19. UNDERTAKER S. Barton
(Address) Mt. Home Idaho

20. FILED Nov 27, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933, to Oct 18, 1933

I last saw h[illegible] alive on Oct 18, 1933: death is said to have occurred on the date stated above, at 12 25 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct. 17, 33
Other contributory causes of importance: Malnutrition	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C. Fitzgerald, M. D.

(Address) Mountain Home, Ida.

RECEIVED DEC 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86611

PLACE OF DEATH

County of Elmore

City of Mt. Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME William Hanley.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hanley

6. DATE OF BIRTH (month, day, and year) 1-17-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Emma Hanley. Mt. Home Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Home Ida Date , 193

19. UNDERTAKER (Address) J. S. Barker Mt. Home Ida.

20. FILED Nov 27, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1933, to Oct 11, 1933

I last saw her alive on Oct 11, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry C. Rifford, M. D.

(Address) Mountain Home, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 '33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Atlanta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86612

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. M 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Butler 197

2. FULL NAME Fred A. Ritchie

(a) Residence. No. Atlanta Ida, St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John A. Ritchie

14. BIRTHPLACE (city or town) (State or country) Colo.

MOTHER

15. MAIDEN NAME Nellie Curley.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) E. F. Ritchie Elko Nevada.

18. BURIAL, CREMATION, OR REMOVAL
Place Elko Nevada Date 11-30, 1933

19. UNDERTAKER (Address) G. S. Zacher Mt Home Idaho.

20. FILED Nov 28, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/27, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wounds inflicted by an Officer in the performance of his duty	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 11/27, 1933

Where did injury occur? Atlanta Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun Shot Wounds.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Philo F. Green Coroner, M. D.

(Address) Mt. Home Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86613

PLACE OF DEATH
County of Elmore
City of Mountain Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dean Stanley

(a) Residence. No. Walla Walla, Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Drew Stanley

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cement worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hebron Nebraska

FATHER
13. NAME J. M. Stanley
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Sarah C. Paine
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mrs. J. E. Hurlburt Walla Walla, Wash

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Walla Walla Wash Date Oct 7, 1933

19. UNDERTAKER (Address) G. C. Zacher Mountain Home, Idaho

20. FILED Oct 7, 1933 A. Hughes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Caused to his death by means of injuries on the head unknown to this jury	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Clark F. Green Coroner
(Address) Mountain Home Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 11 1933

PLACE OF DEATH
County of Franklin
City of Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE
State File No. 86614

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Ruby Carla Anderson

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Merlin Anderson

14. BIRTHPLACE (city or town) (State or country) Richmond Utah

MOTHER

15. MAIDEN NAME Ruby Harris

16. BIRTHPLACE (city or town) (State or country) Fairview Idaho

17. INFORMANT (Address) Merlin Anderson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Idah Date Nov 8, 1933

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Dec 8, 1933 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, to Nov. 6, 1933
I last saw her alive on Nov. 6, 1933; death is said to have occurred on the date stated above, at P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 1-33
Other contributory causes of importance: Malnutrition one year	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) G. W. Staley, M. D.
(Address) Preston Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Franklin

City of Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86615

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME MARIE RASMUSSEN

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JUNE 1, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc AT SCHOOL

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) PRESTON
(State or country) IDAHO

FATHER

13. NAME James Peter Rasmussen

14. BIRTHPLACE (city or town) Manti
(State or country) UTAH

MOTHER

15. MAIDEN NAME SARAH JENSEN (DEC.)

16. BIRTHPLACE (city or town) MINK CREEK
(State or country) IDAHO

17. INFORMENT (Address) James Peter Rasmussen

18. BURIAL, CREMATION, OR REMOVAL Place WESTON Date Nov. 19, 1933

19. UNDERTAKER John M Richards
(Address) Logan Utah

20. FILED Dec 6, 1933 G. W. Stutz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-16-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933, to Nov 16, 1933

I last saw her alive on Nov 16, 1933; death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 11, 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Orrid R. Cutler M. D.

(Address) Preston, Idaho

RECEIVED DEC

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86616

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmond Shaffer Seamons

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Oscar M. Seamons

14. BIRTHPLACE (city or town) (State or country) Hydepark Utah

MOTHER

15. MAIDEN NAME Mary Ethel Shaffer

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Oscar M. Seamons Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date Nov. 22, 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Dec 8, 1933 M. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933, to Nov 20, 1933

I last saw him alive on Nov 20, 1933: death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	Nov. 16, 1933
Toxic Paralytic Obstruction of Intestines	Nov. 19, 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orson L. Danner, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86617

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Erman J. Tingey

(a) Residence. No. Weston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	II	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mendon Utah

FATHER

13. NAME James Waren Tingey

14. BIRTHPLACE (city or town) (State or country) Brigham City Utah

MOTHER

15. MAIDEN NAME Mae Bassett

16. BIRTHPLACE (city or town) (State or country) Mendon Utah

17. INFORMENT (Address) J. Warren Tingey Weston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Brigham Utah Date Nov 28 193 3

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Dec 8, 1933 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec -, 1931 to Nov 25, 1933
I last saw h alive on Nov 20, 1933; death is said to have occurred on the date stated above, at 12 15 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis following severe cold	Dec - 1932
Other contributory causes of importance: Septic Cystitis	Oct 1933

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 193
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) G. W. Staley, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86619

RECEIVED DEC 7 1933

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin
City of Whitney, Idaho
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 22
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Coleman Poole

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Susan Kirby Poole

6. DATE OF BIRTH (month, day and year) Sept. 13, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Spartanburg, S.C.
(State or country) Spartanburg Co.

PARENTS

10. NAME OF FATHER John M. Poole
11. BIRTHPLACE OF FATHER (city or town) Spartanburg S.C.
(State or Country)
12. MAIDEN NAME OF MOTHER Rebecca Stovall
13. BIRTHPLACE OF MOTHER (city or town) Rome, Ga.
(State or County)

14. Informant Leroy Farmer
(Address)

15. Filed Dec 8, 1933 G. W. Stalos
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 4, 6:20 A.M. 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cause Unknown
Natural Death

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [signature] M. D.
....., 19..... (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Whitney Idaho	Nov 6 33 19

20. Undertaker	Address
N. W. Hendricks	Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED NOV 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86620

PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry John Stone

(a) Residence. No. St. Anthony, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Louisa Stone

6. DATE OF BIRTH (month, day, and year) Dec. 15-1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pristol
(State or country) England

FATHER

13. NAME William G. Stone

14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER

15. MAIDEN NAME Jane Stride

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Mrs. Henry J. Stone
(Address) St. Anthony

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Date 10/15/1933

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Oct 14, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933, to Oct. 11, 1933

I last saw him alive on Oct. 11, 1933; death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Larynx — Date of onset .....

Other contributory causes of importance:

Senile Debility

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) P. M. Keel, M. D.

(Address) St. Anthony, Ida.

FORM V. S. No. 6-25 M-1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86621

Local Registrar's No. 107

Registration District No. 99

Primary Registration District No. 2177

1. PLACE OF DEATH
County of Fremont
City of St. Anthony
If death occurs away from usual residence, give facts called for under special information.

(No. Ernest Edward Brower St.)
2. FULL NAME Baby J. Brower

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6. DATE OF BIRTH: Nov. (Month) 20 (Day) 1933 (Year)

7. AGE: Yrs. ... Mos. ... 1 ds. 12 hrs
IF LESS than 1 day how many 36 hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: (Infant)
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): St. Anthony Ida
10. NAME OF Father: La Mont Brower
11. BIRTHPLACE OF FATHER (State or Country): Utah Idaho
12. MAIDEN NAME OF MOTHER: Bertha Hardy
13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Allison
(Address) St. Anthony Ida.

15. Filed Nov 21 1933 Sarah Munk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1933 to Nov 21 1933 that I last saw him alive on Nov. 21 1933 and that death occurred on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage from birth injury
Spontaneous premature delivery
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Allison M. D.
11/21 1933 (Address) St. Anthony Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Newdale — DATE OF BURIAL: Nov. 21 1933

20. UNDERTAKER: H. M. Hansen — ADDRESS: St. Anthony Idaho

FORM V. S. No. 9-A-25M. 1-19.

RECEIVED 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86622

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 9

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Rena M. Campbell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Oct. (Month) 11 (Day) 1881 (Year)

7. AGE: 52 Yrs. 1 Mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House-wife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: Nels Nelson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) x E. D. Campbell
(Address)

15. Filed 11-18- 1933 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

1000

16. DATE OF DEATH: November (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1933, to Nov. 16 1933, that I last saw her alive on Nov. 16 1933, and that death occurred on the date stated above, at 3:20 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D. Parkinson M. D.

11-18 1933 (Address) Emmett

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Ida

DATE OF BURIAL: Nov 19 1933

20. UNDERTAKER: C D Bucknum

ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRI Y, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED

FORM V. S. No. 5-A. 25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86623
Local Registrar's No.

1. PLACE OF DEATH

County of Gem
City of Letha
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 6
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Mirl Hull

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: May (Month) 19 (Day) 1861 (Year)

7. AGE: 72 Yrs. 5 Mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF Father: Lorenzo Meggs Hull

11. BIRTHPLACE OF FATHER (State or Country): not known

12. MAIDEN NAME OF MOTHER: Fisher

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) x Mrs. C. M. Hull
(Address)

15. Filed 11-17- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1913, to Nov 15 1933, that I last saw him alive on October 31 1933, and that death occurred on the date stated above, at 9:30 P M.
The CAUSE OF DEATH* was as follows:

myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
11-16-1933. (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Ida
DATE OF BURIAL: Nov 17 19

20. UNDERTAKER: C D Bucknum
ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19. RECEIVED DEC 5 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 4

(No. St.)

State File No.

Local Registrar's No. 86624

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Minerva E, Barnes Minerva E Barnes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow (Write the word)

6. DATE OF BIRTH: 6-16-1855 (Month) (Day) 1 (Year)

7. AGE: 78 Yrs. 4 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mexico Mo

10. NAME OF Father: Martilius Bybee

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Edith Williams

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr N B Barnes

(Address) 2" & Wardwell Emmett Ida

15. Filed 11-13- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 11 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw her alive on Oct 28 1933 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J L Reynolds M. D.

11-13 1933 (Address) Emmett Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mexico Mo

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Paul L.Case

ADDRESS: Caldwell Idaho

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED DEC

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

86020

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 6

(No. St.)

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Anne Kerby

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: July (Month) 10 (Day) 1851 (Year)

7. AGE: 72 Yrs. 3 Mos. 29 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF Father: Francis Daily

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Casey

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) × Gertrude K. Moore

(Address)

15.

Filed 11-11- 1933 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1930, to Nov 9 1933, that I last saw her alive on Nov 6 1933, and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) several yrs. mos. ds.

Contributory (Secondary) a minor cerebral hemorrhage with aphasia

(Duration) yrs. mos. 20 ds.

(Signed) R. N. Cummings M. D.

11-10 1933 (Address) Emmett Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Caldwell, Idaho

DATE OF BURIAL: Nov. 11 1933

20. UNDERTAKER: C D Bucknum

ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 5 1933

FORM V. S. No. 15 A. 25M 1-15

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86627

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9

Primary Registration District No.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Crouch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: Sept. (Month) 11 (Day) 1838 (Year)

7. AGE: 95 Yrs. 1 Mos. 27 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF Father: David Crouch

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Owens

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) x W. T. Crouch

(Address)

15. Filed 12-11- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Have seen him occasionally 19 , that I last saw him alive on November 7 1933 and that death occurred on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J L Reynolds M. D.

12-11 1933 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett

DATE OF BURIAL: Nov 11 1933

20. UNDERTAKER: C D Bucknum

ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86628

PLACE OF DEATH

County of Gem

City of New Plymouth

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Bivens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fanny E. Bivens

6. DATE OF BIRTH (month, day, and year) May 27-1854

7. AGE Years 79 Months 5 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Missouri

FATHER
13. NAME H. M. Bivens
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Honor Riley
16. BIRTHPLACE (city or town) (State or country) Kansas City Missouri

17. INFORMENT (Address) Jessie E. Fishback

18. BURIAL, CREMATION, OR REMOVAL Place Payette Ida Date 11-11-1933

19. UNDERTAKER (Address) Glenn C. Landers Payette Ida

20. FILED 11-9-1933 J. L. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-9-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on Dead when I saw him death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexia	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. L. Reynolds M. D.

(Address) Emmett Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1933

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86629

Local Registrar's No.

Registration District No.

Primary Registration District No. 4

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Forrest Holden Alplanalp

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (Write the word)

6. DATE OF BIRTH Sept. (Month) 22 (Day) 1917 (Year)

7. AGE 16 Yrs. 1 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Utah

10. NAME OF Father David Alplanalp

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Josie Holden

13. BIRTHPLACE OF MOTHER (State or Country) Wyoming

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Alplanalp

(Address)

15. Filed 11-20-1933 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., **to** ..... 19...,

that I last saw h..... alive on ..... 19...,

and that death occurred on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:

Suicide by hanging

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Randall ~~M. D.~~ acting coroner

19..... (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett, Idaho

DATE OF BURIAL Nov. 9 1933

20. UNDERTAKER C D Buckenum

ADDRESS Emmett

RECEIVED

FORM V. S. No. 3 A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 6
Primary Registration District No.
(No. St.)
State File No. 86630
Local Registrar's No.

1. PLACE OF DEATH
County of Gem
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lucy Elnora Howard
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F	W	Married

6. DATE OF BIRTH April (Month) 8 (Day) 1896 (Year)

7. AGE 37 Yrs. 6 Mos. 26 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Colorado

10. NAME OF Father Michael H. Brady

11. BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Katherine McCarthy

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X Roy E. Howard
(Address)

15. Filed 11-7-1933 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

95

16. DATE OF DEATH Nov (Month) 4 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1933, to Nov 4 1933, that I last saw her alive on Nov 4 1933, and that death occurred on the date stated above, at 10-20 P. M.

The CAUSE OF DEATH* was as follows:
Cardiac Stenosis

(Duration) Several yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. L. Reynolds M. D.
11-7 1933 (Address) Emmett Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett, Ida
DATE OF BURIAL 11-7 1933

20. UNDERTAKER C. D. Bucknum
ADDRESS Emmett

N. B.—WITH UNFADING INK—THIS IS A PERMANENT RECORD
of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19. RECEIVED DEC 5 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86631
Local Registrar's No.

1. PLACE OF DEATH

County of Gem
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 4
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eliza Beutler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word)

6. DATE OF BIRTH: May (Month) 10 (Day) 1862 (Year)

7. AGE: 71 Yrs. 5 Mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF Father: Jacob Beck

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X Ed Beutler
(Address)

15. Filed 12-2- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

12

16. DATE OF DEATH: ~~October~~ Nov (Month) 1 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1933, to Nov 1 1933, that I last saw her alive on Nov 1 1933, and that death occurred on the date stated above, at X P M.

The CAUSE OF DEATH* was as follows:
Chronic nephritis with uremia.

(Duration) 3 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J L Reynolds M. D.
19 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Ida
DATE OF BURIAL: Nov. 5 1933

20. UNDERTAKER: C. D. Bucknum
ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86632

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen Burt Johns

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Johns

6. DATE OF BIRTH (month, day, and year) Aug. 28/1859

7. AGE Years 73 Months 9 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lelant, England

FATHER
13. NAME Chas. Polkinghorne Burt
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Janee Bryant
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) H. J. Barton Wendell, Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wendell, Ida Date 6/20, 1933

19. UNDERTAKER (Address) Alva Thompson Gooding, Ida

20. FILED June 20, 1933 E. L. Dimanton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to June 17, 1933
I last saw her alive on June 15, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas F. Zeller, M. D.
(Address) Jerome, Ida

RECEIVED DEC 7 3 193

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86633

Registration District No. 22

Primary Registration District No. 2018 Local Registrar's No.

(No. St Valentines Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Buford Eugene Powell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 7 1902

7. AGE: Years 30 Months 9 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peck Idaho

FATHER

13. NAME F W Powell

14. BIRTHPLACE (city or town) (State or country) Davis Co Mo

MOTHER

15. MAIDEN NAME Sevillia Petty

16. BIRTHPLACE (city or town) (State or country) Davis Co Mo

17. INFORMENT (Address) B W Powell

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date 4-18, 1933

19. UNDERTAKER (Address) C E Hickok Shoshone Idaho

20. FILED 4-19, 1933 C. L. Dimonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 16 1933

22. I HEREBY CERTIFY; That I attended deceased from Apr 4, 1933, to Apr 16, 1933

I last saw him alive on Apr 15, 1933: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic poisoning	Mch 28
Chronic Nephritis	2 yrs ago

Other contributory causes of importance:

Had operation on Kidney

Name of operation Nephrotomy Date of 4-4

What test confirmed diagnosis? Clear Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Dimonton, M. D.

(Address) Wendell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2015
(No. ..... St.)

State File No. .....
Local Registrar's No. 86634
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joann Bailey

PERSONAL AND STATISTICAL PARTICULARS

8. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Mar 28 1933 (Month) (Day) (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.
IF LESS than 1 day how many 2 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wendell Idaho

10. NAME OF Father: Marion E. Bailey

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Lorraine Bibol

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Marion E. Bailey
(Address): Wendell Idaho

15. Filed 3-29 1933 E. L. Dimmitt Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 28 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from At birth 19.. to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Immature premature birth
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Dimmitt M.D.
3-29 1933 (Address) Wendell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Idaho | DATE OF BURIAL: 3-29 1933

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED AUG 5 1933

FORM V. S. No. 5-25 M. (1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gooding

City of Wendell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22

Primary Registration District No. 2018

(No. ..... St.)

State File No. .....

Local Registrar's No. 86639

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lauren Dale Venandaal

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Nov 15 1932 (Month) (Day) (Year)

7. AGE: ..... Yrs. 3 Mos. 19 ds. ..... IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wendell Idaho

10. NAME OF Father: Dirt John Venandaal

11. BIRTHPLACE OF FATHER (State or Country): Holland

12. MAIDEN NAME OF MOTHER: Mary Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. J. Venandaal
(Address) Wendell Ida

15. Filed Mar 8 1933 E. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 6 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 6 1933 to Mch 6 1933, that I last saw him alive on Mch 6 1933 and that death occurred on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows:
Influenza with hyperpyrexia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Simonton M. D.
(Address) .....

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida

DATE OF BURIAL: 3-9 1933

20. UNDERTAKER: J. H. Dixon

ADDRESS: Gooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED DEC 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86640

PLACE OF DEATH

County of Gooding

City of Wendell

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2018

(No.) (If death occurred in a hospital or institution, give its name instead instead of street and number.)

Local Registrar's No.

2. FULL NAME Max Charles Smith

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months One Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wendell Ida

PARENTS

10 NAME OF FATHER Chester K. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nebraska

12 MAIDEN NAME OF MOTHER Linnie May Shelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nebraska

14 Informant C. K. Smith
(Address) Wendell Ida

15 Filed 5-12, 1933 E. R. Simonton
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 12 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 5-11, 1933 to 5-12, 1933 that I last saw him alive on 5-11, 1933 and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) E. R. Simonton M. D.

5-12 1933 (Address) Wendell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Wendell

Date of Burial 5-12 1933

20. Undertaker Mrs B. H. Prescott

Address Wendell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M, 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2018
(No. ..... St.)

State File No. .....
Local Registrar's No. 86641

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME David Francis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6. DATE OF BIRTH: Aug (Month) 8 (Day) 1840 (Year)

7. AGE: 92 Yrs. 6 Mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wales

10. NAME OF Father: David Francis

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Charlotte

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Francis
(Address) Wendell Ida

15. Filed: Feb 9th 1933 E L Simonton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

205

16. DATE OF DEATH: Feb (Month) 8th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...,
that I last saw him alive on ..... 19...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Did not see him

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E L Simonton M. D.
2-9 1933 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: North Ogden Ut.
DATE OF BURIAL ..... 19...

20. UNDERTAKER: Johnson
ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED DEC 1 5 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gooding

City of Wendell

Registration District No. 22

Primary Registration District No. 2018

(No. ..... St.)

State File No. 86642

Local Registrar's No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Carrie Roberts

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: X

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word):

6. DATE OF BIRTH: Feb (Month) 29 (Day) 1856 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Lockport Ill

10. NAME OF Father: Geo T. Cadding

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Nancy O'Brien

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May R. Barrett

(Address) Wendell Idaho

15. Filed Nov 10 1933 E. L. Dimonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

164

16. DATE OF DEATH: Nov 8 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 1 1933 that I last saw her alive on Nov 1 1933 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Senility with inanition

..... (Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) ✓

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Dimonton M. D.

11-10 1933 (Address) Wendell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Idaho

DATE OF BURIAL: 11-10 1933

20. UNDERTAKER: Sampson

ADDRESS: Gooding Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JAN 1933

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86643

Local Registrar's No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2018
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Harlen Griffith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	White	Single

6. DATE OF BIRTH: Dec 19 1930 (Month) (Day) (Year)

7. AGE: 2 Yrs. Mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF Father: James O. Griffith

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Nancy Prince

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Sal Prince
(Address): Wendell Ida

15. Filed Jan 8 1933 E. L. Dimonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 7 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1933 to Jan 7 1933 that I last saw h~~im~~ alive on Jan 7 1933 and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Dimonton M. D.

1-8 1933 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida — DATE OF BURIAL: 1-9 1933

20. UNDERTAKER: None — ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFA L E

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86644

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 247

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Bray.

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, ~~Married~~, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin C Bray (Deceased)

6. DATE OF BIRTH (month, day, and year): Apr 28-1851

7. AGE: 82 Years, Months: 6, Days: 15, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kalamazoo Mich

FATHER
13. NAME: Asahel G. Hopkins
14. BIRTHPLACE (city or town) (State or country): Don't Know N.Y. State

MOTHER
15. MAIDEN NAME: Charity Brown
16. BIRTHPLACE (city or town) (State or country): N.Y. State

17. INFORMENT (Address): Mrs. Edith Calone (Daughter)

18. BURIAL, CREMATION, OR REMOVAL
Place: Gooding Creek Date: 11-15, 1933

19. UNDERTAKER (Address): A E Thompson

20. FILED 11-30, 1933. J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-12- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1933 to 11-12-, 1933
I last saw her alive on 11-9-, 1933: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis	
Apoplexy	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J H Cromwell, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86646

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 248

(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Laura Simpson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred A Simpson

6. DATE OF BIRTH (month, day, and year) Sept 25-1892

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
41	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Breckenridge Mo

FATHER
13. NAME Reuben Ketron
14. BIRTHPLACE (city or town) (State or country) Chilocothe Mo

MOTHER
15. MAIDEN NAME Eleanor Baird
16. BIRTHPLACE (city or town) (State or country) Breckenridge Mo

17. INFORMENT (Address) Fred A Simpson Richfield Ida

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Ida Date Nov 22 1933

19. UNDERTAKER C E Hickok (Address) Shoshone Ida

20. FILED 11/24/33 1933 J J Cammell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1933, to Nov 20, 1933.
I last saw her alive on Nov 20, 1933: death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis &	
Cholelithiasis	1924
Acute Appendicitis	Nov 19 - 33

Other contributory causes of importance: Chronic Myocarditis

Name of operation Cholecystectomy Date of Nov 19 33
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) T. E. Barrett, M. D.
(Address) Shoshone Ida

RECEIVED DEC 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86647

PLACE OF DEATH
County of Gooding
City of Wendell

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William H. Chaplin

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 24/67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Mo

FATHER

13. NAME Wm. Chaplin

14. BIRTHPLACE (city or town) (State or country) V

MOTHER

15. MAIDEN NAME V

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wendell Date 6/4, 1933

19. UNDERTAKER J. Thompson (Address) Gooding Ida

20. FILED 12-11, 1933 E. L. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to May 31, 1933

I last saw him alive on May 29, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Cardiac failure	
Other contributory causes of importance:	
Chronic Asthma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. F. Keller, M. D.

(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 86649

PLACE OF DEATH

County of Gooding
City of Wendell

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2018
(No.) Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME ~~[illegible]~~ Robert James Littan

(a) Residence. No. R R#2 St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: boy
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months Days: One 18 hrs. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Wendell Ida St Valentines Hosp

PARENTS
10 NAME OF FATHER: John Littan
11 BIRTHPLACE OF FATHER (city or town) (State or country): Oklahoma
12 MAIDEN NAME OF MOTHER: Henna Kissler
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Col

14 Informant: Henna Littan (mother)
(Address) Wendell Ida

15 Filed Mar 18 1933 E. L. Dunnington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 18 1933
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to March 18, 1933
that I last saw him alive on March 17, 1933
and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:
Intra Cranial Hemorrage
(duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary): Difficult Birth
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? None
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) R. E. Sturtz M. D.
March 18, 1933 (Address) Buffel Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal: Wendell Ida
Date of Burial: Mch 19 1933

20. Undertaker: None
Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 16 1933

PLACE OF DEATH
County of Goodeng
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22
Primary Registration District No. 2018

DO NOT WRITE IN THIS SPACE
State File No. 86651

Local Registrar's No.

(No.) 740
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel Reardon

(a) Residence. No. St Valentine Hospt. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Mary E Reardon

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 73 | Months: 5 | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): County Clare Ireland

FATHER

13. NAME: Mathew Reardon
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Dent Brown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): J. J. Reardon Helena Mont

18. BURIAL, CREMATION, OR REM[illegible] Place: Hailey Aug 5, 1932

19. UNDERTAKER [illegible] (Address)

20. FILED Aug 6, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932, to Aug 3, 1932

I last saw him alive on Aug 3, 1932. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. B. Zeller, M. D.

(Address) Jerome, Ida.

RECEIVED DEC 13 1933

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86654

Registration District No. 22

Primary Registration District No. 2018 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Anna Sielaff

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Sielaff

6. DATE OF BIRTH (month, day and year) May 1 - 1845

7. AGE Years 88 Months 5 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Otto Sielaff Wendell Idaho

18. BURIAL, CREMATION OR REMOVAL Place Bellevue Idaho Date Oct 29 1933

19. UNDERTAKER (Address) F. R. Wiley Jerome Idaho

20. FILED Oct 29 1933 E. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933, to Oct 26, 1933.

I last saw him alive on Oct, 1933: death is said to have occurred on the date stated above, at 6.15 o.m. p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Inanition	
Old age	

Other **contributory causes** of importance: ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify?
(Signed) E. L. Simonton M. D.
(Address) Wendell Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1933

PLACE OF DEATH,
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86655

Registration District No. 22
Primary Registration District No. 2018 Local Registrar's No.
(No. St Valentines Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry DeYoe Mills

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ada N Mills

6. DATE OF BIRTH (month, day, and year) Nov 16 187

7. AGE: Years 60 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all Life

12. BIRTHPLACE (city or town) (State or country) Kalamazoo Mich

FATHER
13. NAME Jas H Mills
14. BIRTHPLACE (city or town) (State or country) Richland ~~N Y~~ Mich

MOTHER
15. MAIDEN NAME Mary E DeYoe
16. BIRTHPLACE (city or town) (State or country) Waterloo NY

17. INFORMENT (Address) Ada N Mills Dietrich Ida

18. BURIAL, CREMATION, OR REMOVAL Place Shoshone Ida Date Mar. 27 1933

19. UNDERTAKER (Address) C E Hickok Shoshone Ida

20. FILED 4-1, 1933. E. C. Dimonton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20-, 1933, to 3-24-, 1933
I last saw him alive on 3-24-, 1933: death is said to have occurred on the date stated above, at 4,30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of the Mesocolon	

Other contributory causes of importance:
Obstruction of the bowels

Name of operation Opening of Abdomen Date of 3/24-33
What test confirmed diagnosis? Surgery Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Baugh M. D.
(Address) Shoshone Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86656

PLACE OF DEATH

County of Gooding
City of Wendell
Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

at 1 PM

2. FULL NAME Mary Dudley

(a) Residence. No. Wendell St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of O. L. Dudley

6. DATE OF BIRTH (month, day and year) Aug 9 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10. NAME OF FATHER Abram Evans
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penn
12. MAIDEN NAME OF MOTHER Margaret Bunker
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ohio

14. Informant O L Dudley
(Address) Wendell

15. Filed Nov 14, 1933 O. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to Nov 12, 1933
that I last saw h[illegible] alive on Nov 12, 1933
and that death occurred, on the date stated above, at 1 P m.
THE CAUSE OF DEATH* was as follows: Cerebral Hem[illegible]

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) High Blood pressure
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) O. L. Simonton M. D.
11-14, 1933 (Address) Wendell

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Filer	Nov 15 1933

20. Undertaker F E Drake Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86657

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel W. Baker

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jessie F. Baker

6. DATE OF BIRTH (month, day, and year): 6/17/1852

7. AGE: Years 81, Months 4, Days 11, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harrisburg Penn.

FATHER
13. NAME: James Baker
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Fulkirth
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): James M Baker

18. BURIAL, CREMATION, OR REMOVAL Place: John Day Ida. Date: 11-2, 1933

19. UNDERTAKER (Address): Hancock Mng. Co. Evangeville Ida.

20. FILED Dec 5, 1933 W. F. Orr Per R. A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1933, to Oct 31, 1933
I last saw him alive on Oct. 31, 1933: death is said to have occurred on the date stated above, at 6.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 19

Other contributory causes of importance:
Chronic Nephritis
Hypertension

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood

RECEIVED DEC 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86658

PLACE OF DEATH
County of Idaho
City of White Bird

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Elbert Berry Williams 89

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-4-1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stockman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill. Carmi

FATHER
13. NAME Joseph Williams
14. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

MOTHER
15. MAIDEN NAME Mary Christian
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) Frank Wolfard Whitebird

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Lewiston Ida. Date Dec 7, 1933

19. UNDERTAKER (Address) L. A. Hancock Grangeville Ida

20. FILED 12-7, 1933 B. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928., to Dec 5, 1933.
I last saw him alive on Dec 3., 1933.: death is said to have occurred on the date stated above, at 9-30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Angina Pectaris	
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) J. D. Walker M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1933

PLACE OF DEATH

County of Idaho

City of Castle Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86659

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Zeddock Pallan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mirna Pallan

6. DATE OF BIRTH (month, day, and year) 9/13/1903

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
30	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Forestry work

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pallan
(State or country) Oklahoma

MOTHER FATHER

13. NAME Joseph Zeddock Pallan

14. BIRTHPLACE (city or town) Arkansas
(State or country)

MOTHER

15. MAIDEN NAME Sal M. Ware

16. BIRTHPLACE (city or town) Miss
(State or country)

17. INFORMANT Myrna Louise Pallan
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Idaho Date Dec 5, 1933

19. UNDERTAKER C. A. Hargrove
(Address) Grangeville

20. FILED Dec. 7, 1933. B. C. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1933, to Dec. 3, 1933.
I last saw him alive on Dec. 3 1933.: death is said to have occurred on the date stated above, at 5:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull Fracture	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 12/3/1933
Where did injury occur? South Fork, Clearwater River
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury.... Auto Accident
Nature of injury.... Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86660

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 10 5

Primary Registration District No. 1008 Local Registrar's No. 5 1

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mike White

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE — Years: About 73 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME ,,

14. BIRTHPLACE (city or town) (State or country) ,,

MOTHER

15. MAIDEN NAME ,,

16. BIRTHPLACE (city or town) (State or country) ,,

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Dec. 2 1933

19. UNDERTAKER Glenn Allor
(Address) Grangeville, Idaho.

20. FILED Dec. 7, 1933. B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 30 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 193 9, to Nov. 30, 193 3
I last saw him alive on Nov. 30, 193 3: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1929

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Chipman, M. D.
(Address) Grangeville Ida.

RECEIVED DEC 11 1933

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of ElkCity

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86661

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 50

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sleepy Lee Kee

(a) Residence. No. ElkCity, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Chinaman

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years About 73 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ,,

MOTHER

15. MAIDEN NAME ,,

16. BIRTHPLACE (city or town) (State or country) ,,

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place ElkCity Date Nov. 18 1933

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho.

20. FILED 12-1, 1933 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Unknown	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) B. Chipman, M. D.
(Address) Grangeville

RECEIVED DEC 11 1933

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86662

PLACE OF DEATH

County of Idaho

City of Grangeville

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 49

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

882

2. FULL NAME Polly Bemis

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Chinaman	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie Bemis

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
About 88				

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Grangeville Date. Nov. 8, 1933.

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED Dec 7, 1933. R. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1933 to Nov. 6, 1933.

I last saw her alive on Nov. 6 1933; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) R. Chapman M. D.

(Address) Grangeville Ida.

MAY 1 8 1987
SEP 2 9 2000
SDH FEB 1 7 2017

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of White Bird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86663

Registration District No. 193

Primary Registration District No. 2181 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jorge Clinton Poe

(a) Residence. No. White Bird St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine E. Poe

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 71 | Months 3 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cattleman

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salem Oregon

FATHER

13. NAME: Wm Poe

14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER

15. MAIDEN NAME: Vanetti

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Vera Sheffard

18. BURIAL, CREMATION OR REMOVAL
Place: White Bird Ida Date: Nov. 29 1933

19. UNDERTAKER (Address): None

20. FILED Dec. 7, 1933. B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933, to Nov. 28, 1933.
I last saw him alive on Nov. 21 1933: death is said to have occurred on the date stated above, at 3:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1923

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) B. Chipman M. D.
(Address) Grangeville Ida

RECEIVED DEC 1 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86664

Registration District No. 103

Primary Registration District No. 1021 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Woodward Robinson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-28-1852

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Des Moines
(State or country) Iowa

MOTHER FATHER

13. NAME Thos. H. Woodward

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Catherine Larcom

16. BIRTHPLACE (city or town) Penn
(State or country)

17. INFORMANT Mrs. Nellie C. McEntee
(Address) Grangeville Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date Nov. 27, 1933

19. UNDERTAKER M. L. Green
(Address) Grangeville

20. FILED 12-7, 1933. R. B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1928, to Nov. 25, 1933
I last saw her alive on Nov. 25 1933. death is said to have occurred on the date stated above, at 11 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis with Hypocarditis	1925

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. B. Chapman, M. D.
(Address) Grangeville Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86665

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Elizabeth Bourland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel L. Bourland

6. DATE OF BIRTH (month, day, and year) 5/15/1848

7. AGE Years 85 Months 5 Days 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Halfway Missouri

FATHER

13. NAME John Ratcliff

14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

MOTHER

15. MAIDEN NAME Elizabeth Ratcliff

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT (Address) Mrs. Geo. Everest

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ....., 193..

19. UNDERTAKER (Address) .....

20. FILED 12-7, 1933 B. C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/11/1933

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1933, to 11-11, 1933.

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 7:05 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	11-11-33

Other **contributory causes** of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. D. Shennick, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86666

Registration District No. 10 3

Primary Registration District No. 1001

Local Registrar's No. 45

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bob Harrison

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1861

7. AGE — Years: 72 — Months — Days — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ,,

10. Date deceased last worked at this occupation (mo. and yr.): ,,

11. Total time (years) spent in this occupation: ,,

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): ,,

MOTHER

15. MAIDEN NAME: ,,

16. BIRTHPLACE (city or town) (State or country): ,,

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL

Pla Grangeville Date Oct. 29 193 3

19. UNDERTAKER Glenn Ailor

(Address) Grangeville, Idaho

20. FILED 12-1, 1933. B. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931, to Oct 27, 1933

I last saw h alive on 10-27, 1933: death is said to have occurred on the date stated above, at 2-9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-10-31

Other **contributory causes** of importance:

Arterio Sclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify.....

(Signed) ..... M. D.

(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1933

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86667

Registration District No. 10 3

Primary Registration District No. 001 Local Registrar's No. 47

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard Bernthal

(a) Residence. No. Frankenmuth Mich St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Jan 12 day 1860

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Carpenter

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frankenmuth
(State or country) Mich

FATHER

13. NAME Leonard Bernthal

14. BIRTHPLACE (city or town) Frankenmuth
(State or country) Mich

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mike Bernthal
(Address) Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Frankenmuth Mich Date Oct 21 1933

19. UNDERTAKER Ailor Mortuary
(Address) Grangeville Ida

20. FILED 12-7..., 1933. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-10..., 1933 to 10-18..., 1933.
I last saw h— alive on 10-18., 1933. death is said to have occurred on the date stated above, at 2 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1933.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) B. C. Chipman, M. D.

(Address) Grangeville

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Idaho
City of Kenterville

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elisabeth Gehring
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 21, 1933
7. AGE Years Months 4 Days 1 (If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (city or town) Kenterville
(State or country) Idaho

PARENTS
10. NAME OF FATHER Theodore Gehring
11. BIRTHPLACE OF FATHER (city or town) Kenterville
(State or Country) Idaho
12. MAIDEN NAME OF MOTHER Iniz Luchtefeld
13. BIRTHPLACE OF MOTHER (city or town) Kenterville
(State or County) Idaho

14. Informant (Address) Father

15. Filed Dec 5, 1933 H. F. Orr per R. A. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933, to Nov. 22, 1933
that I last saw her alive on Nov. 18, 1933
and that death occurred, on the date stated above, at 5:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Whooping Cough
..... (duration) ..... yrs. ..... mos. 20 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical only
(Signed) H. F. Orr, M. D.
Nov. 23, 1933 (Address) Cottonwood, Ida.

19. Place of Burial, Cremation, or Removal Kenterville
Date of Burial 24 1933
20. Undertaker Father Ver Haeven
Address Kenterville, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86669

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry John Sprute
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 51 yrs. mos. ds. How long in U. S. if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Jansing

6. DATE OF BIRTH (month, day and year) Jan. 17, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	92	10	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) Attbergeon
(State or country) Westphalia, Germany

PARENTS
10. NAME OF FATHER —
11. BIRTHPLACE OF FATHER (city or town) (State or Country) —
12. MAIDEN NAME OF MOTHER —
13. BIRTHPLACE OF MOTHER (city or town) (State or County) —

14. Informant (Address) Hubert E. Sprute Cottonwood, Idaho

15. Filed Dec 5, 1933 W. F. Orr per R.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 24, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1933, to Nov. 24, 1933
that I last saw him alive on Nov. 20, 1933
and that death occurred, on the date stated above, at 1209 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical only.
(Signed) Healey F. Orr, M. D.
11/24, 1933 (Address) Cottonwood

19. Place of Burial, Cremation, or Removal: Cottonwood Idaho
Date of Burial: 19

20. Undertaker: Power & Hamm, Lewiston, Idaho
Address

RECEIVED DEC 8 1933

FORM V. S. No. 5-25 M. 1-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. ..... St.)

File No. 86670

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Jacob Walser

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Jan. (Month) 22 (Day) 1933 (Year)

7. AGE: 18 Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cottonwood, Idaho

10. NAME OF FATHER: Franz J. Walser

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Mary Liebenkas

13. BIRTHPLACE OF MOTHER (State or Country): Waterloo, Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brother

(Address) .....

15. Filed Dec. 5 1933 W. F. Orr per R.A. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1933, to Nov 25 1933 that I last saw him alive on Nov 24 1933 and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(Autopsy)

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) Pleurisy with exudate

..... (Duration) ..... yrs. ..... mos. 18 ds.

(Signed) Wesley F. Orr M. D.

Nov 24 1933 (Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Idaho

DATE OF BURIAL: Nov 27 1933

20. UNDERTAKER: Bower + Wann

ADDRESS: Lewiston, Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. V-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Idaho
City of Kamiah
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 49
Primary Registration District No. 2127
(No. ..... St.)

State File No. .....
Local Registrar's No. 86671

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Isabella Coleman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Died

6. DATE OF BIRTH: Nov. 11th 1931 (Month) (Day) (Year)

7. AGE: 1 Yrs. 9 Mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nez Perce Reservation

10. NAME OF Father: Jim Coleman

11. BIRTHPLACE OF FATHER (State or Country): Nez Perce Reservation

12. MAIDEN NAME OF MOTHER: Jane Allen

13. BIRTHPLACE OF MOTHER (State or Country): Nez Perce Reservation

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Jane Coleman
(Address): Kamiah Idaho

15.
Filed 12-12 1933 Nell Robertson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 5th 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1933, to Oct. 5th 1933, that I last saw h— alive on Oct. 4th 1933, and that death occurred on the date stated above, at 9:40 a. M.
The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Morgan M. D.
Oct 11 1933 (Address) Kamiah Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kamiah Cemetery #2 DATE OF BURIAL: Oct 6 1933

20. UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86672

PLACE OF DEATH

County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 39
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Alice Cutler.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Joseph Almon Cutler.

6. DATE OF BIRTH (month, day and year) Sept. 25, 1908

7. AGE	Years	Months	Days	If LESS than 1 day,
	25	0	17	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Idaho.

PARENTS

10. NAME OF FATHER Richard Blueford Stone.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Calif.
12. MAIDEN NAME OF MOTHER Barbara Alice Portlock.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho.

14. Informant Joe A. Cutler
(Address) Rigby, Idaho.

15. Filed Oct 13, 1933 A. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 12 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1932 to Oct 12, 1933
that I last saw her alive on Oct 12, 1933
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Chronic ulcerative pulmonary tuberculosis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary hemorrhage
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical & Laboratory
(Signed) W. R. Abbott, M. D.
Oct 15, 1933 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	10/16/33

20. Undertaker A. B. Eckersell Address Rigby

RECEIVED DEC 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86673

PLACE OF DEATH

County of Jefferson
City of Labelle
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Henry Ellis.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Jane R. Ellis.

6. DATE OF BIRTH (month, day and year) Feb. 1, 1851

7. AGE	Years	Months	Days	If LESS than 1 day,
	82	9	6	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) England.

PARENTS

10. NAME OF FATHER John Edward Ellis.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.
12. MAIDEN NAME OF MOTHER Hanna ~~Barker~~ Barber
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant Royal Ellis
(Address) Lorenzo, Idaho.

15. Filed Nov 9, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 7 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Nov 7, 1933
that I last saw him alive on Oct 22, 1933
and that death occurred, on the date stated above, at 2:30P m.
The CAUSE OF DEATH* was as follows:
Arterio-sclerosis.
Myocarditis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Old age
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. G. Anderson, M. D.
Nov 8, 1933 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho.	11/11/33

20. Undertaker A B Eckersell Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED DEC [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86674

PLACE OF DEATH

County of Jefferson

City of Garfield

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Clifford.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 25, 1933

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	●	5	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Garfield, Idaho.

PARENTS

10. NAME OF FATHER Russell DeLoy Clifford.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Garfield, Idaho.

12. MAIDEN NAME OF MOTHER Lena M Baker.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Inkom, Idaho.

14. Informant DeLoy Clifford.
(Address) Rigby, Idaho, R. #1

15. Filed 11-30, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 30, 1933.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw h[illegible] alive on Nov. 25, 1933
and that death occurred, on the date stated above, at 4 A. m.
The CAUSE OF DEATH* was as follows: Congenital Heart Lesion?

.....(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [signature], M. D.

11/30, 1933 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Grant, Idaho.	12/1/33 19
20. Undertaker [signature]	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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RECEIVED DEC 1 1 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86675

PLACE OF DEATH

County of Jefferson

City of Roberts

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

205

2. FULL NAME George Elbert Shoaf.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) October 7, 1894

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	1	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9. BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10. NAME OF FATHER: Wm. H. Shoaf

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Martha A. Landreth

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ind.

14. Informant: Mrs. A. D. Melton.

(Address) Idaho Falls, Idaho.

15. Filed Nov 12, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November 11 1933 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Found dead - Probably Coronary Embolus from abscessed tooth

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) Earl D Jones, M. D.

11/23, 1933 (Address) Roberts, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Idaho Falls, Idaho.

Date of Burial: 11/15/33 19

20. Undertaker: A B Eckersell Address: Bigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86676

PLACE OF DEATH

County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 42
(No.) 162
(If death occurred in a hospital or institution, give its name instead of street and number.)

1. FULL NAME Glenna Call.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 16, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	3	29	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER George Chas. Call.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Rigby, Idaho.
12. MAIDEN NAME OF MOTHER Ethel Thompson.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Clarkston, Utah.

14. Informant Geo. C. Call
(Address) Rigby, Idaho.

15. Filed 11-15, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 14 1933.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Nov 14th, 1933
that I last saw her alive on Oct 17, 1933
and that death occurred, on the date stated above, at 6:45 A m.
The CAUSE OF DEATH* was as follows:
Malnutrition
from birth (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ~
Did an operation precede death? No Date of ~
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. D. Auburn, M. D.
, 19 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	11/15/33
20. Undertaker A B Eckersell	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Jefferson

City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 86677

Local Registrar's No. 43

124

2. FULL NAME Duncan Alonzo Casper.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lucy Elizabeth Casper.

6. DATE OF BIRTH (month, day and year) Nov. 2, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	0	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9. BIRTHPLACE (city or town) (State or country) Mo.

PARENTS

10. NAME OF FATHER Duncan Spears Casper.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Mo.

12. MAIDEN NAME OF MOTHER Matilda Allison.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) not known

14. Informant A. E. Casper
(Address) Menan, Idaho.

15. Filed 11-23, 1933 A B Eckerall Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 21 (Day) 1933 (Year) 19

17. I HEREBY CERTIFY, That I attended deceased from 8/20, 1933, to 11/20, 1933 that I last saw him alive on 11/20, 1933 and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:
Duodenal - Hepatic Malignancy

..... (duration) DK yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) DK (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Earl D Jones, M. D.

11/23, 1933 (Address) Roberts, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Annis, Idaho	11/24/33 19

20. Undertaker	Address
A B Eckerall	Bigby

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86678

PLACE OF DEATH

County of Jefferson

City of Rigby

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 44

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joel Ricks.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 25, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

PARENTS

10. NAME OF FATHER Joseph Earl Ricks.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Mary L. Shanks.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Rigby, Idaho.

14. Informant Mary L Ricks
(Address) Rigby, Idaho. R. #3

15. Filed 11-23, 1933 A B Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 21, 1933 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov - 17, 1933, to Nov 21, 1933
that I last saw him alive on Nov 21, 1933
and that death occurred, on the date stated above, at 12:20A m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Anderson, M. D.

11/21, 1933 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	11-23 1933

20. Undertaker A B Eckersell Address Rigby

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86679

PLACE OF DEATH
County of Jefferson
City of Rigby

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 45

(No.) 101
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Ann Fillmore.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
(or) WIFE of Edgar Fillmore.

6. DATE OF BIRTH (month, day and year) Oct. 18, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa.

PARENTS

10. NAME OF FATHER Thomas Killian.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown.
12. MAIDEN NAME OF MOTHER Elizabeth Ann Sampson.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown.

14. Informant E. T. Fillmore
(Address) Rigby, Idaho.

15. Filed 11-28, 1933 A. B. Eckhardt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 27 1933.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Nov 27, 1933
that I last saw her alive on Nov 27, 19
and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted ✓ if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. A. Anderson, M. D.
Nov 29, 1933 (Address) Rigby Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	11-29 1933

20. Undertaker A. B. Eckhardt Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86680

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Richard O. Barnes

(a) Residence. No. 718 Coeur D' Alene Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) March 13, 1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	71	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired 10 yrs

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Calif.

MOTHER FATHER

13. NAME Alexandria Barnes

14. BIRTHPLACE (city or town) (State or country) Calif.

15. MAIDEN NAME Ruth Fulknerson

16. BIRTHPLACE (city or town) (State or country) Ken.

17. INFORMANT (Address) Claude Barnes Coeur D' Alene, Idaho.

18. BURIAL, CREMATION, REMOVAL
Place. Forest Cemetery Date. II/26., 1933

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho.

20. FILED 12-1-, 1933. E. L. Lyndon, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) II/24 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on 11/24....., 1933.: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pyelo Nefritis	Sept 1933
Other **contributory causes** of importance: old Fracture Lumbar spine- (Causing persistent Traumatic Neurity)	1911-

Name of operation Alcohol Injection Lumbar Nerve Date of May 1933
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..1911
Where did injury occur?..near Coeur d'Alene Id..
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. was loading logs
Manner of injury..log fell on his back
Nature of injury?..fracture lumbar spine

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) ...Coeur d'Alene Idaho

RECEIVED DEC 4 1933

Hotel.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86681

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 128

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Howard Arnold

(a) Residence. No. Cor't + Apple Way St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 lb

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Bertha May Arnold

6. DATE OF BIRTH (month, day, and year): 6-15-1866

7. AGE: Years 67 | Months 5 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Service Station

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: " "

10. Date deceased last worked at this occupation (mo. and yr.): 11-1933

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Brandt Ohio

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): U.S.

17. INFORMANT (Address): Mrs. Geo. Arnold C'da.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Forest Cem. C'da Date 12-1, 1933

19. UNDERTAKER (Address): Mowery Mortuary C'da.

20. FILED 12-1-, 1933: E. L. Lyons M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1933, to 11/29, 1933.

I last saw him alive on 11/28, 1933.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1924
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. L. Lyons M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Mr. Hanson.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86682

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 127

(No.) 111 a

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Hallberg

(a) Residence. No. Coeur d'Alene St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mrs E. Hallberg

6. DATE OF BIRTH (month, day, and year) October 27 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 11-26-1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Hogan Hallberg

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Edward Hallberg (Address) Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Cem. Coeur d'Alene Date 11-29, 1933.

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. FILED 11-29-, 1933. E. L. Spolen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1933., to Nov. 27, 1933.

I last saw him alive on Nov. 27., 1933.; death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Ulcers	?
Ruptured gastric ulcer	Nov. 1933

Other **contributory causes** of importance:

Endocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jesse Henson M. D.

(Address) Coeur d'Alene, Idaho

RECEIVED DEC 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86683

PLACE OF DEATH

County of KOOTENAI

City of COEUR D' ALENE Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 126

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME FRANK M. PERRY

(a) Residence. No. 1503 MULLAN AVE. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Belle Perry

6. DATE OF BIRTH (month, day, and year) Mch. 21 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumber Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rutledge Timber Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Sac City
(State or country) Iowa

FATHER

13. NAME Roswell Perry

14. BIRTHPLACE (city or town) .....
(State or country) Canada

MOTHER

15. MAIDEN NAME Paulina Davis

16. BIRTHPLACE (city or town) Ind.
(State or country)

17. INFORMENT Mrs. Belle Perry
(Address) Coeur D' Alene, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Forest Cemetery Date 11/2/, 1933

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Ida.

20. FILED 11-28-, 1933. E. L. Spohn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to Nov. 24, 1933
I last saw him alive on Nov. 24, 1933: death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Sep. 24 33
Other contributory causes of importance: Chronic myocardial degeneration, Chronic Nephritis.	Dont Know.

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) John O'Mead M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 4 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86684

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 125

(No. St. Ins. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Martha Young Taylor

(a) Residence. No. ... St. Cataldo, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John Taylor

6. DATE OF BIRTH (month, day, and year) April 14 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER

13. NAME Christian Bachme

14. BIRTHPLACE (city or town) Magdeberg (State or country) Germany

MOTHER

15. MAIDEN NAME Earnestinea Rudolph

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Anna Whalen Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Coeur d'Alene Date 11-29-1933

19. UNDERTAKER Cassidy Funeral Home (Address) Coeur d'Alene Ida

20. FILED 11-28-1933. E. L. Epohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933 to Nov 25, 1933

I last saw her alive on Nov 23, 1933: death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	3 Years
Other contributory causes of importance:	
old age	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) E. L. Epohn, M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86685

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Allen Hamilton

(a) Residence. No. 1321 2nd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) M

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Grace Hamilton

6. DATE OF BIRTH (month, day, and year) Jan 7, 1881

7. AGE Years 52 Months 10 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Forest Service
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) Alpena
(State or country) Mich

FATHER
13. NAME Robert B. Hamilton
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Barbara Reese
16. BIRTHPLACE (city or town) Penn
(State or country)

17. INFORMENT Mrs. Grace Hamilton
(Address) 1321 - 2nd St. Coeur d'Alene Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest - Place Coeur d'Alene Ida Date 11-29, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 11-28-, 1933. E. L. Spahn MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h—alive on ....., 193....: death is said to have occurred on the date stated above, at 12 - m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound traversing lim lungs heart + large vessels of Chest.	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-26 1933
Where did injury occur? Kootenai County Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In the woods while hunting
Manner of injury Gun shot wound
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Harold J. Sturgis, M. D.
(Address) CDA Idaho
acting Coroner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86686

PLACE OF DEATH
County of Kootenai
City of ~~Coeur d'Alene~~ Gottom Bay near C'd'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Fred Dahlgren Vets. Hospital
(a) Residence. No. Gottom Bay C.D.A. Lake St. American Lake Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ~~—~~ yrs. — mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) 10-22-1895
7. AGE Years 38 Months 0 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None Patient at Vets Hospital at American Lake Wn.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Gottom Bay Idaho

FATHER
13. NAME A. Dahlgren
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Mrs Haslevede
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) E. C. Dahlgren Gottom Bay
18. BURIAL ~~CREMATION, OR REMOVAL~~ Place Gottom Bay Date 11-20, 1933
19. UNDERTAKER (Address) Mooney Mortuary C.D.A.
20. FILED 11-20-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-16 1933
22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193...., to ....., 193....
I ~~last saw~~ did not see him alive on ....., 193....: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shooting	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11-16 1933
Where did injury occur? Turner Bay Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) E. H. Teel Coroner, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 4 1933

PLACE OF DEATH

County of KOOTENAI

City of COEUR D' ALENE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86687

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 122

(No. HOME HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number.)

#4

2. FULL NAME SOPHIA THORESEN

(a) Residence. No. 924 YOUNG St.
(Usual place of abode)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ludwig Thoresen

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meridean
(State or country) Wisc.

FATHER

13. NAME Martin Olson

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Lena Wagneid

16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMENT Oscar Olson
(Address) Coeur D' Alene, Idaho.

18. BURIAL, ~~CREMATION~~, ~~REMOVAL~~
Place Forest Cemetery Date Nov. 17, 1933

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho.

20. FILED 11-17-, 1933. E. L. Lyon, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Nov 15, 1933

I last saw her alive on Nov 14, 1933: death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. M. Hunter, M. D.

(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH,
County of Kootenai
City of Chilco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 86688

Local Registrar's No. 121

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Harris

(a) Residence. No. ..... St. Chilco Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —— single

6. DATE OF BIRTH (month, day, and year) 1933-11-9

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chilco Idaho
(State or country)

FATHER

13. NAME Wayne Harris

14. BIRTHPLACE (city or town) St Mathias Minn.
(State or country)

MOTHER

15. MAIDEN NAME Ella Thomas

16. BIRTHPLACE (city or town) Springfield Oregon
(State or country)

17. INFORMENT Wayne Harris
(Address)

18. BURIAL, CREMATION, OR REMOVAL Forest Place Cocurd Alene Ida Date 11-15, 1933

19. UNDERTAKER Cossedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 11-15-, 1933 E. L. Spahr M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1933, to Nov 14, 1933

I last saw him alive on Nov 12 1933: death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Weakness	Birth

Other contributory causes of importance:

Prematurity	

Name of operation —— Date of ——

What test confirmed diagnosis? Typical Was there an autopsy? ——

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Henson M. D.

(Address) Coeur d'Alene, Idaho

RECEIVED DEC 4 1933

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86689

Registration District No.

Primary Registration District No.

Local Registrar's No. 120

(No. Coeur d'Alene Homes for aged)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Andrew Larson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 26, 1863

7. AGE: Years 72 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Coeur d'Alene Homes Coeur d'Alene Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Date Nov 13, 1933

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene Ida.

20. FILED 11-13-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1933, to Nov. 9, 1933:
I last saw him alive on Nov. 7, 1933: death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931

Other contributory causes of importance:
Become Delerious and fell out of window. Causing shock.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Coeur d'Alene Id

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1933

PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86690

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 119

(No. No)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anne Roholt

(a) Residence. No. Harrison St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of M. C. Roholt

6. DATE OF BIRTH (month, day, and year) Dec. 5-1854

7. AGE Years 78 Months 10 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) Nov-1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Tom Harsted

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) C. Roholt Worley - Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Harrison, Id. Date 11-4, 1933

19. UNDERTAKER (Address) D. Jaeger Fairfield Mt

20. FILED 11-13-, 1933. E. L. Spohn MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933, to Nov 1, 1933

I last saw her alive on Nov. 1 - 4 PM, 1933: death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis	1929

Other contributory causes of importance:

Neuritis and General Decay

Name of operation None Date of

What test confirmed diagnosis? Physical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. C. Henningsen, M. D.

(Address) Worley - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Route #

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 86691

Local Registrar's No. 118

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME John Prewine

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Wilma Prewine

6. DATE OF BIRTH (month, day, and year): Nov. 19-1882

7. AGE: Years: 50 | Months: 11 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): 3-

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Do not Know.

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (city or town) (State or country): Croatia Austria

17. INFORMENT (Address): Wilma Prewine Star route Coeur D'Alene.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Cemetery - CdA Date 11-10-, 1933

19. UNDERTAKER (Address): Callaway Funeral Home Coeur d'Alene Ida

20. FILED 11-9-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 8- 1933

22. I HEREBY CERTIFY, That I attended deceased from did not see, 193..., to ....., 193.....

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strychnine Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Teed Coroner, M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86692

PLACE OF DEATH
County of Kootenai
City of Harrison Flats
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles L. Detilliam

(a) Residence. No. Black Lake St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E.

6. DATE OF BIRTH (month, day, and year) June 14, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME August Detilliam
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Uwing
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) C. R. Detilliam Black Lake, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Coeur d'Alene Date Nov 5, 193[illegible]

19. UNDERTAKER [illegible] (Address) Coeur d'Alene Idaho

20. FILED 11-8, 193[illegible] E. L. Ipsen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 193[illegible], to Nov 3, 193[illegible].
I last saw ~~him~~ alive on Nov 3, 193[illegible]: death is said to have occurred on the date stated above, at 11 4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Cancerosa	
Other contributory causes of importance: Cardiac insufficiency age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193[illegible]
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Owen J. Pratt, M. D.
(Address) St Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86693

PLACE OF DEATH

County of Kootenai

City of Hayden Lake

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M. Crous

(a) Residence. No. Hayden Lake Route 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Samantha Crous

6. DATE OF BIRTH (month, day, and year) February 22 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME John Crous

14. BIRTHPLACE (city or town) (State or country) Do not Know

MOTHER

15. MAIDEN NAME Catherine Lundsford

16. BIRTHPLACE (city or town) (State or country) Do not Know

17. INFORMENT (Address) Samantha Crous Hayden Lake Idaho

18. BURIAL, CREMATION, OR REMOVAL Forest. Place Coeur d'Alene Ida. Date 11-8, 1933

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida

20. FILED 11-8-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Nov 4th, 1933

I last saw h[illegible] alive on Nov 3, 1933; death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	15 Min.
Hypertension	3 years

Other contributory causes of importance:

Interstitial nephritis	years
Arteriosclerosis	years
Pericarditis with effusion	Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ....., 193.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Spohn, M. D.

(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Kootenai

City of C. D. A.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86694

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 115

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

91

2. FULL NAME Sophia E. Allard

(a) Residence. No. Coeur d'Alene Homes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 3, 1848

7. AGE Years 85 Months 6 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Louis Nuley

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) [illegible]

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place C.D.A. Forest Date 11/4, 1933

19. UNDERTAKER (Address) Cassedy C.D.A.

20. FILED 11-8-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Nov 2, 1933

I last saw her alive on Oct 17, 1933; death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. M. Husted, M. D.

(Address) Coeur d'Alene, Id.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86695

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 114

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Shafer

(a) Residence. No. Square Bay St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ —

6. DATE OF BIRTH (month, day, and year) Feb. 9 - 1847

7. AGE Years 86 Months 8 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs G. A. Schreetz

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Date 11-9, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 11-8-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-4 1933

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from ....., 193...., to ....., 193....

I ~~last saw~~ did not see him alive on ....., 193....: death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) E. H. Reed M. D.

(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86696

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 113
(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Beamer

(a) Residence. No. 623 Military St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Divorced
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Florence Beamer
6. DATE OF BIRTH (month, day, and year) 1865-11-7
7. AGE Years 67 Months 11 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMENT (Address) Mrs. Ruby Frisson C.D.A.
18. BURIAL, [redacted] Place Forest C.D.A. Date 10-29 1933
19. UNDERTAKER (Address) Mooney Mortuary C.D.A.
20. FILED 11-8-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-27 1933
22. I HEREBY CERTIFY, That I attended deceased from August Twelveth, 1933, to October 27, 1933
I last saw him alive on 10/27, 1933: death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngitis and Laryngitis (Streptococcic)	10/23/33

Other contributory causes of importance:

Paralysis agitans	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify no
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86697

PLACE OF DEATH
County of Kootenai
City of Black Lake

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Eva Eichenhauer

(a) Residence. No. Black Lake Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Eichenhauer

6. DATE OF BIRTH (month, day, and year) July 22

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc home

10. Date deceased last worked at this occupation (month and year) November 15

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Mees

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Margaret Eichenhauer

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date Nov 18, 1933

19. UNDERTAKER Tennessey & Calloway (Address) Spokane Wash

20. FILED 12-8, 1933 Walter Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1933, to 11/15, 1933.

I last saw her alive on 11/15, 1933; death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	

Other contributory causes of importance:

Anaemia	

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Owen O Pratt, M. D.

(Address) St Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Near Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86699

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis M. Odberg

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 20-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Latah County Idaho

FATHER

13. NAME Mathis H. Odberg

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Henry Odberg Genesee, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Kings Valley Date 11/8, 1933

19. UNDERTAKER H. B. Short
(Address) Moscow Ida.

20. FILED Dec 10, 1933 E. H. Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 193 3

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 2:30 P.M. about

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in head	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at private garage

Manner of injury 30-30 calibre rifle

Nature of injury Brains blown out

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Short Coroner, M.D.

(Address) Moscow Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86700

PLACE OF DEATH
County of Latah
City of Genesee (Rural)
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nick Wagner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy C. Wagner

6. DATE OF BIRTH (month, day, and year): Aug. 23, 1872

7. AGE: Years 61 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Sept. 1933
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Alton, Iowa

FATHER
13. NAME: J. P. Wagner
14. BIRTHPLACE (city or town) (State or country): Luxenberg, Ger.

MOTHER
15. MAIDEN NAME: Mary Ludiwissee
16. BIRTHPLACE (city or town) (State or country): Luxenberg, Ger.

17. INFORMENT (Address): Mrs. Nick Wagner, Uniontown, Wash. R.F.D.

18. BURIAL, C[redacted] Place: Genesee, Ida. Date: Nov. 29, 1933

19. UNDERTAKER (Address): H. R. Short, Moscow Idaho

20. FILED: Dec. 12, 1933 E. H. Field, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Nov 26, 1933

I last saw him alive on Nov 25, 1933: death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 26
Diabetic Gangrene	Oct 20

Other contributory causes of importance:

Diabetic Mellitus	1920

Name of operation: None Date of
What test confirmed diagnosis? Phy. Ex. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Walter A. Burg, M. D.
(Address) Uniontown Wa

RECEIVE[redacted]

PLACE OF DE[redacted]

County of Latah

City of Kendrick

STATE OF IDAHO
[redacted]MENT OF PUBLIC WELFARE
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86701

Registration District No. 63

Primary Registration District No. 2143

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan A. Catlett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, ~~Married, Widowed, or Divorced (write~~ the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Catlett

6. DATE OF BIRTH (month, day, and year): Aug. 27,

7. AGE: Years 89 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: James Gaffney

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Sam Stanton, Kendrick Ida.

18. BURIAL, CREMATION, OR REMOVAL Place: Kendrick Date: 11/9, 1933

19. UNDERTAKER (Address): Wayne S. Herres, Orofino Idaho.

20. FILED 11-8, 1933 B. L. Nesbit. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933, to Nov. 7, 1933.

I last saw he alive on Nov. 7, 1933: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. A. Christensen, M.D.

(Address) Kendrick, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86702

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 6 S
Primary Registration District No. 2 1 4 5
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James. Edward Donahue. 74 W

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara. Donahue.

6. DATE OF BIRTH (month, day, and year) Jan 27 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Railway. work.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Joliet Illinois

FATHER

13. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMENT (Address) Thomas. Donahue.

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Cemetery Date Dec. 2, 1933

19. UNDERTAKER D D Kimball.
(Address)

20. FILED Dec. 1, 1933 J. Jer. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1933, to Nov 30, 1933
I last saw him alive on Nov 27, 1933; death is said to have occurred on the date stated above, at 10 3/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. Jer. Thompson, M. D.
(Address) P.O. Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86703

PLACE OF DEATH

County of Latah

City of Near Palouse, Wash.

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evarts McClelland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie McClelland

6. DATE OF BIRTH (month, day, and year) March 4, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Topeka
(State or country) Kansas

FATHER

13. NAME Joseph McClelland

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Smoot

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMENT Minnie McClelland
(Address) Palouse, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse, Wash. Date Nov. 26 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse. Wash

20. FILED Nov 25, 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to to Nov 23, 1933.
I last saw him alive on Nov 22, 1933; death is said to have occurred on the date stated above, at 4:45 P M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	Nov. 14, '33
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) E. K. Wolfe, M. D.
(Address) Palouse, Wash

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86704

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

32

2. FULL NAME Earl Schweder

(a) Residence. No. St. Princeton Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Billings Montana

FATHER

13. NAME Oscar F. Schweder

14. BIRTHPLACE (city or town) (State or country) Pipestone Minnesota

MOTHER

15. MAIDEN NAME Alice Grove

16. BIRTHPLACE (city or town) (State or country) Almena Kansas

17. INFORMENT (Address) Oscar F. Schweder Princeton, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place No Potlatch, Ida. Date Nov. 24, 1933

19. UNDERTAKER D. D. Kimball (Address) Palouse, Wash.

20. FILED Nov 23, 1933 J. H. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933, to Nov 22, 1933

I last saw him alive on Nov 22, 1933; death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular meningitis	Oct 10

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F C Gibson, M. D.

(Address) Potlatch

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86705

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alferd H. Palmer

(a) Residence. No. St. Palouse Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie Palmer

6. DATE OF BIRTH (month, day, and year) Aug. 8. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Oct, 1930

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mattie Palmer Palouse Wash,

18. BURIAL, CREMATION, OR REMOVAL Place Palouse Wash, Date Nov, 27, 1933

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash,

20. FILED Nov 26, 1933 Jw. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 24, 1933

I last saw her alive on Nov 24, 1933: death is said to have occurred on the date stated above, at 4:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86706

PLACE OF DEATH

County of Latah
City of HooDoo District

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John English

(a) Residence. No. Harvard St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isabelle English

6. DATE OF BIRTH (month, day, and year) Dec, 23. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Van Buren
(State or country) Maine

FATHER

13. NAME John English

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Isabelle English
(Address) Harvard Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Wash Date Nov, 14, 1933

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash.

20. FILED Nov 13th, 1933 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov, 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Nov 12th, 1933
I last saw him alive on Oct 31st, 1933: death is said to have occurred on the date stated above, at 715 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Disease & Heart	1931
Senility	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. W. Thompson, M. D.
(Address) Potlatch

RECEIVED DEC 9 1933

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86707

PLACE OF DEATH
County of Latah
City of Park

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 70.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Jelleberg.

(a) Residence. No. St. Southwick Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): March 28, 1893

7. AGE: Years 40, Months 7, Days 1, If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farming
10. Date deceased last worked at this occupation (month and year): March 1, 1933
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Park Ida.

FATHER
13. NAME: Chris Jelleberg.
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Carrie Henderson
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMENT (Address): Chas. Jelleberg.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Park Date: Nov. 1, 1933

19. UNDERTAKER (Address): John Pickerd, Troy, Ida

20. FILED 12-5, 1933. Harry Einhorn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 27, 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to Oct. 27, 1933.
I last saw him alive on Sept. 21, 1933; death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	March 1933

Other contributory causes of importance:

Name of operation: X Ray X Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: No
(Signed) J. Harry Einhorn, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86708

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elise Baring

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. Baring

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Kolb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Miss. Amalie Baring Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL ##### ##### Place Spokane Date 11/24, 1933

19. UNDERTAKER H. R. Short (Address) Moscow Ida.

20. FILED 12-5, 1933 Harry Cochrane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-12-, 1933, to 11-21-, 1933
I last saw h[illegible] alive on 11-20, 1933: death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-Vascular renal disease	
c cardiac decompensation	

Other contributory causes of importance:
Pt Senility
Rt Broncho-Pneumonia

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) Joseph L. Wilson, M. D.
(Address) Moscow, Ida.

RECEIVED FOR [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86709

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 10 11 Local Registrar's No. 77

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

206

2. FULL NAME Baby Swecker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Stillbirth			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Ida.

FATHER

13. NAME Chas. D. Swecker

14. BIRTHPLACE (city or town) .....
(State or country) Ten.

MOTHER

15. MAIDEN NAME Ester Thompson

16. BIRTHPLACE (city or town) Orofino
(State or country) Ida.

17. INFORMENT (Address) C. D. Swecker Deary, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 11/20, 1933

19. UNDERTAKER H. R. Short Moscow
(Address)

20. FILED 12-5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature b 1/2 months.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Doyle M. Locke M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86710

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 76

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma C. Jessup

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Arthur M. Jessup

6. DATE OF BIRTH (month, day, and year) April 28, 1885

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/33

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Elk County, Pa.

FATHER

13. NAME Charles Barthles

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Josephine Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) A. M. Jessup Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Moscow, Ida. Date Nov. 21 1933

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED 12-5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25-33, 193..., to Nov 19, 1933

I last saw her alive on Nov 18, 1933: death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroids	10-25-33
anemia	10-25-33
Uterine hemorrhage	1931
Shock following operation	

Other contributory causes of importance:

Name of operation Hysterectomy Laparotomy Date of 10-14-33 11-16-33

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Joseph S Wilson, M. D.

(Address)

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86711

Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 75

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Spitler

206

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1933

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.
Stillbirth

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Alfred C. Spitler

14. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

MOTHER

15. MAIDEN NAME Beatrice O'Connor

16. BIRTHPLACE (city or town) .....
(State or country) Kansas

17. INFORMENT Alfred Spitler
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 11/18, 1933

19. UNDERTAKER R. R. Hart
(Address) Moscow

20. FILED 12-5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from
Nov 17, 1933, to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Baby.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 9 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86713

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 6-1
Primary Registration District No. 10-11
Local Registrar's No. 73

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida A. Turner

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Palmer Turner

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Bolton
(State or country) E. Canada

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Henry Torsen
(Address) Lewiston, Ida.

18. BURIAL, ############ Date 11/5, 1933
Place Moscow

19. UNDERTAKER W. R. Stark
(Address)

20. FILED 12-5, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov, 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/26/33, 193..., to ..., 193...
I last saw him alive on 11/3/33, 193...: death is said to have occurred on the date stated above, at 8.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Fractured Femur	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature] M. D.
(Address) [signature]

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86714

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Watt Waddington

(a) Residence. No. Salmon Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elsie Morrill

6. DATE OF BIRTH (month, day, and year) Nov 29 1866

7. AGE Years 66 Months 10 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Bramley England

FATHER
13. NAME John Waddington
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) wife Salmon

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date Oct 16, 1933

19. UNDERTAKER (Address) H. M. C. Doebler Salmon

20. FILED Dec 8, 1933 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-12" 1933

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h...alive on ——, 193...: death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead	
Probably Valvular heart trouble	

Other contributory causes of importance:

~~Name of operation~~ history as given by wife Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. S. Wright M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 86715

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jacob Pinkley

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE: Years: about 65; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. County Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Wm C Hackler Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 11/11, 1933

19. UNDERTAKER Wm C Hackler (Address) Salmon Ida

20. FILED Dec 8, 1933 Chas E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-9- 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm C Hackler Coroner M.D.

(Address) Salmon Idaho

RECEIVED

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86716

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph B. Short

(a) Residence. No. Salmon Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 68 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Africa
(State or country)

FATHER

13. NAME not known

14. BIRTHPLACE (city or town)
(State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town)
(State or country) not known

17. INFORMENT Wm C Doebler
(Address) Salmon, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Salmon Date 11/29th 1933

19. UNDERTAKER Wm C Doebler
(Address) Salmon

20. FILED Dec 8, 1933 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Nov 27, 1933

I last saw him alive on Nov. 27, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct. 1933
Other contributory causes of importance:	
Chronic emphysema	unknown

Name of operation Rhyzoid Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Possibly

If so, specify Miner

(Signed) O. Bratton, M.D.

(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86717

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Ruth Esther Tewalt

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Homer Tewalt

6. DATE OF BIRTH (month, day, and year) Apr. 12 - 1908

7. AGE: ~~25~~ Years 25 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Black Foot Idaho

FATHER

13. NAME Charles A. Carlson

14. BIRTHPLACE (city or town) (State or country) Stockholm Sweden

MOTHER

15. MAIDEN NAME Bertha Shillinger

16. BIRTHPLACE (city or town) (State or country) Pueblo Colorado

17. INFORMENT (Address) Bertha A. Carlson

18. BURIAL, CREMATION, OR REMOVAL Place Challis, Ida Date Dec. 1, 1933

19. UNDERTAKER (Address) W. C. Doebler Salmon Ida

20. FILED Dec 8, 1933 Clyde E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1933 to Nov. 29 1933

I last saw her alive on Nov. 28, 1933: death is said to have occurred on the date stated above, at 3-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Pulmonaris	Sept. 1933
Nephritis	
Other contributory causes of importance:	
Pleural and pericardial effusions	Nov. 28 1933.

Name of operation Uran Dyes Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Stratton, M. D.

(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

N. B.—WRITE PLAINLY, WITH UN R BINDING
information should be carefully supp IS IS A PERMANENT RECORD. Every item of
CAUSE OF DEATH in plain terms, so ould be stated EXACTLY. PHYSICIANS should state
PATION is very important. See instruction on back of certificate. it may be properly classified. Exact statement of OCCU-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86718

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edward Lowman

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lillian Lowman

6. DATE OF BIRTH (month, day, and year) March 29 1866

7. AGE Years 67 Months 8 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME William E. Lowman
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) C. L. Brown Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Date 12-5", 1933

19. UNDERTAKER (Address) Mrs C Doebler Salmon Ida

20. FILED Dec 8, 1933 Clio C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2" 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mrs C Doebler Coroner, ~~M.D.~~

(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 86719

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Keating Lydon

(a) Residence. No. Rose St. (Usual place of abode) St.
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of P. R. Lydon

6. DATE OF BIRTH (month, day, and year) Jan. 16-65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hotel proprietress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 1 1933
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Watopa Minnesota

FATHER
13. NAME John Keating
14. BIRTHPLACE (city or town) (State or country) County Kerry Ireland

MOTHER
15. MAIDEN NAME Margaret Twoomey
16. BIRTHPLACE (city or town) (State or country) Cork Ireland

17. INFORMENT (Address) Mary E. Keating Kellogg, Minn

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Minn Date Dec 7, 1933

19. UNDERTAKER (Address) Wm. A. Doebler Salmon Idaho

20. FILED Dec 8, 1933 Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933 to Dec. 4, 1933
I last saw her alive on Dec. 4, 1933; death is said to have occurred on the date stated above, at 1301 m.
The principal cause of death and related causes of importance were as follows:

	Duration
Acute Nephritis	7 days
Uremia	3 days
Coma	1 day

Other contributory causes of importance: Surgical Shock.

Name of operation one Date of 10/25/33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) O. J. Keller M.D.
(Address) Salmon Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86720

Registration District No. 49
Primary Registration District No. 2127
Local Registrar's No.

PLACE OF DEATH
County of Lewis
City of Kamiah

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Snowman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Nettie Snowman

6. DATE OF BIRTH (month, day and year) Aug 26. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Oscar Hamilton
(Address) Kamiah Idaho

15. Filed 11/3, 1933 Neil Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 3 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb., 1931, to above, 19
that I last saw ~~him~~ alive on October 25- 1933
and that death occurred, on the date stated above, at 3 30 A m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? many
(Signed) [illegible], M. D.
11/4, 1933 (Address) Kamiah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kamiah City	11-4 1933
20. Undertaker	Address
Kamiah Funeral Home	Kamiah

Item of information should be carefully supplied. Age should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86721

PLACE OF DEATH

County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

119

2. FULL NAME David Carl Oatman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 3 | Months 8 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Nez Perce Reservation

PARENTS

10. NAME OF FATHER: James Oatman
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Nez Perce - Reservation
12. MAIDEN NAME OF MOTHER: Jane Allen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Nez Perce Reservation

14. Informant: Jane Oatman
(Address) Kamiah Idaho

15. Filed 12-12, 1933 Nell Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 4th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Sept. 25, 1933, to Oct. 4, 1933
that I last saw him alive on Oct. 3, 1933
and that death occurred, on the date stated above, at 3 30 a. m.
The CAUSE OF DEATH* was as follows:
Entero Colitis

..... (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) O. H. Bryan, M. D.
Oct. 5, 1933 (Address) Kamiah Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~: Kamiah - Cemetery #2
Date of Burial: Oct. 5 1933

20. Undertaker
Address

RECEIVED DEC 12 1933

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86722

PLACE OF DEATH

County of Madison

City of Burton

Registration District No. ~~98~~ 100

Primary Registration District No. 2178

Local Registrar's No. 74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherine Hall.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Samuel W. Hall.

6. DATE OF BIRTH (month, day and year) March 27, 1870

7. AGE: Years 63, Months 8, Days 10. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

PARENTS

10. NAME OF FATHER: James Stewart.

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Scotland.

12. MAIDEN NAME OF MOTHER: Unknown.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Scotland

14. Informant: Samuel S. Hall
(Address) Rexburg, Idaho. R. #1

15. Filed Dec 7, 1933 J R Young Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December 7 1933 19..
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933, to Dec 7, 1933 that I last saw her alive on Dec 7, 1933 and that death occurred, on the date stated above, at 12:40A m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. Thr ds.

CONTRIBUTORY (Secondary): Chronic Arthritis

..... (duration) many yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Parley Nelson, M. D.

Dec 7, 1933 (Address) Rexburg, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Wellsville, Utah

Date of Burial: 12/11/33 19

20. Undertaker: A B Eckersell

Address: Rigby

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86723

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Lillie May Engel.
(a) Residence. No. St. Anthony Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married.
5a. If maried, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Peter Engel.
6. DATE OF BIRTH (month, day, and year) Nov. 15-1870
7. AGE Years 63. Months X Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Underwood. Minn

FATHER
13. NAME A. W. Peterson.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Matilda.
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) Peter Engel St Anthony Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Ashton Pine View Date Dec. 9th 1933
19. UNDERTAKER (Address) Vern J. Kelley Rexburg Ida.
20. FILED Dec 7, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1933, to Dec 5, 1933
I last saw her alive on Dec. 5, 1933; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Spleen	unknown
Senility	
Anemia	

Other contributory causes of importance:

Name of operation Laboratory Date of Fr Dec. 4th
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. B. Rigby, M. D.
(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86724

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 72

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Henry Richman

(a) Residence. No. Teton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs George H. Richman

6. DATE OF BIRTH (month, day, and year) May 15-1861

7. AGE Years 72 Months 6 Days 2[illegible] If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME John Richman
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Stephens
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John Henry Richman Rexburg Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Teton Date Dec. 8, 1933

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho.

20. FILED Dec 6, 1933 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933, to Dec. 5, 1933

I last saw him alive on Dec. 5, 1933: death is said to have occurred on the date stated above, at 5:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Influenza	
2. Paralytic Stroke (Haemoplegia) Rt.	
3. Acute Urinary Retention	
4. Enlarged Prostate	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86725

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Jane Burton Bluemel.

(a) Residence. No. Rexburg Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 2nd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME William Gilbert Burton
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Hanna Teegale.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Mrs Glenn C. Thomas. Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Logan Utah Date Dec 2., 1933

19. UNDERTAKER Wm J. Keller (Address) Rexburg Ida.

20. FILED Dec 6, 1933 W Young. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from September, 1931, to Nov 29, 1933.
I last saw h[illegible] alive on Nov 29, 1933 death is said to have occurred on the date stated above, at 12 05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Other contributory causes of importance: Senility	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lorin A. Tuck, M. D.
(Address) Rexburg Idaho
11/30/33

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86726

PLACE OF DEATH

County of Madison

City of Rexburg

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Evan B. Taylor

(a) Residence. No. Independence St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Son of Lewis Taylor

6. DATE OF BIRTH (month, day, and year) May 19/1928

7. AGE 5 Years 4 Months 10 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clifton Idaho

FATHER

13. NAME Lewis Taylor

14. BIRTHPLACE (city or town) (State or country) Clifton Idaho

MOTHER

15. MAIDEN NAME Cornelia Bean

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Lewis Taylor Independence

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Grant Idaho Date Dec 7, 1933

19. UNDERTAKER (Address) A B Eckersell Ngby Ida

20. FILED Dec 6, 1933 J Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29 1933

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1933, to Nov 29, 1933

I last saw him alive on Nov 20, 1933: death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Ulcerative.	10 days
Other contributory causes of importance: Sinusitis frontal. & maxillary	1928

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

12/1/33 If so, specify .....

(Signed) Lorin S. Rich, M. D.

(Address) Rexburg Idaho

RECEIVED DEC

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86727

PLACE OF DEATH

County of Madison
City of Rexburg.

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161

2. FULL NAME Virginia Mangum.

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.M.	White	Babe.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 21. 1933.

7. AGE	Years	Months	Days	If LESS than 1 day,
	0	0	0	6 hrs. or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho.

PARENTS

10. NAME OF FATHER Milton-Mangum.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Price, Utah.

12. MAIDEN NAME OF MOTHER Vera-Thomson.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Whitney, Idaho.

14. Informant Milton Mangum
(Address) Rexburg, Idaho Box532

15. Filed Dec 6, 1933 J Ryoung Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 21 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-21-, 1933, to 11-21, 1933
that I last saw her alive on 11-21, 1933
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Premature Birth
6 mo

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Not viable

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) Lorin A. Rich, M. D.
11-22-, 1933 (Address) Rexburg, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rexburg, Idaho.	11/22 1933

20. Undertaker	Address
A B Eckersell	Rigby

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86728

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emile Niederer

(a) Residence. No. Archer St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Jane Niederer

6. DATE OF BIRTH (month, day, and year) Jan 1. 1867

7. AGE: Years 76 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Bartholmeter Niederer
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Anna Katherina Zellinger
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMENT (Address) E. Niederer

18. BURIAL, CREMATION, OR REMOVAL
Place Archer Date 11/17, 1933

19. UNDERTAKER (Address) A. B. Eckersell Rigby, Idaho

20. FILED Dec 6, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1933, to 11-15, 1933
I last saw him alive on 11-10, 1933: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Mild insanity

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) A. B. Sutherland M. D.
(Address) Rexburg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86729

PLACE OF DEATH
County of Madison
City of Lyman

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME John C. Reid
(a) Residence No. Thornton R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Jane Reid
6. DATE OF BIRTH (month, day, and year) Jan 8th - 1853
7. AGE Years 78 Months 10 Days 4. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME James Reid
14. BIRTHPLACE (city or town) (State or country) Galoway Scotland

MOTHER
15. MAIDEN NAME Elizabeth Cummings
16. BIRTHPLACE (city or town) (State or country) Kilmarnock Scotland

17. INFORMENT (Address) Mrs. Jane Reid Thornton Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Sutton, Ida. Date Nov. 14 1933
19. UNDERTAKER (Address) Vern C. Keller Rexburg, Idaho
20. FILED Dec 6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11th 1933.
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to Nov. 11, 1933
I last saw him alive on Nov 11, 1933 death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [signature], M. D.
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86730

PLACE OF DEATH

County of Madison

City of Teton, Ida.

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Riggs

(a) Residence. No. Teton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): married.

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Agnes Riggs.

6. DATE OF BIRTH (month, day, and year) Sept 21-1851

7. AGE Years 82. Months 1 Days 19. If LESS than 1 day, ... hrs. or ✓ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming for Himself

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER

13. NAME Zial Riggs

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME ~~Elizabeth~~ Emeline Knox

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMENT (Address) Lewis Riggs Teton Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Teton Ida. Date Nov. 13, 1933.

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 12-6, 1933 J. Rigoung Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933, to Nov 9th, 1933

I last saw him alive on Nov. 8, 1933: death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio-sclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. B. Rigby, M. D.

(Address) Rexburg

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86731

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Laura Frederica Johanson

(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of O. P. Johanson

6. DATE OF BIRTH (month, day, and year) Sept. 12/1869

7. AGE Years 64 Months 1 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME John Delrich Beck

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Katerina Rassmussen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) O. P. Johanson Archer Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Archer Date Nov 7 1933

19. UNDERTAKER (Address) A. B. Eckersell Rigby Idaho

20. FILED Dec 6, 1933 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to to, 1933

I last saw be alive on Oct. 5, 1933: death is said to have occurred on the date stated above, at 4:9 m.

The principal cause of death and related causes of importance were as follows: Carcinoma Stomach, Metastasis to liver + lungs. Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Rigby, M. D.

(Address) Rexburg

FORM V. S. No. 5-25 M. 1-19

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Madison

City of Rexburg

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 100

Primary Registration District No. 2178

(No. ..... St.)

State File No. 86732

Local Registrar's No. 64

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dorothy Deleen Rackham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: infant (Write the word)

6. DATE OF BIRTH: Sept 1st 1933 (Month) 26 (Day) (Year)

7. AGE: ..... Yrs. 1 Mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Teton

10. NAME OF Father: Jess S. Rackham

11. BIRTHPLACE OF FATHER (State or Country): Teton

12. MAIDEN NAME OF MOTHER: Agnes Rawson

13. BIRTHPLACE OF MOTHER (State or Country): Plano

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jess S. Rackham

(Address) Teton Idaho.

15. Filed Dec 6 1933 J R Young Local Registrar

MEDICAL CERTIFICATE OF DEATH 163

16. DATE OF DEATH: 10 (Month) 27 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-27 1933, to 10-27 1933, that I last saw her alive on 10-27 1933, and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:

Intussusception of bowel

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis F. Rich M. D.

10/29 1933 (Address) Rexburg Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Teton, Idaho

DATE OF BURIAL: 10-29 1933

20. UNDERTAKER: none

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86733

PLACE OF DEATH
County of Minidoka
City of Heyburn

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marie Anna Hanson 44

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE Caucasian
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 1872

7. AGE Years 60 Months 11 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hwf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME George Odensteiner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Boyer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Earnest J Hanson

18. BURIAL, CREMATION, OR REMOVAL Place Paul Cemetery Date Nov 24 1933

19. UNDERTAKER (Address) W. A. Goodman Rupert Idaho

20. FILED 12-8, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933, to Nov. 21, 1933

I last saw her alive on Nov. 21, 1933; death is said to have occurred on the date stated above, at 8 08 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	
General Carcinomatosis	3 months
Abdominal Cavity	

Other contributory causes of importance:

Carcinoma Left Hip	3 months

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Charles B. Beegner, M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Kel

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 17

Primary Registration District No. 2013

DO NOT WRITE IN THIS SPACE

State File No. 86734

Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Daniel E Ryan

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Micheal Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Naughton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) John M Ryan

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date July 17, 1933

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 12-9, 1933 E. K. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to July 13, 1933

I last saw him alive on July 13, 1933; death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	June 10-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. M. Kelly, M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86735

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fergus C Rasmussen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5 1868

7. AGE: Years 65 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Soren Rasmussen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Kathren Rettersen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) John M. Rasmussen

18. BURIAL, CREMATION, OR REMOVAL Place Salt Lake Date Nov 27 1933

19. UNDERTAKER (Address) W. A. Goodman Rupert Idaho

20. FILED 1 6 25, 1933 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933, to Nov. 22, 1933
I last saw him alive on Nov. 22, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Scobar Pneumonia	11-15-33
Other contributory causes of importance: Acute Catarrhal Jaundice	11-17-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E H Elmore, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86736

PLACE OF DEATH
County of Minidoka
City of Paul

Registration District No. 19
Primary Registration District No. 20 13
Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Glenn Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Paul, Ida

FATHER

13. NAME Thomas Glenn Clark

14. BIRTHPLACE (city or town) (State or country) Bozeman Mont

MOTHER

15. MAIDEN NAME Bertha Jean Phillips

16. BIRTHPLACE (city or town) (State or country) La Belle, Ida

17. INFORMENT (Address) Thomas Glenn Clark Paul, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Paul, Ida. Date 11-30, 1933

19. UNDERTAKER (Address) .....

20. FILED 12-7, 1933 C. V. Talmage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Nov. 29, 1933

I last saw him alive on Nov. 29, 1933: death is said to have occurred on the date stated above, at 12 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incomplete Closure of Foramen Ovale (Blue Baby)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. V. Talmage, M. D.

(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86737

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Cullison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 65 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) " " " " (State or country)

MOTHER

15. MAIDEN NAME " " " "

16. BIRTHPLACE (city or town) " " " " (State or country)

17. INFORMENT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Rupert
Place ..... Date ....., 193

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 12-8, 1933 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/7/33, 193..., to 11/11/33, 193...

I last saw him alive on 11/11/33, 193...: death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
	0

Name of operation Dacho Inj Hum Date of 11/7/33

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Ellis Kackley, M. D.

(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minn

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86738

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lulas Marie Nutting

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 28 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME F Myrl Nutting

14. BIRTHPLACE (city or town) Arizona
(State or country)

MOTHER

15. MAIDEN NAME Lavinda Dallalis

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMENT F Myrl Nutting
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cem
Place Rupert Date Oct 1, 1933

19. UNDERTAKER W. A. Goodyman
(Address) Rupert Idaho

20. FILED 10-8, 1933 E. H. Edmaire
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Sept 27, 1933

I last saw her alive on Sept 27, 1933; death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	Sept 23-33

Other contributory causes of importance:

Peritonitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. M. Kelly, M. D.

(Address) Rupert Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO 15
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86739

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No.
Primary Registration District No.
Local Registrar's No. 47

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bonnella M Allen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 19 - 1933

7. AGE Years Months Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Louis Allen Idaho
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Grace Carpenter
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Louis Allen
(Address)

18. BURIAL, CREMATION, OR REMOVAL Rupert Cem
Place Rupert Cem Date Oct 21, 1933

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 12 - 8, 1933 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 20, 1933.
I last saw her alive on Oct 20, 1933: death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 6½ mo gestation	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. M. Kelly, M. D.
(Address) Rupert Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Nez Perce.

City of Lapwai,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86741

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Agnes Jackson.

(a) Residence. No. Lapwai, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Indian.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 14th, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19.	11.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai,
(State or country) Idaho.

FATHER

13. NAME William Jackson.

14. BIRTHPLACE (city or town)
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Hattie Carl.

16. BIRTHPLACE (city or town)
(State or country) Idaho.

17. INFORMENT Hattie Jackson.
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho. Date 11/4/33 193

19. UNDERTAKER Browee-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Nov 6, 1933 J. McTyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 1st 1933.

22. I HEREBY CERTIFY, That I attended deceased from June 1, 193 3, to Nov. 1, 193 3
I last saw h[illegible] alive on Nov. 1, 193 3: death is said to have occurred on the date stated above, at 11:51 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed d[illegible] was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Phil. Am. Hatfield, M. D.
(Address) Lewiston, Idaho.

RECEIVED [illegible]

Dr. Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86742

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Hoseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Leroy Brown

(a) Residence. No. 638 - Main - Lewiston Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or 35 min.
		1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME J. H. Brown

14. BIRTHPLACE (city or town) (State or country) Lusterville Mo.

MOTHER

15. MAIDEN NAME Saddie Eastburn

16. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

17. INFORMENT (Address) J. H. Brown Lewiston Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date Nov. 25 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Dec 4, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1933, to Nov. 24 1933

I last saw him alive on Nov 24, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Paired Vitality	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86743

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick Maier

(a) Residence. No. 0212-8nd DeFrance Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrew Maier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Reichart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Charles Maier 415-7th Avenue

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston Ida. Date 11/29/, 1933

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Dec. 2, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933, to Nov 25, 1933
I last saw h... alive on Nov 24, 1933: death is said to have occurred on the date stated above, at 5.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 24 33

Other contributory causes of importance:

Cardiac Asthma	2 yrs

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. B. Pearson, M. D.
(Address) Lewiston Ida

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86744

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virginia Peavey

(a) Residence. No. St. Nez Perce, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Braddock
(State or country) North Dakota

FATHER

13. NAME Hallie Peavey

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Lula Schliser

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMENT Hallie Peavey
(Address) Nez Perce, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Evergreen Date Nov 24, 1933

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Dec. 2, 1933 Jay M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 22, 1933.

I last saw her alive on 22, 1933, death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a cute Osteomyelitis	Nov 12-33
Other contributory causes of importance:	
Septic Pneumonia	Nov 18-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ezekiel W. Johnson, M. D.

(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86745

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Nelson Davis
(a) Residence. No. East Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. ~~Single, Married~~, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Kate Davis
6. DATE OF BIRTH (month, day, and year) June 11 - 1859
7. AGE Years 74 Months 5 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Irene Williams
18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Pomeroy Wn. Date Nov 17 1933
19. UNDERTAKER (Address) Vassar Pomeroy Wn.
20. FILED Nov. 17, 1933 J. M. Tyl Jay W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 17 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1933, to Nov 17, 1933
I last saw him alive on Nov 17, 1933; death is said to have occurred on the date stated above, at 6 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Nov 2-33
Other contributory causes of importance: Chronic Interstitial Nephritis	1933

Name of operation none Date of
What test confirmed diagnosis? Albumin Was there an autopsy? No
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. J. Broadock, M. D.
(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 8 1933

Dr. Crampton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86746

PLACE OF DEATH
County of Nez Perce
City of Lewiston,

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Henry Albert Parkins

(a) Residence. No. 216 21st, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Alice L Parkins

6. DATE OF BIRTH (month, day, and year): Mar. 10, 1851

7. AGE: Years 82, Months 7, Days 29, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laberer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Des Moines Iowa

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Alice Huffman
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address): Mrs H. A. Parkins Lewiston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Idaho Date: Nov. 12 1933

19. UNDERTAKER (Address): Brower-Wann Co. Lewistoh, Idaho

20. FILED Dec. 4, 1933. J. M. Lyle Reg. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 9, 1933
I last saw him alive on Nov 9, 1933; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile decay and nephritis chronic	

Other contributory causes of importance:
meningitis which followed ruptured eyeball

Name of operation: Enucleation eyeball Date of Nov 8
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J H Crampton, M. D.
(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Johnson

DO NOT WRITE IN THIS SPACE
State File No. 86747

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME John D. Rice

(a) Residence. No. 1222 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Rice

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bell Plains Iowa

FATHER

13. NAME Dan Rice

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Amanda Winslow

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT Mrs. J. D. Rice (Address) Residence Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida Date 11/12/ 1933

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Dec. 4, 1933 Eugene M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933 to Nov 6, 1933

I last saw him alive on Nov 6, 1933; death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	36 hrs before death

Other contributory causes of importance:

Chronic Gastric ulcer	years

Name of operation Perforation closed Date of Nov 5

What test confirmed diagnosis? Sight Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Johnson, M. D.

(Address) Clarkston, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86748

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Minnie Ruth Ward

(a) Residence. No. Anatone St. Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Edgar Ward

6. DATE OF BIRTH (month, day, and year) Nov 5, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

FATHER
13. NAME Geo S. Malcom
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Sophrona Dickey
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) Mrs Chas. Ward Anatone, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Anatone Wash Date 11/5/33 193

19. UNDERTAKER H.R.Merchant (Address) Clarkston, Wash.

20. FILED Nov 13, 1933 Jay M Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Nov 3, 1933
I last saw him alive on Nov 2, 1933: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive 3rd Degree burns	8/1/33

Other contributory causes of importance:

Toxemia from absorption from infection	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/1, 1933
Where did injury occur? Anatone Wash
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Spilled boiling water on
Nature of injury hips, legs & body

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Anne Elvan, M.D.
(Address) Asotin Wash

RECEIVED DEC

Lyle.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86749

PLACE OF DEATH

County of Nez Perce

City of Lewiston,

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sam Maxwell

(a) Residence. No. St. Juliaetta Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodlone,
(State or country) Illinois

FATHER

13. NAME Samuel S. Maxwell

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Maggie Maxwell
(Address) Juliaetta, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Fix Ridge nea Juliaetta Idaho, Date Nov. 5, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Nov 6, 1933 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 2, 1933

I last saw h. alive on Nov. 2, 1933; death is said to have occurred on the date stated above, at 9.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-2 1933

Where did injury occur? Near Juliaetta Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway

Manner of injury Struck by truck

Nature of injury Fr both legs & shoulder

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewiston
City of Ney Perce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86750

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Miller Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Thomas P. O'Connor

(a) Residence. No. 418 Miller Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary O'Conner

6. DATE OF BIRTH (month, day, and year): Sept 28, 1862

7. AGE: Years 72 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Well Driller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Sept 1932
11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country):

FATHER
13. NAME: Michall O'Conner
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Catherine O Meil
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Mrs. Mary O'Conner, Lewiston, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Lewiston, Idaho Date: Dec. 4, 1933

19. UNDERTAKER (Address): Vassar Shaughnessy Mortuary, Lewiston, Idaho

20. FILED: Dec. 7, 1933 J. McLyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11 - 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to 11-30, 1933.
I last saw him alive on 11-30, 1933: death is said to have occurred on the date stated above, at 11:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Oct - 1932

Other contributory causes of importance:
Senility

Name of operation — Date of —
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) M. J. McRae, M. D.
(Address) Lewiston Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

Dr. Lyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86751

PLACE OF DEATH
County of Nezperce
City of Lewiston Idaho Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Josephs Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** X Emma E. Perrine

(a) Residence. No. Nezperce, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Widowed Samuel Lincoln Perrine

6. DATE OF BIRTH (month, day and year) Aug. 20 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
X	68	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9. BIRTHPLACE (city or town) Springfield, Ill.
X (State or country)

PARENTS

10. NAME OF FATHER
X Sadlar

11. BIRTHPLACE OF FATHER (city or town)
X (State or Country) Springfield Ill

12. MAIDEN NAME OF MOTHER
X Lont Lenora

13. BIRTHPLACE OF MOTHER (city or town)
X (State or County) Lonstown

14. X Informant Leon Perrine
(Address) X Cascade, Mont.

15. Filed Nov 20 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 1st (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Oct 29, 1933 to Nov 1, 1933
that I last saw her alive on Oct 31, 1933
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Meningitis acutogenous
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Cerebral abscess
(duration) yrs. mos. 5 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. M. Crumpsters M. D.
Nov 1, 1933 (Address) Lewiston Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Removal	Nov 5 1933
20. Undertaker Albert Hoff	Address Nezperce Idaho

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86752

PLACE OF DEATH

County of Oneida

City of Malad R.F.D.#2

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Gay Jones

(a) Residence. No. Malad Idaho R.F.D.#2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Baby

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 29 1933

7. AGE: Years | Months | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad Idaho R.F.D. #2

FATHER
13. NAME John H Jones
14. BIRTHPLACE (city or town) (State or country) Malad Idaho R.F.D.2

MOTHER
15. MAIDEN NAME Lizzie Moon
16. BIRTHPLACE (city or town) (State or country) Malad Idaho R.F.D. #2

17. INFORMENT (Address) John H Jones Malad Idaho R.F.D. #2

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Cherry Creek Date Nov 3, 1933

19. UNDERTAKER (Address) J. M. Benson Malad Idaho

20. FILED 11/30, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Nov 2, 1933

I last saw her alive on Nov 1, 1933: death is said to have occurred on the date stated above, at 3:45P m.

The principal cause of death and related causes of importance were as follows:

Absinthic
Jaundice

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M.D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86753

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2064

Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Vivian Mae Dahlstrom

(a) Residence. No. Malad Idho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 10 1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
15	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Mackay
(State or country) Idaho

FATHER

13. NAME Harvey Earl Dahlstrom

14. BIRTHPLACE (city or town) Shoshone
(State or country) Idaho

MOTHER

15. MAIDEN NAME Dorothy Mae Holt

16. BIRTHPLACE (city or town) Stanwood
(State or country) Iowa

17. INFORMENT Dorothy D. Peck
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Blackfoot Ida. Date Nov 5, 1933

19. UNDERTAKER J. Guy Benson
(Address) Malad Idaho

20. FILED 11/30, 1933 J. A. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Nov 2, 1933
I last saw h..... alive on Nov 2, 1933 death is said to have occurred on the date stated above, at 2:35P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subphrenic abscess	
Peritonitis	
complication: Pleurisy	
Pneumonia, Bacterial	
pneumococcic	
Other contributory causes of importance:	
General debility	
Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. O. Walker, M. D.
(Address) Malad

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86754

PLACE OF DEATH
County of Oneida
City of Cedar Hill

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Vinson Garen Ditmore
(a) Residence. No. Cedar Hill Ida St. Cedar Hill Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Williams

6. DATE OF BIRTH (month, day, and year): January 28 1863

7. AGE: Years 70 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 20 Years

12. BIRTHPLACE (city or town) (State or country): Murphy North Carolina

FATHER
13. NAME: Henry Ditmore
14. BIRTHPLACE (city or town) (State or country): Marietta Georgia

MOTHER
15. MAIDEN NAME: Elizabeth Hampton
16. BIRTHPLACE (city or town) (State or country): Murphy North Carolina

17. INFORMENT (Address): Mrs. Geo. Morse Cedarhill Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Malad Idaho Date: Nov 12 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 11/30, 1933 J. M. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Did not see him, 193..., to ....., 193...
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 12:30 m. P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis?	
Had been in ill health for a year. Fairly present.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Hysteroy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. M. Kerns C O Physician, M. D.
(Address) Malad Ida

RECEIVED DEC 12 1933

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86755

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Margaret Ann Adams Evans.

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of John J. Evans.

6. DATE OF BIRTH (month, day, and year) March 15-1870

7. AGE Years 63 Months 7 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) (State or country) Malad Idaho.

FATHER

13. NAME Benjamin M. Adams.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Mary Ann Clark

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) John J. Evans Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial.
Place Malad Idaho Date Nov. 16, 1933

19. UNDERTAKER (Address) J. Guy Benson Malad Idaho

20. FILED 11/30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to ....., 193...

I last saw her alive on Sept 11, 1933: death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	Sept 10 80

Other contributory causes of importance:
Poor health for years.
I have not seen
before to give medical aid

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Malad Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 2 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 34

DO NOT WRITE IN THIS SPACE

State File No. 86756

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Parry

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Kniverton Colton

6. DATE OF BIRTH (month, day, and year): Sept 16 1845

7. AGE: Years 88 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: Active Life

12. BIRTHPLACE (city or town) (State or country): Ely Wales

FATHER

13. NAME: William Parry

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Maey Ann Thomas

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): Joseph Parry Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: St John Ida Date: Nov 20 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho.

20. FILED 11/30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Nov 17, 1933

I last saw him alive on Nov 16, 1933: death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature], M. D.

(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86757

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2064

Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan T Jones

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Jane Thomas

6. DATE OF BIRTH (month, day, and year) Feb 9 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Mary E Jones

16. BIRTHPLACE (city or town)
(State or country) South Wales

17. INFORMENT Mrs Mary E Jones
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Nov 23, 1933

19. UNDERTAKER
(Address) Malad Idaho

20. FILED 11/30, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Nov 20, 1933

I last saw h[illegible] alive on Nov 20, 1933; death is said to have occurred on the date stated above, at 11:55P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile mitral and aortic stenosis	end of life
	year.

Other contributory causes of importance:

none

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Malad Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 5 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Grand View

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 74

Primary Registration District No. 2151

DO NOT WRITE IN THIS SPACE

State File No. 86758

Local Registrar's No. 86

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Joseph Bee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farm laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ranch

10. Date deceased last worked at this occupation (month and year) Dec. 1, 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Beverly, Wash.

FATHER

13. NAME Joseph Bee

14. BIRTHPLACE (city or town) (State or country) Pennsboro West Virginia

MOTHER

15. MAIDEN NAME Ica Cane

16. BIRTHPLACE (city or town) (State or country) Carroll Virginia

17. INFORMENT (Address) Mrs. Ica Bee Richfield, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Date Dec. 4, 1933

19. UNDERTAKER C. G. Zacher
(Address) Mt. Home, Idaho

20. FILED Dec. 4, 1933 W J Eskenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 2 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec. 2, 1933, to , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
suicide by firearms	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J Eskenbeck, M. D.

(Address) Grand View, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86759

PLACE OF DEATH
County of Owyhee
City of

Registration District No. 43
Primary Registration District No. 2120
Local Registrar's No. 35

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Wall

(a) Residence. No. P.O. Jordan Valley Oregon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of (or) WIFE of~~ Emma Wall

6. DATE OF BIRTH (month, day, and year) Jan 8th 1864

7. AGE: Years 69 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stock Grower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov 16th 1933
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Mitchell Ont. Canada

FATHER
13. NAME William Wall
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Frances Wall
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Charles Wall Jordan Valley Ore

18. BURIAL, ~~CREMATION, OR~~ and REMOVAL
Place Jordan Valley Ore Date Nov 19, 1933

19. UNDERTAKER (Address) Jordan Valley Chas Burns Oregon

20. FILED 12-1, 1933 R. H. Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
No Physician in attendance died of Heart disease	

Other contributory causes of importance:
No

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John Fiete, M.D.
(Address) Coroner of Owyhee Co.

Address: Silver City, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86760

PLACE OF DEATH
County of Payette
City of New Plymouth Ida.

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

18

2. FULL NAME Duane F. Harden

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: none
6. DATE OF BIRTH (month, day, and year): July 7-1932
7. AGE: Years 1, Months 4, Days 18, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Lincoln Nebraska

FATHER
13. NAME: Orval Harden
14. BIRTHPLACE (city or town) (State or country): Pittsbery Kansas

MOTHER
15. MAIDEN NAME: Mada Furry
16. BIRTHPLACE (city or town) (State or country): Hastings Nebraska

17. INFORMENT (Address): Mrs. Orval Harden New Plymouth Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Plymouth Date: Nov 26 1933

19. UNDERTAKER (Address): Glenn C. Landon Payette Ida.

20. FILED: Nov 30, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1933, to 11-24, 1933.
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
drowned	
accidental	

Other contributory causes of importance:

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? New Plymouth Ida. Payette Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury: baby fell in hole
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Edith Landon Contr. Exmr.
(Address) Payette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 86761

Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mrs Mary Wachter.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis Wachter.

6. DATE OF BIRTH (month, day, and year) Sept 10-1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Greenwood. Canada.

FATHER

13. NAME James Hamilton.

14. BIRTHPLACE (city or town) (State or country) Irland.

MOTHER

15. MAIDEN NAME Margaret Williams

16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMENT (Address) Amos H. Enoch. New Plymouth Idaho

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Idaho Date 11-22, 1933

19. UNDERTAKER (Address) Glenn C. Landon. Payette Idaho.

20. FILED Nov 30, 1933 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to Nov 20, 1933

I last saw her alive on Nov 2 0, 1933; death is said to have occurred on the date stated above, at 5 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1926
auricular fibrillation	1932

Other contributory causes of importance:

Fracture right femur upper third	10-30-33

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred M. Popma, M. D.

(Address) New Plymouth, Idaho

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86762

PLACE OF DEATH

County of Payette

City of New Plymouth

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 52

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Debbie D. Lingel

(a) Residence. No. New Plymouth St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fm.	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Les Lingel

6. DATE OF BIRTH (month, day, and year) Dec 23, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Clay Mannes
(State or country) Iowa.

FATHER

13. NAME Joe H. Stone

14. BIRTHPLACE (city or town)
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Procter.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Joe C. Lingel
(Address) New Plymouth, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place New Plymouth Date Nov 14, 1933

19. UNDERTAKER D. L. Peterson
(Address) Ontario, Oregon.

20. FILED Nov. 20, 1933 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 193 3., to 11-12, 193 3

I last saw her alive on 11-12, 193 3: death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1923
Hypertensive heart disease	1930

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Arlund M. Popma, M. D.

(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86763

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Joel Bayer.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Bayer.

6. DATE OF BIRTH (month, day, and year): Mar 17-1853.

7. AGE: Years 80 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Oshkosh. Wis.

FATHER
13. NAME: George Bayer.
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: unknown.
16. BIRTHPLACE (city or town) (State or country): Wales.

17. INFORMENT (Address): Mayme Bayer Payette, Ida.

18. BURIAL, CREMATION, OR REMOVAL. Place: New Plymouth Ida. Date: 11-6-1933.

19. UNDERTAKER (Address): Glenn C. Landon. Payette, Idaho.

20. FILED: Nov 8/1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 4 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Nov. 4, 1933.
I last saw him alive on Nov 4, 1933: death is said to have occurred on the date stated above, at 345 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Pulmonary Edema	Nov 2-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86764

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 63

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Gabriel Lindsay Laurence

Garel

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 11 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. B.N.T.S. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME L. L. Laurence

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Eileen Erwine

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Ida Date Dec 26 1933

19. UNDERTAKER M. L. Thornley
(Address) Kellogg Idaho

20. FILED Dec 9, 1933 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to Nov 23, 1933

I last saw him alive on Nov 23, 1933; death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	3 hours
Myocardial degeneration	4 mos.
Other contributory causes of importance: Pulmonary Tuberculosis	Do not Know

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T Anderson M. D.

(Address) Kellogg, Ida.

RECEIVED DEC 1 8 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86765

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dan Labys Labus

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Labus

6. DATE OF BIRTH (month, day, and year) Jan 16. 1883

7. AGE 50 Years 1883 Months Jan. 10 Days #6 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Popina Zomanja Jugoslavia

FATHER

13. NAME No inf.

14. BIRTHPLACE (city or town) (State or country) Jugoslavia

MOTHER

15. MAIDEN NAME No inf.

16. BIRTHPLACE (city or town) (State or country) Jugoslavia

17. INFORMENT (Address) Mike Savage Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Id. Date Dec 7, 1933

19. UNDERTAKER (Address) M. C. Thornfree Kellogg Ida.

20. FILED Dec. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fr. Skull & Chest	few hrs

Other contributory causes of importance: Auto accident Accident Ally Struck Bustout

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/25/1933

Where did injury occur? Mr. Sheel Kellogg Ida (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Pablac Sheel Kellogg Ida

Manner of injury Struck Elevator

Nature of injury Fr. Skull & Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Mowry Jerome, M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 12 1933

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86766

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carrie Lohman

(a) Residence. No. Portland Ave. Kellogg Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ✓ ✓ ✓

6. DATE OF BIRTH (month, day, and year) May 12

7. AGE Years 56 Months 5 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina
(State or country)

FATHER
13. NAME no inf.
14. BIRTHPLACE (city or town) no inf
(State or country)

MOTHER
15. MAIDEN NAME Nicholson
16. BIRTHPLACE (city or town) ~~Nicholson~~ North Carolina
(State or country)

17. INFORMENT Helen Albinola
(Address) Kellogg, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Greenwood Cem. Date 11/12/33 193

19. UNDERTAKER M. C. Thorshiee
(Address) Kellogg, Idaho

20. FILED Dec. 9, 1933 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to Nov. 8, 1933

I last saw her alive on Nov 8, 1933; death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	3 weeks
Cardiac Decompensation	

Other contributory causes of importance:

Hyperthyroidism	Do not know

Name of operation Thyroidectomy Date of Sept. 1933
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 8 1933

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86767

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matthew Jenkins 31

(a) Residence. No. Kellogg, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 3 - 1915

7. AGE: Years 18 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cornwell (State or country) England

FATHER

13. NAME R. T. Jenkins

14. BIRTHPLACE (city or town) Cornwell (State or country) England

MOTHER

15. MAIDEN NAME Minnie Nettle

16. BIRTHPLACE (city or town) Cornwell (State or country) England

17. INFORMENT (Address) Muriel Jenkins Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date 1/9, 1933

19. UNDERTAKER (Address) M. C. Shoshone Kellogg Idaho

20. FILED Dec. 9, 1933 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1933, to Nov 7th, 1933

I last saw him alive on Nov 1st, 1933: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No.

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86768

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 57

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

143

2. FULL NAME Lillian Lahde

(a) Residence. No. Pine Creek St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, (or) WIFE of: Matt Lahde

6. DATE OF BIRTH (month, day, and year): Jan 8 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bozeman Montana

FATHER
13. NAME: Matt Aero
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME: Kaskie
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMENT (Address): Matt Lahde

18. BURIAL, CREMATION, OR REMOVAL Place: Dec 14 Date: Kingston Idaho, 193

19. UNDERTAKER (Address): R. L. Stoup Kellogg Idaho

20. FILED Dec. 9, 1933 Mrs. Juliet M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933, to ....., 193...
I last saw her alive on Oct 26, 1933: death is said to have occurred on the date stated above, at 2:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	7 days
Other contributory causes of importance: Pregnancy, four months.	4 mos

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 19 193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86770

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pat Allen Dunton

(a) Residence. No. Kellogg Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 18th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg Ida
(State or country)

FATHER
13. NAME W. B Dunton
14. BIRTHPLACE (city or town) Elmira
(State or country) Wash.

MOTHER
15. MAIDEN NAME Lottie B. Waltman
16. BIRTHPLACE (city or town)
(State or country) Washington

17. INFORMENT W B Dunton
(Address) Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Ida Date Dec. 23, 193 3

19. UNDERTAKER R. H. Stout
(Address) Kellogg Ida

20. FILED Dec. 9, 193 3 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20 193 3

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 193 3, to Oct. 20, 193 3
I last saw him alive on Oct. 20, 193 3; death is said to have occurred on the date stated above, at 1:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	3 days
Other contributory causes of importance:	
Bronchopneumonia, left	8 days
Cervical Adenitis	30 days

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harold T Anderson, M. D.
(Address) Kellogg, Idaho

RECEIVED DEC 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86771

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 241

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Fred Harbough.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 75 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Friends.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Nov 29 1933

19. UNDERTAKER (Address) J A Biver (Ward Und Co) Wallace Ida

20. FILED Nov 24th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Nov 27, 1933
I last saw him alive on Nov 26, 1933; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Chr	
Parenchymatous	6 wks

Other contributory causes of importance: Asthma, Myocarditis, Mitral Sclerosis, Myocarditis, Sever Gas

Name of operation — Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 14 1933

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86772

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 240

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Frances Misley,

(a) Residence. No. Oregon Street St. Mullan, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Frank Mayde

6. DATE OF BIRTH (month, day, and year) March 9th. 1892

7. AGE: Years 41 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Habe

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) Frances Mayde Mullan, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mullan Ida Date Nov 28, 1933.

19. UNDERTAKER (Address) Bruce G. Worstell Wallace, Ida.

20. FILED Nov. 29th, 1933 Cassione Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Septe 2, 1933, to Nov 24, 1933

I last saw her alive on Nov 23, 1933: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sept 1 or there about first noticed Peritonitis (Pulmonary)	

Other contributory causes of importance:

Pulmonary T.B.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F W Rolfs, M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86773

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1111 Local Registrar's No. 239
(No. County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nick Wreuovich 31

(a) Residence. No. Tamarack Mine St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 48 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Katy Poland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Sam Hammer Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Date Nov 25, 1933

19. UNDERTAKER (Address) Bruce G. Worstell Wallace Ida

20. FILED Nov 29th, 1933 Lessione Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1933, to Nov 23, 1933
I last saw him alive on Nov 21st, 1933: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary t.B.	
& Arthritis deformans	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No
(Signed) W. L. Lindsay, M. D.
(Address) W. L. Lindsay Idaho
Kellogg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86774

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 238
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Regina Murphy
(a) Residence. No. Black Bear Ida. St. Black bear Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 18. 1924
7. AGE Years 9 Months 3 Days 1 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida.

FATHER
13. NAME Dan Murphy.
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER
15. MAIDEN NAME Catherine Nefsay.
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMENT (Address) Dan Murphy Black bear Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wm Date Nov 21, 1933
19. UNDERTAKER (Address) J. A. Burr (Ward Ward Co) Wallace Ida.
20. FILED Nov 20th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 19 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1933, to Nov 19, 1933
I last saw her alive on Nov 18, 1933; death is said to have occurred on the date stated above, at 2:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Suppuration	7 da

Other contributory causes of importance:

Gangrenous	
Appendicitis	2 da
Rupture	

Name of operation Laparotomy Date of 11/12
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Mowery, M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86775

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 227

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martin Axel Dalonen

(a) Residence. No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, ~~Married, Widowed,~~ or Divorced (~~write the word~~)
Male	White	

5a. If ~~married, widowed, or~~ divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ divorced

6. DATE OF BIRTH (month, day, and year) Nov 10 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookeeper, etc**

9. Industry or business in which work was *done*, as *silk mill*, **saw mill, bank, etc** Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Herman Dalonen

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Irene Dalonen

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Date Nov. 4 -, 1933

19. UNDERTAKER (Address) R. L. Stout Kellogg Idaho

20. FILED Nov 6th, 1933 C. B. Sloane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933, to Oct 31st, 1933.
I last saw him alive on Oct 31, 1933: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Ruptured gangrenous appendicitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 27
What test confirmed diagnosis? Op. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. L. Lindsay, M. D.
(Address) Kellogg Idaho

RECEIVED DEC 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86776

PLACE OF DEATH

County of Shoshone
City of Wallace
Registration District No. 76
Primary Registration District No. 111
Local Registrar's No. 234

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Margaret Anna Renner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Feb 8-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Waterville Maine

FATHER

13. NAME John Richy

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Jean David

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs Otis Nelson Wallace, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date Nov 16, 1933

19. UNDERTAKER (Address) J A Brown (Ward and Co) Wallace Ida.

20. FILED Nov 15th, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to Nov 13, 1933
I last saw h[illegible] alive on Nov 10th, 1933: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. E. Lindsay, M. D.
(Address) Kellogg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86777

Registration District No. 70
Primary Registration District No. 1017
Local Registrar's No. 236

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Glenn Jemison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of Mrs. Chas G. Jemison

6. DATE OF BIRTH (month, day, and year) Dec 5, 1908

7. AGE Years 24 Months 11 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cage man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B H & S Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER
13. NAME Chas. Jemison
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Louise McConnell
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMENT (Address) MRS. CHAS. JEMISON KELLOGG, IDAHO.

18. BURIAL, CREMATION, OR REMOVAL Nov. 21, 1933
Place KELLOGG, IDA Date ....., 193

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Ida.

20. FILED Nov. 20th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 18, 1933

I last saw him alive on Nov 18, 1933: death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crypt Fracture of Skull - Frontal Bone	11-18-33
Crushing of Chest involving sternum + ribs anteriorly	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-18-33, 193
Where did injury occur? Wallace Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury Automobile accident
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Max T. Smith M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86778

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 237

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clement Raymond Silva

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ ~~(write the word)~~ single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 13 - 1890

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Torino Italy

FATHER

13. NAME Bernard Silva

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Mrs. John Ponzetti Kellogg Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Ida Date 11/20-, 1933

19. UNDERTAKER (Address) R. L. Stout Kellogg Idaho.

20. FILED Nov 29th, 1933 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1933, to Nov 17, 1933

I last saw ~~him~~ alive on Nov 17th, 1933: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows: Acute peritonitis following operation for ventral hernia

Date of onset

Other contributory causes of importance: Hernia following Peritonitis from ruptured appendix 3 yrs ago.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No.

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

RECEIVED DEC 14 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86779

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 231
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clarence Raymond Hodges 21

(a) Residence. No. Woodland Park St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 26 1906

7. AGE Years 26 Months 10 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) Nov 1 - 1932
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) Seattle
(State or country) Wash

FATHER
13. NAME Dewey Hodges
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Harriet Richardson
16. BIRTHPLACE (city or town) Minn.
(State or country)

17. INFORMENT Dewey Hodges
(Address) Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Nov 9 - , 1933

19. UNDERTAKER J A Bever (Ward Und Co)
(Address) Wallace Ida.

20. FILED Nov 9th, 1933 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6 1930

22. I HEREBY CERTIFY, That I attended deceased from 11/3 —, 193 , to 11-5, 1933

I last saw him alive on 11-5, 1933: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	10-31-33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. J. Fitz Gerald, M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 11 17

DO NOT WRITE IN THIS SPACE
State File No. 86780
Local Registrar's No. 235

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mildred Myrtle Kuzak

(a) Residence. No. 123 – W Idaho Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Louis Kuzak

6. DATE OF BIRTH (month, day, and year) Apr 22 - 1907

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
26	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williams, Wash

FATHER
13. NAME Thomas Thomas
14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER
15. MAIDEN NAME Miss C. White
16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Louis Kuzak, Kellogg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Date 193

19. UNDERTAKER (Address) M. E. Thornfeldt Kellogg Ida.

20. FILED Nov 22, 1933 C. A. Keene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1933, to Nov 14th, 1933

I last saw her alive on Nov 13th, 1933.: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic abortion	
Self induced	

Other contributory causes of importance:

Name of operation Curettement Date of Nov 14th

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Livesay, M. D.

(Address) Kellogg Idaho

RECEIVED

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86781

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

113

2. FULL NAME James Farley

(a) Residence. No. Providence Hospital St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 18 1933

7. AGE Years — Months 2 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER

13. NAME Dale Farley

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ruth Ely

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Sister Joseph Providence Hospital

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Wallace Date Nov 18, 1933

19. UNDERTAKER (Address) B G Norstel Wallace Id No

20. FILED Nov 18th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Gastro-enteritis	1½ da

Other contributory causes of importance:

Marasmus & Prematury	2¾ mo

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Mowery M.D.

(Address) Wallace, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86782

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 232
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherina Basta
(a) Residence. No. Mullan Idaho St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Matt Basta.
6. DATE OF BIRTH (month, day, and year) Feb 28-1897
7. AGE Years 36 Months 8 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia.

FATHER
13. NAME Nick Quiet.
14. BIRTHPLACE (city or town) (State or country) Jugo Slavia.

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Jugo Slavia.

17. INFORMENT (Address) Matt Basta Mullan Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida Date Nov 13, 1933
19. UNDERTAKER (Address) A. Bever (Ward Ward Co.) Wallace Ida
20. FILED Nov 13th, 1933 C. Sloan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 9 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw her Nov 9, 1933 death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of body	Fewhr
of Brother Degree	
apparently	
accidental	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury 11/9 1933
Where did injury occur? Private Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Private Home
Manner of injury Burns Whole body
Nature of injury Burns body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. J. Mowery Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 1 1933

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86783

County of Shoshone
City of Wallace
Registration District No. 7
Primary Registration District No. 10 11
Local Registrar's No. 230

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Knecht

(a) Residence. No. 413 Pine St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Sept 20 - 1883

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Valley Norwegian Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL Place Wallace Id Date Nov. 18th 1933

19. UNDERTAKER (Address) B. Marstell Wallace Id.

20. FILED Nov 18th 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28th, 193..., to Nov. 4th, 1933.

I last saw him alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
alcoholism.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Lyndon, M. D.

(Address) Kellogg Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86784

Registration District No. 7 8
Primary Registration District No. 1011
Local Registrar's No. 229

(No. Residence) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lena Dahl.

(a) Residence. No. Burke Idaho St. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: about 64 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norway.

FATHER
13. NAME: Hans Tegeland
14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER
15. MAIDEN NAME: Daniel Olsen
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMENT (Address): Nils Tennerson Burlington Wash.

18. BURIAL, CREMATION, OR REMOVAL Place: Wallace Date: Nov 10, 1933.

19. UNDERTAKER (Address): J. G. Beer (Wand Und Co. Wallace Ida

20. FILED: Nov 10, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to Nov 3, 193...
I last saw him alive on Nov 3, 193.. ; death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows: Date of onset

Apparently Heart Failure due to Broken Neck Blood Instant

Other contributory causes of importance:

Kidneys Function Normal Blood pressure 2 years ago Negative Clinical Findings

Name of operation: Date of
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home Place Burke Ida
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Mowry Corson M. D.
(Address) Wallace Idaho

RECEIVED

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86785

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 228

(No. Co Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Coleman Frazier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Co Hospital Records Wallace, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) J. A. Bever (Ward and Co) Wallace Ida.

20. FILED Nov 8th, 1933 C. S. Stone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933, to Nov 2nd, 1933

I last saw him alive on Nov 1st, 1933: death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86786

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 155
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

188

2. FULL NAME Charles H. Upton
(a) Residence. No. Kimberly Idaho St. Kimberly Idaho 28 yrs
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nellie Upton
6. DATE OF BIRTH (month, day, and year) Oct 15 - 1872
7. AGE Years 61 Months 1 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Assistant Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kimberly Elevator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Ill.

FATHER
13. NAME Harvey Upton
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Nellie Upton Kimberly
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Cemetery Date 12 - 1, 1933
19. UNDERTAKER (Address) White Mortuary Inc Twin Falls, Ida
20. FILED Dec. 1, 1933 Geo. S. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27 1933
22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1933, to Nov. 27, 1933
I last saw ~~him~~ alive on Nov. 27, 1933: death is said to have occurred on the date stated above, at 5:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism to head.	
Fracture multiple Frontal bone	11-26-33
Laceration Cranial Contents	all.
Brain + blood vessels.	
Hemorrhage 4+	
Other contributory causes of importance:	
Oedema lungs + hemorrhage	11-27-33
into brain + spinal Cavity	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Aspiration spinal Fluid X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 11-26 1933
Where did injury occur? Highway near Shoshone Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury auto collision load of Poles
Nature of injury Traumatism To head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan L Alexander M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Buhl

R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2-0187

DO NOT WRITE IN THIS SPACE

State File No. 86787

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John D. Mayer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Libby Elizabeth Mayer

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 76 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: Dan Knaus

14. BIRTHPLACE (city or town) (State or country): Dan Knaus

MOTHER

15. MAIDEN NAME: Dan Knaus

16. BIRTHPLACE (city or town) (State or country): Dan Knaus

17. INFORMENT (Address): Mrs Pearl Kimberough Castleford

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place: Twin Falls Date: Nov 9, 1933

19. UNDERTAKER (Address): Evans & Johnson Buhl

20. FILED Nov 9, 1933. J. T. Whipple Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw him on Nov 5, 1933: death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	6 mo.
Other contributory causes of importance:	
Myocarditis	5 yrs.

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Natural

Nature of injury Heart muscle

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. A. Dwight M. D.

(Address) Filer

Coroner of Twin Falls County

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86790

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
(No.) 75
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 148

2. FULL NAME J. H. Arie
(a) Residence. No. Twin Falls St. at 9 P.m.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Nov 10/1854
7. AGE: 79 Years — Months — Days 7 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Iowa
PARENTS
10. NAME OF FATHER: Arie
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown
14. Informant: Mr Arie Son
(Address) Twin Falls
15. Filed Nov. 22, 1933 Geo C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. 17 1933 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased ~~from~~ , 19 , to , 19
that I last saw him ~~alive~~ on November 18, 1933
and that death occurred, on the date stated above, at 9 P.m.
The CAUSE OF DEATH* was as follows:
Paralysis
Immediate
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Arteriosclerosis
(duration) 12 yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? History
(Signed) T. A. Dwight M. D.
Coroner of Twin Falls County. Filer
(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls Date of Burial: Nov 20 1933
20. Undertaker: T. C. Drake Address: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86791

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 149
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jas M. Pennock
(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): May 4 1865
7. AGE: Years 68 Months 6 Days 16 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Ind
PARENTS
10. NAME OF FATHER Asa Pennock
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Nelson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Kentucky
14. Informant J E Pennock
(Address) 661 2nd Ave West T Falls
15. Filed Nov. 23, 1933 Geo C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 20 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Nov. 20, 1933, to Nov. 20, 1933, that I last saw him ~~alive~~ on November 20, 1933, and that death occurred, on the date stated above, at 6 PM m.
The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency
Found dead in shelf wagon.
(duration) yrs. 8 hours ds.
CONTRIBUTORY (Secondary) Arteriosclerosis.
(duration) 10 yrs. mos. ds.
18. Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? History.
(Signed) F A Speight M. D.
Nov. 22, 1933 (Address) Filer Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls — Date of Burial: Nov 24 1933
20. Undertaker: J E Drake — Address: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, FRACTIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Murtaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 86792

Local Registrar's No. 150

(No. Murtaugh R. F. D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME LAURA E. SOMSEN

(a) Residence. No. Murtaugh Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of J. B. SOMSEN

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield Idaho

FATHER

13. NAME B. W. DAVIS

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary PARSON

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) J. B. SOMSEN Murtaugh Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Heyburn Ida. Date Nov 24, 1933

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls Idaho

20. FILED Nov. 24, 1933 Geo. C. Talley, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1933, to Nov. 21, 1933

I last saw her alive on Nov. 14, 1933; death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic convulsions	

Other contributory causes of importance:

Chronic nephritis
Nephrectomy several months ago

Name of operation Nephrectomy Date of (2)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86793

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 7085 Local Registrar's No. 151
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Mary Bellville

(a) Residence. No. Route # 2 St.
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. E. Bellville

6. DATE OF BIRTH (month, day, and year) Nov 21 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Washington
(State or country) Oregon

FATHER
13. NAME Ezra Gordine
14. BIRTHPLACE (city or town) Monmouth
(State or country) Indiana

MOTHER
15. MAIDEN NAME Rebecca Corbly
16. BIRTHPLACE (city or town) Mt Washington
(State or country) Ohio

17. INFORMENT (Address) J. E. Bellville Route # 2 Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Idaho Date Nov 24, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED Nov 24, 1933 Geo. E. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1933, to 11-21-33, 193
I last saw her alive on 11-21-33, 1933: death is said to have occurred on the date stated above, at 5:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver Mt	?
Other contributory causes of importance:	
Myocarditis Chronic,	about 4-5 yrs
Acute dilatation heart	2 days

Name of operation Exploratory aspiration of ascites Date of 11-17-33
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ←, 193
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ← Home
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Duncan D. Fraunder M. D.
(Address) Twin Falls Idaho

RECEIVED DEC 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86794

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 152
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ella Evans Ogg
(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

75

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 28 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Rockford Ill

PARENTS
10. NAME OF FATHER Chas Evans
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland
12. MAIDEN NAME OF MOTHER Mary Brown
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14. Informant Frank Ogg
(Address) Twin Falls

15. Filed Nov. 28, 1933 George C. Talley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 26 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1933, to Nov. 25, 1933, that I last saw h[er] alive on Nov. 25, 1933, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows: Paralysis / Hemiplegia / / Arterio Sclerosis / (many years)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Wilson, M. D.

Nov. 28, 1933 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Twin Falls	Nov 28 1933

20. Undertaker O. K. Drake Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86795

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 153
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Everett Bailey

(a) Residence. No. (Usual place of abode) Hansen, Idaho, St.
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Edna Bailey

6. DATE OF BIRTH (month, day, and year) Aug 26-1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
~~1~~ 52	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bushnell, Ill.

FATHER
13. NAME Issac Bailey
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Kathryn Beall
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Edna Bailey Hansen

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Cemetery Date Nov. 28 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED Nov. 28, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1933, to Nov. 25, 1933
I last saw him alive on 11-25, 1933: death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Gangrenous Suppurative	about 10-29-33

Other contributory causes of importance:

Gas gangrene infection in op. wound - Gas gangrene Peritonitis	Presentat Time of op. 11-16-33

Name of operation Appendectomy & drainage Date of 11-16-33
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Duncan V. Alexander, M. D.
(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86796

PLACE OF DEATH
County of Twin Falls
City of ~~Twin Falls~~

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 154
(No.) 100 128
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lithe Jeanne Williams - Filer Idaho
(a) Residence No. ~~County Hospital~~ St. 2-50
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June 12/1918
7. AGE Years 15 Months 4 Days 13 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Idaho

PARENTS
10. NAME OF FATHER F. E. Williams
11. BIRTHPLACE OF FATHER (city or town) (State or Country) N.C.
12. MAIDEN NAME OF MOTHER Lith Pugh
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) N.C.

14. Informant F. E. Williams
(Address) Filer Ida
15. Filed Nov. 28, 1933 Geo. S. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 25 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1933, to Nov. 25, 1933
that I last saw her alive on Nov. 25, 1933
and that death occurred, on the date stated above, at 4 p. m.
The CAUSE OF DEATH* was as follows: acute nephritis
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Respiratory infection in nose & throat.
(duration) yrs. 1 mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Urine analyses
(Signed) John W. Haughey, M. D.
11-27, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Filer Date of Burial Nov. 27 1933
20. Undertaker F. E. Drake Address Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86797

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 156
(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stewart Somsen

(a) Residence. No. Murtaugh, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: 1

6. DATE OF BIRTH (month, day, and year) Feb. 13 - 1918

7. AGE Years: 15 Months: 9 Days: 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Ida.
(State or country)

FATHER
13. NAME Frank Somsen
14. BIRTHPLACE (city or town) Echo, Utah
(State or country)

MOTHER
15. MAIDEN NAME Gladys Marshall
16. BIRTHPLACE (city or town) Onawa, Iowa
(State or country)

17. INFORMENT Frank Somsen
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Twin Falls Cem. Date Dec. 3, 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Ida.

20. FILED Dec. 2, 1933 Geo. C. Halley, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933, to Nov. 30, 1933
I last saw him alive on Nov. 30, 1933: death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	about Nov. 23, 1933

Other contributory causes of importance:

Myocarditis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) A. E. Passer, M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86798

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 157

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Franklin Steelsmith

(a) Residence. No. Hansen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of: Minnie Steelsmith

6. DATE OF BIRTH (month, day, and year) April 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Independence Kans.

FATHER

13. NAME J M Steelsmith

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Moore.

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Minnie Steelsmith. Hansen Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Ida Date Nov 29 1933

19. UNDERTAKER (Address) S C Phillips Twin Falls Ida.

20. FILED Dec 4, 1933 George C Walley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933 to Nov 27, 1933

I last saw h~~e~~ alive on , 193 : death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Nov 27, 1933
Other contributory causes of importance: Influenza and bronchitis	Nov 26, 1933

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George C Walley M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86799

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 18

(No. Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clifford Pierce

(a) Residence. No. Rogerson Annex Hotel St.
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or WIFE of)

6. DATE OF BIRTH (month, day, and year) Oct 1, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairport
(State or country) Mo.

FATHER

13. NAME B.G. Pierce

14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER

15. MAIDEN NAME Laura Ewson

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT B. G. Pierce
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Dec. 1, 1933

19. UNDERTAKER S. C. Phillips.
(Address) Twin Falls

20. FILED Dec. 4, 1933 Geo. C. Talley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933, to Nov 29, 1933
I last saw h[illegible] alive on Nov 29th 1933: death is said to have occurred on the date stated above, at 9.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Infection of throat and tonsils	

Name of operation Tonsillectomy Date of Nov 24
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. E. Paul M. D.
(Address) Twin Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86800

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 139

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Anna Bramson

(a) Residence. No. ..... Hospital St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word.) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 2 1859

7. AGE Years 74 Months 9 Days 1 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Vermont

9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS

10. NAME OF FATHER John Vaughn

11. BIRTHPLACE OF FATHER (city or town) (State or Country) .....

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) S Bramson 1217 N Pansettia Place Los Angeles Calif

15. Filed Nov. 6, 1933 Geo C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 3 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Nov. 3, 1933

that I last saw her alive on Nov. 3, 1933

and that death occurred, on the date stated above, at 5-15 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Carcinoma of ascending colon

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John K Vaughn M. D.

10-3, 1933 (Address) Twin Falls

19. Place of Burial, Cremation, or Removal Twin Falls Date of Burial Nov 4 1933

20. Undertaker E Drake Address Twin Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86801

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 140
(No. County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1,49

2. FULL NAME Mattie Inez Anthis
(a) Residence. No. 345-5th ave East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of George
6. DATE OF BIRTH (month, day, and year) June 3-1897
7. AGE Years 36 Months 5 Days 0 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willspoint Texas

FATHER
13. NAME Marshall La Hue
14. BIRTHPLACE (city or town) (State or country) Barden Indiana

MOTHER
15. MAIDEN NAME Fannie Dell Hall
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) George Anthis 345 5th ave East - City
18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date Nov 6, 1933
19. UNDERTAKER (Address) White Mortuary Inc Twin Falls Idaho
20. FILED Nov. 8, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 3 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1933, 193.., to Nov. 3, 1933
I last saw her alive on No. 3, 1933, 193.. death is said to have occurred on the date stated above, at 6 45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - rectal, sigmoidal junction.	about
Retro-peritoneal lymph glands.	8 mo.
Other contributory causes of importance:	
Obstruction of ileum.	1 week.
Anemia from secondary hemorrhage.	

Name of operation Colostomy Date of 4/22/33
What test confirmed diagnosis? micro. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) D. L. Alexander M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86802

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Not Rural

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 141

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Leslie Fuller

(a) Residence. No. Route # 2 St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Nannie

6. DATE OF BIRTH (month, day, and year) Jan 5 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leighton Kansas

FATHER
13. NAME Elbert Fuller
14. BIRTHPLACE (city or town) (State or country) Beaverdam Wisconsin

MOTHER
15. MAIDEN NAME Nellie Shay
16. BIRTHPLACE (city or town) (State or country) Dubuque Iowa

17. INFORMENT (Address) Nannie Fuller Route # 2 Twin Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Idaho

20. FILED Nov. 8, 1933 Geo. C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933, to Nov 4, 1933.
I last saw him alive on Nov. 4, 1933: death is said to have occurred on the date stated above, at 2:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Nov 4 1933
Other contributory causes of importance:	
Pulmonary T.B.	
Otitis Media.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. D. Rees M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 142

DO NOT WRITE IN THIS SPACE

State File No. 86803

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Reinhold C. Letsch

(a) Residence. No. Colonial Apts. Twin Falls St.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Beulah Letsch

6. DATE OF BIRTH (month, day, and year) Jan 11-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Realtor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barstow Ill

FATHER

13. NAME Reinhold C. Letsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Lenbrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Mrs Beulah Letsch Colonial Apts Twin Falls

18. ~~BURIAL~~, ~~CREMATION~~, OR ~~REMOVAL~~ Place Barstow Ill Date , 193

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED Nov. 9, 1933 Geo C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1933, to Nov. 8, 1933

I last saw him alive on Nov. 8th, 1933: death is said to have occurred on the date stated above, at 8 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma, hemorrhage into left lateral ventricle of brain, from external violent trauma (Kicking & Punching about head)	11-8-33
Other contributory causes of importance:	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11-8, 1933

Where did injury occur? Twin Falls Co- Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Street

Manner of injury Kicked by another man

Nature of injury Concussion & Lacerations of brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Langdon M. D.

(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86804

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 57

Primary Registration District No. 2085 Local Registrar's No. 143

(No. T. F. Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jerrel Drage

(a) Residence. No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 17 Months Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Utah

FATHER

13. NAME Willard Drage

14. BIRTHPLACE (city or town) (State or country) Salt Lake Salt Lake Co

MOTHER

15. MAIDEN NAME Genevie Anderson

16. BIRTHPLACE (city or town) (State or country) Marine Ut

17. INFORMENT (Address) Willard Drage Burley

18. BURIAL, CREMATION, OR REMOVAL Place Burley Date 11-15-1933

19. UNDERTAKER (Address) Jos. P. Payne Burley Ida

20. FILED Nov. 12, 1933 Geo. C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1933, to Nov 11th 1933

I last saw her alive on Nov 11th, 1933: death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis Acute	Oct 29-33
Septicemia Acute (Staph Lococcus Albus)	Oct 6-33

Other contributory causes of importance:

Uterine infection	Oct 27-1933
Hypostatic Congestion Lungs	Nov 9, 1933
Dilation (Acute) Heart	Nov 10 1933

Name of operation D & C. Date of Oct 29-33

What test confirmed diagnosis? Lab. Blood Cultures Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury Catheter

Nature of injury Self induced

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan B. Alexander M. D.

(Address) Twin Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86805

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2015
Local Registrar's No. 144
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest J. Durfee
(a) Residence. No. Hospital St. Twin Falls County
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 24 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Idaho

9. BIRTHPLACE (city or town) (State or country)

PARENTS
10. NAME OF FATHER Wm. Durfee
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah
12. MAIDEN NAME OF MOTHER Della Brockenbrough
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Utah

14. Informant Wm. Durfee
(Address)

15. Filed Nov. 13, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 5 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Nov. 5, 1933.
that I last saw him alive on Nov 5, 1933.
and that death occurred, on the date stated above, at 2:25 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Peritonitis.
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Ruptured appendix.
(duration) yrs. mos. 6 ds.

18. Where was disease contracted if not at place of death? Home.
Did an operation precede death? yes Date of Oct 30-33
Was there an autopsy? No.
What test confirmed diagnosis? Clinical.
(Signed) T. A. Dwight M. D.
Nov. 9, 1933 (Address) Filer Idaho

19. Place of Burial, Cremation, or Removal Filer | Date of Burial Nov 8 1933

20. Undertaker E. E. Drake | Address Twin Falls

N. B.—Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
State File No. 86806

Local Registrar's No. 145

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nannie A. Dossett

(a) Residence. No. 1215 - 4th ave E St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of J. F. Dossett

6. DATE OF BIRTH (month, day, and year) Aug 18-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER
13. NAME Elisha Kearby
14. BIRTHPLACE (city or town) Madison Co. (State or country) Ky.

MOTHER
15. MAIDEN NAME Elizabeth Fletcher
16. BIRTHPLACE (city or town) Garrett County (State or country) Ky

17. INFORMENT (Address) M. E. Dossett Twin Falls.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Date 11-13, 1933

19. UNDERTAKER Wirtz Mortuary Inc (Address) Twin Falls Idaho

20. FILED Nov. 13, 1933 Geo C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Nov 10th, 1933
I last saw her alive on Nov 10, 1933: death is said to have occurred on the date stated above, at 9:00 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza w Bronchial Pneumonia	
Other contributory causes of importance: old Age.	

Name of operation ~ Date of ~
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. E. Lamb M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 8 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86807

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 146

(No. Twin Falls County Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Glenn

(a) Residence. No. Kimberly Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Mary E. Glenn

6. DATE OF BIRTH (month, day, and year) June 23-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Andrew Glenn

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Annie Craig

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Mary E. Glenn Kimberly, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Cemetery Date 11-20, 1933

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED Nov 17, 1933 Geo. C. Talley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-16-, 1933, to Nov 17, 1933

I last saw him alive on Nov-17, 1933: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
multiple fracture of Ribs (Right) with Puncture of pleura and hemorrhage into Transverse colon	11/15/33
Other contributory causes of importance: Bronchio-pneumonia	11/16/33

Name of operation 0 Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11-15, 1933

Where did injury occur? Twin Falls Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public street

Manner of injury Struck by auto

Nature of injury to chest

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J M Davis

(Address) Kimberly Idaho, M.D.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86808

PLACE OF DEATH
County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 147

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number.)

1(a)

2. FULL NAME Mrs Luella Pierman

(a) Residence. No. [illegible] Filer Ida St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 29 | Months 9 | Days | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Richard Pierman
(Address) Filer Idaho

15. Filed Nov. 22, 1933 George C. Kelley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 18 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1933, to Nov 18, 1933
that I last saw her alive on Nov 18 1933
and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:
Typhoid fever
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. E. Farnsworth M. D.
Nov 22, 1933 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kenyon Iowa	— 19
20. Undertaker	Address
E. Drake	Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86809

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 39
Primary Registration District No. 208 Local Registrar's No.
(No. Twin Falls Co. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorthy Dean Eggleston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of C. L. Eggleston

6. DATE OF BIRTH (month, day, and year) Oct 22/1904

7. AGE Years 29 Months 1 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie Kansas

FATHER
13. NAME Wm. Winans
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Leata Thowalter
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMENT (Address) C. L. Eggleston Buhl Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Date Dec 2, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl

20. FILED 12-1, 1933 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 16-Nov, 1933, to 29-Nov, 1933.
I last saw her alive on 29-Nov, 1933: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of bowel	28-Nov-33

Other contributory causes of importance:

Name of operation Laparotomy Date of 24-Nov-33
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. W. MacMarrus, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86810

PLACE OF DEATH

County of Washington
City of Cambridge Ida.
Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John M. Fruitts

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude M. Fruitts deceased

6. DATE OF BIRTH (month, day, and year): Dec 22 - 1875

7. AGE: Years 57 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Stock raiser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Dec. 12 - 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kirksville Mo.

FATHER
13. NAME: Martin Fruitts
14. BIRTHPLACE (city or town) (State or country): Kirksville Mo.

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Alice Fruitts Burnham Nampa. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Joseph Ore. Date: 12/12, 1933

19. UNDERTAKER (Address): J. A. Hubbard Cambridge Ida.

20. FILED: 1-10-33
DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12 - 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1933, to Dec. 6, 1933
I last saw him alive on Dec. 6, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the stomach.	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation: Chronic Date of:
What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. F. Hurst M. D., M.D.
(Address) Cambridge Ida.

RECEIVED DEC 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86811

PLACE OF DEATH

County of Washington

City of Weiser

Registration District No. 86

Primary Registration District No. 10.0

Local Registrar's No. 26

(No. 742) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M. Clark

(a) Residence. No. Midvale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Eva Clark

6. DATE OF BIRTH (month, day, and year) Sept 1 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Wm P Clark

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Mary Edson

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Herbert Clark Midvale Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Date Dec 7, 1933

19. UNDERTAKER (Address) [illegible]

20. FILED Dec 6, 1933. H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 3, 1933

I last saw him alive on Dec 3, 1933: death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) H. R. Hamilton, M. D.

(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86812

PLACE OF DEATH
County of Washington
City of Weiser
Registration District No. 8
Primary Registration District No. 2012
Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Henry Bitner

(a) Residence. No. Midvale St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Bitner

6. DATE OF BIRTH (month, day, and year) Sept 7 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Garage Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Joseph Bitner

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Mary Jane Hopkins

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMENT (Address) Mrs Frances Bitner Midvale Ida

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Ida Date , 193

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Dec 8, 1933 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Nov. 30, 1933
I last saw him alive on Nov. 30, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Illness	27
Other contributory causes of importance:	

Name of operation Laparotomy Date of 11-29-33
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. A. Schmuck, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 12 1933

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86813

Registration District No. 86

Primary Registration District No. 1010

Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dow Carlos Griffith

(a) Residence. No. 502 E Court St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ills.

FATHER

13. NAME John J Griffith

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Nancy Despenes

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMENT (Address) Ida A. Hancock Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date ....., 193

19. UNDERTAKER (Address)

20. FILED Dec 8, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Nov. 29, 1933.

I last saw h— alive on Nov 29, 1933.; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance: senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F A Schmidt, M. D.

(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
State File No. 86814

Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Catherine Booth 44

(a) Residence. No. 805 E Commt St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles Booth

6. DATE OF BIRTH (month, day, and year) Jan 28, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME John Swanton
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret Kay
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Charles Booth Weiser Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Cem Date 11 27, 1933

19. UNDERTAKER (Address) L. C. Hoffman Weiser Idaho

20. FILED Dec 9, 1933 H. P. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Nov. 24, 1933
I last saw h. alive on Nov 24, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify
(Signed) W. W. Marshall, M. D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED NOV 30 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86815

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lillian May Marks,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 24 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Council Ida
(State or country)

FATHER

13. NAME Lester Marks

14. BIRTHPLACE (city or town) Council Ida
(State or country)

MOTHER

15. MAIDEN NAME Mona Estes

16. BIRTHPLACE (city or town) Moscow Ida
(State or country)

17. INFORMENT Mrs. Mona Marks
(Address) Council Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Brick City Cem Date Nov 25, 1933

19. UNDERTAKER Hurlburn
(Address)

20. FILED 11-29-33, 1933 Dr. H. F. Whiteman, Coroner, Cambridge, Idaho. Registrar.

11-27-33

DR. H. F. WHITEMAN
CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1933, to Oct. 23, 1933

I last saw her alive on Oct 23, 1933: death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera Infantum	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Hurst M.D., M. D.

(Address) Cambridge

RECEIVED NOV 22 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86816

PLACE OF DEATH

County of Washington

City of Midvale

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hattie Emily Paradee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) May 1 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson Iowa

FATHER

13. NAME Nathan Maynard

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Messinger

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Chas M Paradee Nia Ore

18. BURIAL, CREMATION, OR REMOVAL Place Midvale Ida Date Oct 23, 1933

19. UNDERTAKER J A Fiedler
(Address) Cambridge Ida

20. FILED 11-13-33, 1933 WHITEMAN BRIDGE, IDAHO Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 -, 1933, to Oct 21 -, 1933

I last saw her alive on Oct 21 -, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Hemiplegia: Paralysis	

Other contributory causes of importance:

senility	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr F A Schmidt, M. D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED OCT 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86817

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 14
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Ellen Benson.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 12, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho.
(State or country)

PARENTS

10. NAME OF FATHER Clarence Benson
11. BIRTHPLACE OF FATHER (city or town) Idaho.
(State or Country)
12. MAIDEN NAME OF MOTHER Mattie Bird
13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or County)

14. Informant Clarence Benson.
(Address)

15. Filed Oct 12, 1933. H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 12 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Oct 12, 1933,
that I last saw him alive on Oct 12, 1933,
and that death occurred, on the date stated above, at 3:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Premature Birth
at 7 months

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Dr. R. Hamilton, M. D.
Oct 12, 1933 (Address) Weiser, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Weiser Idaho	Oct 13, 1933
20. Undertaker L. O. Northam	Address Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86818

PLACE OF DEATH
County of Wash
City of Weiser

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 22
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

154

2. FULL NAME Mrs Ella Binford
(a) Residence. No. Weiser Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of C. L. Binford decand

6. DATE OF BIRTH (month, day and year) Oct 16 1874

7. AGE Years 59 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER John Morris
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio
12. MAIDEN NAME OF MOTHER Indiana White
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind

14. Informant (Address) Ollie Morris Smith Weiser Ida

15. Filed Nov 15, 1933 H. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1933, to Nov 8, 1933
that I last saw her alive on Nov 8, 1933
and that death occurred, on the date stated above, at 6:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Eczema

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) R. McCoat M.D.
11-13, 1933 (Address) Weiser Ida

19. Place of Burial, Cremation, or Removal Hill Crest Weiser Ida
Date of Burial Nov 12 1933
20. Undertaker Northam & I. H. Ledair
Address Weiser

86819 ✓

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86819

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. ~~[illegible]~~ 323

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edwin William Hight.

(a) Residence. No. 1413. N. 18 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Addie. I. Hight.

6. DATE OF BIRTH (month, day, and year) Oct. 3.1884.

7. AGE Years 49 Months 2 Days 12. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, [illegible] mill, bank, etc. Owner of Business.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER

13. NAME Lewis Cass Hight.

14. BIRTHPLACE (city or town) (State or country) Michigan.

MOTHER

15. MAIDEN NAME Eliza. A. Goodwin.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs. Addie. I. Hight. 1413. N. 18 th Street.

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell, Idaho. Dec Date 12/18/33 1933.

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 12-18, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15/33 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

Shock. Fractured L. Leg Fractured Left thigh Fractured R thigh Skull fracture

Date of onset

Other contributory causes of importance:

Auto. Collision 12/15/30

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to exter'l causes (violence) all in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred. A. Pettersey Jr., M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86820

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 109

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur W. Confer

(a) Residence. No. 401 S. 10th Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 17, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

FATHER

13. NAME Loyd Confer

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Nancie Wood

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT Doris M. Crawforth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem. Date 12/20/33

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-20, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1933, to December 18, 1933

I last saw him alive on December 18, 1933; death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, severe,	
severe, far advanced with	
cavitation and mixed lesions;	
Myocarditis, toxic, chr. severe	

Other contributory causes of importance:

Arteriosclerosis, coronary and	
aortic, severe; Nephritis, chr.	
parenchymatous, toxic	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) N. C. TRAUBA M. D.

(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86821

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 110

(No.) Veterans Administration Facility, Boise, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Berl H. Thorp

(a) Residence. No. 1119 No. 12th Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Doris M. Crawforth V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill, Caldwell Date 12/21/33 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-20, 193 3 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 193 3

22. I HEREBY CERTIFY, That I attended deceased from July 16, 193 3, to December 18, 193 3

I last saw him alive on December 18, 193 3 death is said to have occurred on the date stated above, at 10:00 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chr. active, far advanced with large cavities;	
Myocarditis, chr. toxic, severe;	
Tuberculosis, cecum & ileum, mod. with ulceration	

Other contributory causes of importance:

Hepatitis, toxic, chr. severe;
Splenitis, toxic, chr. severe;
Nephritis, chr. parenchymatous, severe.

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) N. C. TRAUBA, M. D.

(Address) V.A. Facility, Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8 5 22

DO NOT WRITE IN THIS SPACE
State File No. 36822

City of Boise
Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 108

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James W. Shields

(a) Residence. No. 511 Jefferson Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or WIFE of) Mrs. Nana A. Shields

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Asst. Adj. Gen. GAR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Dept. of Idaho

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME Joseph Shields.

14. BIRTHPLACE (city or town)
(State or country) Unknown.

MOTHER

15. MAIDEN NAME Geulena Puckett.

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT Doris M. Crawfroth
(Address) V.A., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Dec 20, 1932

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 12-19, 1932 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1932 to December 17, 1932

I last saw him alive on December 17, 1932: death is said to have occurred on the date stated above, at 4:35p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Principal cause- Uremia	
Related causes of importance:	
Nephritis, parenchymatous, subacute	
Cystitis, severe; Prostatitis, chr.;	
Hypostatic pneumonia (Lobar)	
Other contributory causes of importance:	
Cirrhosis, liver, severe;	
Cholecystitis, chronic;	
Cholelithiasis	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193.

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. C. SMITH, M. D.

(Address) V.A., Boise, Idaho

86823

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of Boise.

DO NOT WRITE IN THIS SPACE

State File No. 86823

Registration District No. 2

Primary Registration District No. 2004 Local Registrar's No. 111

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Nelson.

(a) Residence. No. 6 Miles North West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Albert Nelson.

6. DATE OF BIRTH (month, day, and year) April.14.1874.

7. AGE Years 59 Months 8 Days 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Albert Nelson. R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Thor Iowa. Date Dec. 21 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/19/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/18/, 1932, to 12/18/33, 193..

I last saw h[illegible]alive on 11/10/, 1933: death is said to have occurred on the date stated above, at 1155 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Jan. 32.

Other contributory causes of importance:

Metastatic Carcinoma	
Lung	May 1933.
Auricular Fibrillation	1930.

Name of operation Pascal of Breast Date of March 1930.

What test confirmed diagnosis? Microscopic Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Ernest E. [illegible], M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

86824

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 86824

Local Registrar's No. 10 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest W. Hobbs

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mabel Hobbs

6. DATE OF BIRTH (month, day, and year) March 14th, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Groves Idaho.

FATHER

13. NAME William H. Hobbs

14. BIRTHPLACE (city or town) (State or country) Tooele, Utah

MOTHER

15. MAIDEN NAME Mary L. Hathaway

16. BIRTHPLACE (city or town) (State or country) North Ogden, Utah

17. INFORMENT (Address) Mrs. Ernest Hobbs St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Wilford Date , 193

19. UNDERTAKER T. M. Hansen

(Address) St. Anthony, Idaho.

20. FILED Dec. 5th, 1933 Sarah Munk
(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 3 193 3

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3rd, 193 3, to Dec. 3rd, 193 3

I last saw him alive on Dec. 3rd, 193 3; death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck	
Hemorrhage from mouth & nose	

Other contributory causes of importance:

Crushing injuries

Name of operation — Date of

What test confirmed diagnosis? accident Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Dec 3 193 3

Where did injury occur? Teton, Fremont Co. Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public street

Manner of injury Struck by truck

Nature of injury Crushing injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Idaho

[redacted]

City of Rupert

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl P Owens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 20

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tennessee
(State or country)

FATHER

13. NAME Lee Owen

14. BIRTHPLACE (city or town) Tennessee
(State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMENT Elvin Thorp
(Address) 1425 Cook St Denver

18. BURIAL, CREMATION, OR REMOVAL Rupert
Place ..... Date Dec 5 1933

19. UNDERTAKER W. G. Goodman
(Address) Rupert Idaho

20. FILED Dec 30, 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933 to Dec 2, 1933

I last saw him alive on Dec 2, 1933: death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis	

Other contributory causes of importance:

Hypostatic pneumonia
Nephritis

Name of operation Appendectomy Date of Nov 20

What test confirmed diagnosis? Palpation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fayre H. Konagy, M. D.

(Address) Rupert Ida

MARG[redacted] BINDING

N. B.—WRITE PLAINLY, WITH UN[redacted] A PERMANENT RECORD. Eve[redacted] information should be carefully sup[redacted]ated EXACTLY. PHYSICIANS sh[redacted] CAUSE OF DEATH in plain term[redacted]erly classified. Exact statement [redacted]PATION is very important. See in[redacted]rtificate.

RECEIVED JAN 2 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86826

County of Shoshone
City of Wallace
Registration District No.
Primary Registration District No.
Local Registrar's No. 242

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

32

2. FULL NAME Lawrence H. Graham

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Hazel Graham
6. DATE OF BIRTH (month, day, and year): Sept X
7. AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Auto Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Sunset Mers Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Seattle Wash

FATHER
13. NAME: Patrick H. Graham
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Carr
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMENT (Address): Norbert John Graham Seattle Wash
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Wallace Date: Dec 15 1933.
19. UNDERTAKER (Address): By Morstell Wallace Ida
20. FILED: Dec 14, 1933 C A Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-11-33 193
22. I HEREBY CERTIFY, That I attended deceased from 10-7-33, 193, to 12-11-33 193
I last saw him alive on 12-11-33 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	
Tuberculosis of genital tract	

Other contributory causes of importance:

Hemorrhage due to injury sustained 9-30-1933	

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm T. Smith M. D.
(Address) Wallace, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

86827

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
86827
State File No.....

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 234
(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Stears

(a) Residence. No. 371 - West - 18th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Monta Stears
6. DATE OF BIRTH (month, day and year): Dec 21, 1884
7. AGE: Years: 49; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: C. W. S.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

FATHER
13. NAME: Elijah Stears
14. BIRTHPLACE (city or town) (State or country): United States

MOTHER
15. MAIDEN NAME: Marion Blazzard
16. BIRTHPLACE (city or town) (State or country): United States

17. INFORMANT (Address): Ley Stears Idaho Falls Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Idaho Falls Idaho Dec 31 1933
19. UNDERTAKER (Address): Jack T. Wood Idaho Falls Idaho
20. FILED 12/30, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 29 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 29, 1933
I last saw him alive on Dec 28, 1933; death is said to have occurred on the date stated above, at 4:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 21

Other **contributory causes** of importance:
Blood on Chest

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury, 193.
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury..... Crushed Chest
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify.....
(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86828

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 5

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence I. Rainey

41

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Iola Bowcutt Rainey

6. DATE OF BIRTH (month, day, and year) May 23rd. 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Auto. Mechanic

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Glen, Ida.

MOTHER FATHER

13. NAME D.W.Rainey

14. BIRTHPLACE (city or town) (State or country) Provo, Utah

15. MAIDEN NAME Janete Hanson,

16. BIRTHPLACE (city or town) (State or country) St. Charles, Idaho

17. INFORMANT O. J. Bracken
(Address) Logan, Utah

18. ~~BURIAL, CREMATION OR REMOVAL~~ Burial
Place Buhl Ida. Date Jan. 3 193 4

19. UNDERTAKER Evans & Johnson
(Address) Buhl, Ida. L. J. Johnson

20. FILED Jan. 8, 193 4 Geo. C. Hadley, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 31 193 3

22. I HEREBY CERTIFY, That I attended deceased from 12/27/.., 1933.., to 12/31....., 1933..
I last saw him alive on 12/31.., 193.3: death is said to have occurred on the date stated above, at 2..P.,..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic septicemia	about Dec. 25, '33
Other **contributory causes** of importance:	
Alleged injury to right upper lip	Dec. 23, '33

Name of operation none Date of ..
What test confirmed diagnosis? Blood culture, history & clinic Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Alleged accident Date of injury, 193..12/23 3
Where did injury occur? Shark's Garage, Buhl, Idaho
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In industry
Manner of injury while working under car
Nature of injury struck face.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify alleged to have occured while at work

(Signed) Chas. Wetherbee, M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86829

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 112

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MARIANO, John C.

(a) Residence. No. 547 N. 6th St., Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Veriane Augusta Nielsen

6. DATE OF BIRTH (month, day, and year) May 6, 1892

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
41	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Boiler maker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** R.R.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cumberland
(State or country) Wisconsin

FATHER

13. NAME Vingenso Mariano

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Pasquela Chelo

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Fern Birch
(Address) V.A.Facility, Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Shipped
Place Pocatello Date 12/31/33

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 12-30 1933. W. H. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-30-33

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, ..., 193.3., to Dec. 30, 1933.., 193....

I last saw him alive on Dec. ...30 1933.: death is said to have occurred on the date stated above, at 4.00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonary, chronic	.....
active	.....
Terminal bronchial pneumonia	.....
.....	.....
.....	.....

Other **contributory causes** of importance:

Tuberculus knee, left;	.....
Th. Enteritis	.....
.....	.....

Name of operation Incision & Drainage of knee Date of 1166-33

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... M.D.
(Signed) ..AILEEN H. WALKER....., M. D.
(Address) V.A.Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86830

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 349

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Havlick

(a) Residence. No. 1806 Bannock St.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Havlick

6. DATE OF BIRTH (month, day, and year): 1865

7. AGE: Years: 65 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Austria.

17. INFORMANT (Address): Mrs. Gladys Giffin, Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 12/29/33

19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho

20. FILED 12-30, 1933. W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/26/33

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1933, to 12-24, 1933.

I last saw him alive on 12-24, 1933; death is said to have occurred on the date stated above, at 11:07 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of skull and hemorrhage of brain	

Other **contributory causes** of importance:

Name of operation: Decompression of Skull Date of: 12-24 operated

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury: 12/25, 1933
Where did injury occur? Boise, Ada Co, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: public place
Manner of injury: Automobile accident
Nature of injury: 2 legs broken, fract. skull with

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Geo. Callis, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86831

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 324

(No. 1512 N. 6th Street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Howell

(a) Residence. No. 1512 N. 6th Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Howell.

6. DATE OF BIRTH (month, day, and year): March 8th 1852

7. AGE: Years 81 | Months 9 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ky.

FATHER

13. NAME: Larkin Howell.

14. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER

15. MAIDEN NAME: Frazey Dye.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Mrs. Louisa Howell. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Cem. Date 12-20-33

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho

20. FILED 12-20, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15/33

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1933, to 12/11/33 193

I last saw him alive on 12/11, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	

Other **contributory causes** of importance:

Prostatic enlargement with retension + bladder distension

Name of operation ..... Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Fred A. Pittenger, M. D.

(Address) Boise, Idaho.

Stewart

JAN 11 1934

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86832

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 322

(No. 612 N. 17th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Guy Fitch Phelps

(a) Residence. No. Washington, D. C. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Phelps

6. DATE OF BIRTH (month, day, and year) November 21st 1872

7. AGE Years 61 Months 0 Days 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Author and

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lecturer.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coyville, Kan.

FATHER

13. NAME Mark Phelps.

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Naomi McDonald.

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. Frank Colthrop. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 12/18/33, 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 12-18 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15/33

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1933, to 12-15, 1933

I last saw him alive on Oct 6, 1933: death is said to have occurred on the date stated above, at 3:30 P.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7 or 8 yrs ago
Probably due to Coronary Sclerosis	

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** [illegible]
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Jamesh Stewart, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86833

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 321

(No. St. Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ida Alexander.

(a) Residence. No. Payette, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Earl Alexander.

6. DATE OF BIRTH (month, day, and year): November 22nd 1881.

7. AGE — Years: 52 | Months: 0 | Days: 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Holmesville, Ohio

FATHER

13. NAME: Charles Horner.

14. BIRTHPLACE (city or town) (State or country): Ohio.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Earl Alexander. Payette, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem Date 12-16-33

19. UNDERTAKER (Address): Wm. McBratney. Boise, Idaho

20. FILED 12-15-33 W. A. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 13, 1933.

I last saw her alive on Dec 13, 1933; death is said to have occurred on the date stated above, at 12:39 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 10 1933

Other **contributory causes** of importance:

Hysterectomy for Carcinoma of cervix.	

Name of operation Hysterectomy Vaginal Date of Dec 7 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Budge jr M.S., M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 86834
Local Registrar's No. 320

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank J. Miller

(a) Residence. No. 1806 Wash. St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Elizabeth Miller

6. DATE OF BIRTH (month, day, and year) 1871 about

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. up to his death

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not attainable

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) W. J. Schifferli Boise

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 12-13, 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 12-13, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-12 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to Dec 12, 1933
I last saw him alive on Dec 11, 1933; death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-7-33

Other contributory causes of importance:

Probably Arteriosclerosis & Chronic

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas V. Greenway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86835

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 3
Primary Registration District No. 1004
Local Registrar's No. 318

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Williams James Coughlin

(a) Residence. No. 1104 N. 18th St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Coughlin

6. DATE OF BIRTH (month, day, and year) Nov. 11- 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bus.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME William Coughlin

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Mary Kehoe

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Florence Coughlin 1104 N. 18th St. Boise

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Johns Date 12-4- 1933

19. UNDERTAKER Schreiber & McCann (Address) Boise, Idaho

20. FILED 12-12, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1 33, 193..., to 12-2, 1933
I last saw him alive on 12-2, 1933; death is said to have occurred on the date stated above, at 3-15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenical poisoning	12-1-33

Other contributory causes of importance:

Name of operation Laboratory test Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? not determined Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) D. O. Hamilton, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86836

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 317

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Raymond Cole.

(a) Residence. No. Meridian. Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 6.1933.

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER

13. NAME Raymond Cole.

14. BIRTHPLACE (city or town) Weiser, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Lelia Hanson.

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMENT (Address) Raymond Cole. R.D. # 2. Meridian, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery. Date Dec. 7. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-9, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-7 1933

22. I HEREBY CERTIFY, That I attended deceased from December 6th, 1933, to December 7, 1933

I last saw him alive on Dec. 6 th, 1933: death is said to have occurred on the date stated above, at 12.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
in 6th month of	
gestation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Evans, M. D.

(Address) Meridian

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86837

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 316

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Donaldson

(a) Residence. No. Barber, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year): December 6th 1933

7. AGE — Years: 0 — Months: 0 — Days: — If LESS than 1 day 24 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country): Boise, Idaho.

FATHER

13. NAME: Lawrence P. Donaldson

14. BIRTHPLACE (city or town). (State or country): Canada.

MOTHER

15. MAIDEN NAME: Alice B. Harryman.

16. BIRTHPLACE (city or town). (State or country): Kansas.

17. INFORMANT (Address): L. P. Donaldson, Barber, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cem. Date: 12/9/33

19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho

20. FILED 12-9, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/8/33

22. I HEREBY CERTIFY, That I attended deceased from 12-7-, 1933, to 12-8-, 1933.

I last saw her alive on 12-8-, 1933; death is said to have occurred on the date stated above, at 10:48 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Probably due to malforma-	
tion	
Other **contributory causes** of importance:	
Premature Birth	

Name of operation: None Date of:

What test confirmed diagnosis?: —. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. Callaway, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86838

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 315

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Ora Belle Richardson

(a) Residence. No. Bly Midale, Mo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17

7. AGE: Years 59 | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Hw
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Andover, Mo.

FATHER
13. NAME Silas Hutton
14. BIRTHPLACE (city or town) (State or country) Bedford, Ind

MOTHER
15. MAIDEN NAME Ann Graham
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Florence Whittig, Meridian, Route 2

18. BURIAL, CREMATION, OR REMOVAL Place Blymidale, Mo. Date 12-10-33

19. UNDERTAKER (Address) W. S. Mateer, Meridian, Idaho

20. FILED 12-9, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1933, to 12-9, 1933
I last saw her alive on 12-8, 1933; death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	15 yrs
Toxic Myocarditis	unknown

Other contributory causes of importance:
Cerebral Embolus - auricular fibrillation

Name of operation no Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ✓
(Signed) Richard D. Simonton, M. D.
(Address) Boise Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86839

PLACE OF DEATH
County of Ada
City of Near Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 314

(No. Idaho State Soldiers Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Washington Musser

(a) Residence. No. Soldiers Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 81			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Adam Musser
14. BIRTHPLACE (city or town) (State or country) don't Know

MOTHER
15. MAIDEN NAME don't Know
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) J. M. Musser Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 12/2/33

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 12-5, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/30/33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Nov 30, 1933
I last saw him alive on Nov 27, 1933 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Pneumonia Lobar	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arterio-Sclerosis	
Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank C. Thompkins, M. D.
(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86840

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 313

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

111a

2. FULL NAME William James Bothwell

(a) Residence. No. ..... St. McCall Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 28 1871

7. AGE Years 62 Months 6 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durham
(State or country) Ontairo. Canada

FATHER
13. NAME Stewart Bothwell
14. BIRTHPLACE (city or town) County Cavan
(State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Simpson
16. BIRTHPLACE (city or town) County Leeds
(State or country) Ontairo Canada

17. INFORMENT (Address) Thos Bothwell
Islay Alberta Can

18. BURIAL, CREMATION, OR REMOVAL
Place McCall Date ....., 193

19. UNDERTAKER (Address) Schreiber & McCann
Boise

20. FILED ~~11-24~~ 12-5, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Nov 22, 1933
I last saw h..... alive on Nov 22, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated ~~Gastric~~	
① Ulcer, Posterior wall	
② Abscess Lesser peritonial cavity	

Other contributory causes of importance:
General Exhaustion

Name of operation Exploratory Section Date of 11/10/33
What test confirmed diagnosis? Clinical Was there an autopsy? [illegible]

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86841

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 312

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Magni. Swanstrom.

(a) Residence. No. 724. Mc Kinley Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Carolina Swanstrom.

6. DATE OF BIRTH (month, day, and year) June. 15.1866.

7. AGE Years 67 Months 5 Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peter Johnson.
14. BIRTHPLACE (city or town) (State or country) Sweden. unknown

MOTHER
15. MAIDEN NAME Gunella Samuelson.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMENT (Address) Mrs. Carolina Swanstrom. 724. Mc Kinley Ave. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Dec. 5.1933.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-4, 1933 W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec.1. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Dec 1st, 1933
I last saw him alive on Dec 1st, 1933; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
complete paralysis	
lived only 2 hours	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86842

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 311

(No. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Milan Laplin

(a) Residence. No. Goodman St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Laplin

6. DATE OF BIRTH (month, day, and year) March 16-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheep

10. Date deceased last worked at this occupation (month and year) the spring

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible] Ohio

FATHER

13. NAME John Laplin

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Anna Lovegren

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Laplin Nampa Ida R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date 11-22, 1933 Morris Hill

19. UNDERTAKER (Address) Schreiber & McLaren Boise Idaho

20. FILED 12-1, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov-19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-16, 1933, to Nov 19, 1933.

I last saw him alive on Nov 19, 1933: death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Other contributory causes of importance: Nephritis.	

Name of operation Laparotomy Date of 11/18/33

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Attorney, M. D.

(Address) Boise Idaho

Forney

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86843

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 310

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. John Warren Cannon.

(a) Residence. No. Boise, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie D. Cannon.

6. DATE OF BIRTH (month, day, and year) April 15th 1849

7. AGE Years 84 Months 7 Days 11 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Medical Doctor.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carthage, Ill.

FATHER

13. NAME John Cannon.

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Elizabeth Gibson.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. John A. Frater. Seattle, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem Date 11/28/33

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho

20. FILED 12-1, 193 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26/33

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1933, to Nov. 26, 1933

I last saw him alive on Nov. 26, 1933: death is said to have occurred on the date stated above, at 2:30 P.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 24. 1933
Partial Hemiplegia + Bulbar Paralysis	

Other **contributory causes** of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) James H. Stewart, M. D.
(Address) Boise, Idaho.

RECEIVED JAN 6 1934

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86844

Registration District No. 9+10

Primary Registration District No. 9+10 Local Registrar's No. 113

(No. Eagle, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mrs. Mary Anna Feagle

(a) Residence. No. Eagle, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Feagle.

6. DATE OF BIRTH (month, day, and year): May 8th 1854

7. AGE: 79 Years, Months: 7, Days: 10. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia.

FATHER

13. NAME: Isaac Carper.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Betsie Hayney.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Mrs. Lula Holt, Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Cem. Date: 12/21/33

19. UNDERTAKER (Address): Wm. McBratney, Boise, Idaho.

20. FILED 12-19, 1933 Grace Jackson Registrar
Eagle Ida.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/18/33

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1933, to 12-18, 1933.

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Callaway, M. D.

(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

✓ Simonton

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86845

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 359

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Robb 90

(a) Residence. No. Cascade, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 1, 1920

7. AGE: Years 13 Months 4 Days 25 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** in school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

FATHER

13. NAME: Forest Robb

14. BIRTHPLACE (city or town) (State or country): Boise Idaho

MOTHER

15. MAIDEN NAME: Dora Montgomery

16. BIRTHPLACE (city or town) (State or country): St. Joseph Mo.

17. INFORMANT (Address): Forest Robb Cascade, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade, Idaho Date 12/28, 1933

19. UNDERTAKER (Address): Wm. McBratney Boise, Idaho

20. FILED 12-27 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1933, to 12-26, 1933

I last saw him alive on 12-26-33 1933: death is said to have occurred on the date stated above, at 4:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2-3 yrs
Endocarditis -	
Anasarca -	6 mo
Other **contributory causes** of importance:	
Bronchial Pneumonia	24 hrs

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury.., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Richard J. Simonton, M. D.

(Address) Boise Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86846

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 338

(No. St. Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. Wines

(a) Residence. No. Meridian St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX X male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara Wines

6. DATE OF BIRTH (month, day, and year) July 16, 1873

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec 24, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lamoille Nevada

FATHER

13. NAME Albert Wines

14. BIRTHPLACE (city or town) (State or country) Terre Haute Indiana

MOTHER

15. MAIDEN NAME Mary Graeman

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Zada L. Wines

18. BURIAL, CREMATION OR REMOVAL

Place Meridian Date Dec 29 1933

19. UNDERTAKER (Address) W. S. Mature Meridian

20. FILED 12-27, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1933, to December 26, 1933.

I last saw him alive on Dec. 26, 1933: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Dec. 24th 1933

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Evans M. D.

(Address) Meridian, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86847

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 337

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Rogers

(a) Residence. No. 8 mi. So. of Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. F. Rogers

6. DATE OF BIRTH (month, day, and year): July 12, 1880

7. AGE Years: 53 Months: 5 Days: 10 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Winona, Minn.

FATHER

13. NAME Adam Doublesteen

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): J. F. Rogers Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL Place Nampa, Ida. Date 12-24 1933

19. UNDERTAKER (Address): F. K. Robinson Nampa Idaho

20. FILED 12-26 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22/33 193

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1933, to 12/22, 1933.

I last saw her alive on 12/22, 1933: death is said to have occurred on the date stated above, at 4:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	12/22/33

Other **contributory causes** of importance:

Inoperable Carcinoma Probably Primary — left ovary — Exploratory Separation section

Name of operation Date of 12/22/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Alfred Busby Jr M.D., M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

West ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86848

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 356

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Thomas. W. Galigher.

(a) Residence. No. 915. N. 21. Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie. T. Galigher.

6. DATE OF BIRTH (month, day, and year) Mar. 16. 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mining Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) T.W. Galigher, Jr. 915. N. 21. St. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery. Date Dec. 26, 1933.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-26 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1933, to Death, 1933

I last saw him alive on 12-23, 1933: death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer L. Kidney	Approx.
with	Jan. 1933.
generalized metastases.	

Other contributory causes of importance:

None.

Name of operation None. Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. West, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

West.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86849

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 335

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Baby Hessing

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year): December 24th 1933.

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boise, Idaho.

FATHER

13. NAME: Clarence Hessing.

14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER

15. MAIDEN NAME: Alleen Bybee.

16. BIRTHPLACE (city or town) (State or country): Idaho.

17. INFORMANT: Clarence Hessing.
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 12/24/33, 193..

19. UNDERTAKER: Wm. McBratney
(Address) Boise, Idaho

20. FILED 12-26, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24/33

22. I HEREBY CERTIFY, That I attended deceased from ...Birth....., 193...., to ....., 193....
I last saw h. im alive on 12-24, 193.3: death is said to have occurred on the date stated above, at 10:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
6½ mos gestation	
Other **contributory causes** of importance:	
Pulmonary congenital atelectasis.	

Name of operation None Date of.....
What test confirmed diagnosis? Physical findings Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) L. J. West, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86850

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 334
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number.)

128

2. FULL NAME Walter Myers Elwood

(a) Residence. No. Wilder St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 27" 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Delaware Co. New York

FATHER
13. NAME Charles S Elwood.
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Elsie Hitt
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMENT (Address) Effie M Elwood Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Dec. 17 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 12-26 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/14/33, 193, to 12/15, 1933
I last saw him alive on 12/15, 1933 death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	6/1/33
Hypertensia	
Myocardial Degeneration	

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. B. Evans Lomb, M.D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86851

PLACE OF DEATH
County of Ada.
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 353

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John William Stephenson.

(a) Residence. No. 924. Fort Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of Flora Stephenson.

6. DATE OF BIRTH (month, day, and year) Nov. 22. 1881.

7. AGE Years 52 Months 1. Days 00 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Terry Stephenson.
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Pernetta Hibbs.
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) Mrs. Neata White 924 Fort

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell. Idaho Date 12-23 1933

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-23, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-18-, 1933, to 12-22, 1933

I last saw him alive on 12-22, 1933: death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Endocarditis - Aortic
Mitral
= Cardiac Failure

Date of onset: Unknown of several years duration

Other contributory causes of importance:
Anasarca

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Bruce C. Budge, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Calloway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86852

PLACE OF DEATH
County of Boise
City of Ada

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 332
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Frank Emmett Ward
(a) Residence. No. St. Barber Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Nettie Ward
6. DATE OF BIRTH (month, day, and year) May 18 1870
7. AGE Years 63 Months 7 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennslyvania

FATHER
13. NAME William Ward
14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER
15. MAIDEN NAME Mary Sloan
16. BIRTHPLACE (city or town) (State or country) Pennslyvania

17. INFORMENT (Address) William Ward Barber Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Dec. 22 1933
19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho
20. FILED 12-22, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-19- 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933, to Dec. 19, 1933
I last saw him alive on Dec 19, 1933: death is said to have occurred on the date stated ~~above~~ about, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Calloway, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul ate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86853

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 351
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Campbell Shellworth
(a) Residence. No. 1513 Hays St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julius F. Shellworth
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 76 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Commanche (State or country) Commanche Texas

FATHER
13. NAME Charles C. Campbell
14. BIRTHPLACE (city or town) (State or country) Jefferson County Texas

MOTHER
15. MAIDEN NAME Julia Rathbath
16. BIRTHPLACE (city or town) Beaumont (State or country) Jefferson Co Texas

17. INFORMENT (Address) H. G. Shellworth Boise Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Boise Ida. Date 12-12, 1933 Morris Hill
19. UNDERTAKER Schreiber & McLean (Address) Boise Ida.
20. FILED 12-22, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/10 1933
22. I HEREBY CERTIFY, That I attended deceased from 1/12/33, 193..., to 12/10/33, 193...
I last saw h alive on 12/10/33, 193.. death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arteriosclerosis	1932
Other contributory causes of importance: Bronchio-pneumonia	12/7/33

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. B. Evans M. D.
(Address) Boise Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 86854
Local Registrar's No. 350

1. PLACE OF DEATH

County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 8th St. Dukes St.)

2. FULL NAME Emma Sofia Anderson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
fem	white	widow

6. DATE OF BIRTH Dec (Month) 10 (Day) 1877 (Year)

7. AGE 56 Yrs. Mos. 9 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Sweeden

10. NAME OF Father Not known

11. BIRTHPLACE OF FATHER (State or Country) Sweeden

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (State or Country) Sweeden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Victor Anderson
(Address) Emmett Idaho

15. Filed 12-21 1933 W. H. Rhoden Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 19 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/28/ 1933 to 12/19/ 1933 that I last saw h-- alive on 12/18/33 19..., and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
(1) Hyperthyroidism (Adenoma)
(2) Auricular Fibrillation incl
Cardiac Decompensation.
(Duration) 1 yrs. mos. ds.
Contributory (Secondary) Diabetes Mellitus
(Duration) (?) yrs. mos. ds.

(Signed) Ernest E. Yarbrough M. D.
12/21/1933 (Address) Boise, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...days. In the State ...yrs...mos...ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett Idaho
DATE OF BURIAL Dec 21 1933
UNDERTAKER C. Buckman
ADDRESS Emmett Idaho

WARNING—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

J. Beach ✓

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86855

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 329

(No. St. Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Marion White.

(a) Residence. No. Boise, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER

13. NAME Joseph White.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Nellie Bringham
(Address) Eagle Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-23 1933

19. UNDERTAKER Wm. McBratney.
(Address) Boise, Idaho.

20. FILED 12-21, 1933. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19/33

22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1933, to 12-19-, 1933.

I last saw him alive on 12-19-1933; death is said to have occurred on the date stated above, at 10½ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dropsy caused	
by Valvular Heart	
Disease caused	
by Senility	
Other **contributory causes** of importance:	
Emaciated for	
years - Digestion	
poor for some time.	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hall Booth M. D.

(Address) Boise, Idaho.

976

Laufaugh

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86856

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 328

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cora Luella Cagle.

(a) Residence. No. 7 ½. Miles South West of Boise.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Resided in State 17 years.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. COLOR OR RACE White.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William. F. Cagle.

6. DATE OF BIRTH (month, day, and year) July. 21.1875.

7. AGE Years 58 Months 4 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carthidge Mo.

FATHER

13. NAME Noah Myers.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Mary Ann Early.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) William. F. Cagle. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Gooding, Idaho. Date Dec. 21.1933., 193

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 12-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/19/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/21/, 1931, to 12/19/33, 193

I last saw her alive on 12/19/, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Sigmoid	Oct. 33.
Other contributory causes of importance: Diabetes mellitus	1921

Name of operation Exploratory Date of 12/12/33

What test confirmed diagnosis? Was there an autopsy? Dev.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest E. Laufaugh, M. D.

(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1934

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86857

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 327

(No. 1010 Resseguie.)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Elwyn Dean Hawk.

(a) Residence. No. 1010 Resseguie Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adelaide Hawk

6. DATE OF BIRTH (month, day, and year) December 3rd 1908

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
25	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Creamary Owner.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Matoma, Kan.
(State or country)

FATHER

13. NAME Arthur E. Hawk.

14. BIRTHPLACE (city or town)
(State or country) Plainbille, Kans.

MOTHER

15. MAIDEN NAME Lena Blanche Hill

16. BIRTHPLACE (city or town)
(State or country) Kans.

17. INFORMANT A. E. Hawk.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 12/22/33.

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho.

20. FILED 12-21, 1933. W. H. Rhoden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20/33

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193.., to ....., 193..
~~I last saw him alive on ....., 193..~~ ; death is said to have occurred on the date stated above, at 1 A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage into cyst left cerebellum	
Pneumonia cyst.	

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis? autopsy. Was there an autopsy? Yes.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) L. F. West, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Pillenger

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86858

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 319
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ida Elizabeth Grant

(a) Residence. No. 1118 Lemp St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Edward Grant

6. DATE OF BIRTH (month, day, and year) Aug 31 1876

7. AGE Years 57 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silver Cty Idaho

FATHER
13. NAME William Gabriel
14. BIRTHPLACE (city or town) (State or country) Alsace-Lorain France

MOTHER
15. MAIDEN NAME Catherine Spece
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Edward Grant 1118 Lemp St. Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Date 12/7/33 193

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 12-12, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 4, 1933
I last saw her alive on Dec 4, 1933: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Shock following op. for a 40 lb Dermoid Cyst.

Other contributory causes of importance:

Shock 24 hrs following op

Name of operation Removal Dermoid Cyst 12/3/33
What test confirmed diagnosis? Chemical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Pillenger, M. D.
(Address) Boise Id

RECEIVED JAN 11 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86859

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 326

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

101

2. FULL NAME Mrs. Myrtie Finch.

(a) Residence. No. Boise, Idaho. Route #5. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Finch

6. DATE OF BIRTH (month, day, and year) March 11th 1880

7. AGE Years 53 Months 9 Days 8 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plainville, Kan.

FATHER

13. NAME George Giggey.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Alice Parker.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) W. H. Finch. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 12-22 33, 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 12-21, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933, to Dec 19, 1933

I last saw her alive on Dec 19, 1933; death is said to have occurred on the date stated above, at 9:45 A.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Budge E. Jr. M.D., M. D.

(Address) Boise, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Stewart ✓

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86860

PLACE OF DEATH

County of Ada

City of Boise.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 325

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Elizabeth Hiatt.

(a) Residence. No. 3 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elvin. A. Hiatt.

6. DATE OF BIRTH (month, day, and year) March. 21. 1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manchester
(State or country) England.

FATHER

13. NAME John Harvey.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town)
(State or country) Unknown.

17. INFORMENT Elvin, A. Hiatt.
(Address) R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cemetery. Date Dec. 21. 1933

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-20, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/7/24, 193..., to Dec 19, 1933
I last saw h... alive on Dec 19, 193.: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Pneumonia	Dec 10 1933
Other contributory causes of importance: Gastric Ulcer	1928. 5 years

Name of operation Resection of Gastric Ulcer Date of 12/8/33
What test confirmed diagnosis? Operation findings & X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) James L. Stewart, M. D.
(Address) Boise Idaho

RECEIVED JAN 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86861

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 113

(No. Boise, Idaho. Route # 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Johanna Stunz.

(a) Residence. No. Boise, Idaho. Route # 5 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Stunz.

6. DATE OF BIRTH (month, day, and year) December 18th 1868

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Johanannes Wagner.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Amelia Stein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT August Stunz. (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 12/31/33

19. UNDERTAKER Wm. McBratney (Address) Boise, Idaho.

20. FILED 1-2-30, 1933. W. H. Rhoden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29/33

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1933, to Dec. 29th, 1933.

I last saw h.er alive on Dec 28 1933. death is said to have occurred on the date stated above, at 10½ a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

First Hemorrhage 12-18-33.
Second Hemorrhage 12-29-33
Sleeplessness

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Boutz M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

✓ Braxton

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86862

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 114

(No. Riverside Station)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Isaac Miller

(a) Residence. No. Riverside Station, Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Katherine

6. DATE OF BIRTH (month, day, and year)
July 7, 1858

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Marshalltown
(State or country) Iowa

MOTHER FATHER

13. NAME William T. Miller

14. BIRTHPLACE (city or town). Pa.
(State or country)

15. MAIDEN NAME Abigail Hockett

16. BIRTHPLACE (city or town). Ill.
(State or country)

17. INFORMANT Mrs. Mary Kathrine Miller
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/31, 1933

19. UNDERTAKER Wm. McBratney
(Address) Boise Idaho

20. FILED 12-30 1933 W. H. Roden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to Dec 28, 1933.
I last saw him alive on Dec 27 1933.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 27, '33
Other **contributory causes** of importance:	
Arteriosclerosis	4 years ago
Chronic Myocarditis	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Bratton M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86863

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 354

(No. St. Luke's Hospital 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emer N Corey

(a) Residence. No. ..... St. Riggins, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Abbie Corey.

6. DATE OF BIRTH (month, day, and year) Oct 9th

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bismark N. Dakota

FATHER

13. NAME Corey

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs. Abbie Corey

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 1-3, 1934

19. UNDERTAKER Wm. D. Talley (Address) Nampa, Idaho

20. FILED 12-31, 1933 W. N. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933, to Dec. 31, 1933

I last saw h[illegible] alive on Dec. 31, 1933; death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
18 months.	
Cardiac Vascular Renal Disease.	1932.

Other contributory causes of importance:
Intercostal Rheumatism.

Name of operation Hydrocoele. Date of Dec. 30.
What test confirmed diagnosis? Hydrocoele. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Howard T. Hokin, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86864

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 353
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Joseph Harding

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Williams Harding

6. DATE OF BIRTH (month, day, and year) June 6th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Cheif Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Dept. Public Welfare

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Williard
(State or country) Utah

FATHER

13. NAME George Harding

14. BIRTHPLACE (city or town) Weathersfield
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) Lampeter
(State or country) South Wales

17. INFORMENT (Address) Malad, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Date 1-4, 1934

19. UNDERTAKER Schreiber McCann
(Address) Boise Idaho

20. FILED 12-31, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 31, 1933

I last saw he alive on Dec 31, 1933; death is said to have occurred on the date stated above, at 8.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza 12/6/33	
Other contributory causes of importance:	
myocarditis with abd ascities.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. Busby & Sons, M. D.

(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86865

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 352

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Sontag

(a) Residence. No. Cabins 30 Spanish Town St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28-1855

7. AGE Years 78 Months 2 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation about 1924

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Walter W. Kadine 902 Krall St. Boise, Ida

18. BURIAL, CREMATION, OR REMOVAL St. Johns Place Boise Ida Date 12-19, 1933

19. UNDERTAKER (Address) Schreiber & Mr. Cause Boise, Ida

20. FILED 12-30, 1933 W H Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 15, 1933

I last saw him alive on Dec 15, 1933: death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	✓
Chr. pulmonary Hypostasis	✓
Other contributory causes of importance:	
~~[illegible]~~	
Acute cardiac decompensation	12-15-33

Name of operation No Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard D Simonton, M.D.

(Address) Boise Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 1934

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86866

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 351

(No. 803 N. 19th Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Samuel McConnel.

(a) Residence. No. 803 N. 19th St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aura McConnel.

6. DATE OF BIRTH (month, day, and year) February 11, 1860

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER

13. NAME William McConnel.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Nancy Graham.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT (Address) Elmer A. McConnel. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/1/34 193..

19. UNDERTAKER (Address) Wm. McBratney. Boise, Idaho.

20. FILED 12-30 193 3. W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/30/33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933., to Dec. 30, 193 3.
I last saw him alive on Dec. 29, 1933.: death is said to have occurred on the date stated above, at 2. A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway, M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86867

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 350

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louie Gas Lan

(a) Residence. No. 618 Front St. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Chinese
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Eng Shee

6. DATE OF BIRTH (month, day, and year) Jan 12-1863

7. AGE Years 70 Months 20 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hoy San Canton China

FATHER
13. NAME Louie Wee Jan
14. BIRTHPLACE (city or town) (State or country) Hoy San, Canton China

MOTHER
15. MAIDEN NAME Lee Shee
16. BIRTHPLACE (city or town) (State or country) Hoy San, Canton China

17. INFORMENT (Address) Harry W Fong Louie Wee

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address) Schreiber & McCann

20. FILED 12-30, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) On Or About Dec. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head Injuries with Blunt Instrument. And Knife Injuries In Throat. Carotid Artery Severed.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury ....., 193

Where did injury occur? Boise Ada Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In The Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86868

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 348

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Margaret Mary Burke

(a) Residence. No. 1409 N. 14th St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James Burke

6. DATE OF BIRTH (month, day, and year) May 20-1843

7. AGE Years 90 Months 7 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Hugh Hopkins
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Anna Needham
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Joseph B Burke Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise Date St. John's 12-28 1933

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 12-30, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-26 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~1932~~ ....., 193..., to ....., 193...
I last saw her alive on 12-26, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Geo Collish, M. D.
(Address) .....

— John Boeck —

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86869

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 347

(No. 708 Washington Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Frances E. Cox.

(a) Residence. No. 708 Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White.
5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. W. Cox.

6. DATE OF BIRTH (month, day, and year) November 14th 1860

7. AGE Years 73 Months 1 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Catherine Connley

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT (Address) J. W. Cox. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/24, 1933

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 12-28 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/23/33

22. I HEREBY CERTIFY, That I attended deceased from October 1st, 1933, to Dec 23d, 1933.
I last saw her alive on Dec 25, 1933: death is said to have occurred on the date stated above, at 7:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Flu - acute attack + ascitis - and anasarca	

Other **contributory causes** of importance:
anaemia and valvular heart lesions.

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) John Boeck M. D.
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86870

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 346

(No. St. Lukes Hospl)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Yipe Wong

(a) Residence. No. Barber Dam St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Chinese
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 35 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toy Lung (State or country) China

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) China

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) China

17. INFORMENT Lee Wong (Address) Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 12/27/33

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 12-28, 1933 W. F. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933, to Dec 23, 1933
I last saw him alive on Dec 23, 1933: death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/13/33

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Dedman, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86871

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 345
(No. Capitol Park)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John N. Strehle
(a) Residence. No. R D 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 81 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Strehle

6. DATE OF BIRTH (month, day, and year)

7. AGE 82 Years 7 Months 6 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Profenten
(State or country) Bavaria - Germany

FATHER
13. NAME Joseph Strehle
14. BIRTHPLACE (city or town) Kempten
(State or country) Bavaria - Germany

MOTHER
15. MAIDEN NAME Teresa Deng
16. BIRTHPLACE (city or town) Nesselwang
(State or country) Bavaria Germany

17. INFORMENT (Address) Informant D. W. [illegible] 1020 No 17 - Boise

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 12/26/33

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 12-28, 1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 - 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to Dec 22, 1933
I last saw him alive on Dec 20, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Hemorrhage	12/22/33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 12/22/1933
Where did injury occur? Boise, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury gunshot wound
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Geo Callrob, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Callaway ✓

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86872

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 344

(No. 1115 Lincoln Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

48

2. FULL NAME Daniel Reader Fruit

(a) Residence. No. 1115 Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. Color or Race White.

5. Single, Married, Widowed or Divorced (write the word) Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fruit.

6. DATE OF BIRTH (month, day, and year) December 20th 1845

7. AGE Years 88 Months 0 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams County, Ill.

FATHER

13. NAME Jesse Fruit

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Ellen Hollenbeck

16. BIRTHPLACE (city or town) (State or country) Quincy Ill.

17. INFORMANT (Address) Mrs. Ruby Whipple. Klamath Falls, Ore.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cem. Date 12/27, 1933

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 12-28, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24/33

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to 12-24, 1933.

I last saw him alive on 12-24, 1933: death is said to have occurred on the date stated above, at 10:55 m P M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epithelioma of the face involving the orbit	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Callaway, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86873

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 345

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Mrs) Abbie Brockway Wilkinson Spenny

(a) Residence. No. 1415 Warm Springs Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Cyrus Marion Spenny

6. DATE OF BIRTH (month, day, and year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	99	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waterloo, New York
(State or country)

FATHER

13. NAME James Madison Wilkinson

14. BIRTHPLACE (city or town) Lancaster County,
(State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Laura Rebecca Kinney

16. BIRTHPLACE (city or town) Hanover,
(State or country) New York.

17. INFORMENT Mrs. Jesse M. Jackson
(Address) 1415 Warm Springs Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Boise, Idaho Date 12/26, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 12-28-1933 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 23, 1933

I last saw her alive on Dec 22, 1933; death is said to have occurred on the date stated above, at 5.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left Lower Lobe	Dec 9
Other contributory causes of importance:	
Myocarditis	Dec 18

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. M. Grattan, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86874

PLACE OF DEATH

County of Ada.

City of Boise.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 342

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha S. Richardson.

(a) Residence. No. 2114. north 9th street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: A. Richardson.

6. DATE OF BIRTH (month, day, and year): Apr. 10. 1854.

7. AGE: Years 79 | Months 8 | Days 14. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Indiana.

FATHER

13. NAME: John Mc Thena.

14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): A. Richardson. 2114. N. 9 th Street.

18. BURIAL, CREMATION, OR REMOVAL
Place: Morris Hill Cemetery. Date: Dec. 28, 1933

19. UNDERTAKER (Address): Summers & Krebs. Boise, Idaho.

20. FILED 12-28, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1931, to Dec 24, 1933

I last saw her alive on Dec 24, 1933: death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage.	Sudden.

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arvey T. Nokes, M. D.

(Address) 309 Eastman Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Brayton. ✓

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86875

Registration District No. 3

Primary Registration District No. 1004

Local Registrar's No. 341

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Norwood.

(a) Residence. No. 1010 sherman street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Julia E. Norwood.

6. DATE OF BIRTH (month, day, and year) March. 21. 1856.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore.
(State or country) Maryland.

FATHER

13. NAME Jerome Norwood.

14. BIRTHPLACE (city or town) Baltimore.
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah Coran.

16. BIRTHPLACE (city or town) Baltimore.
(State or country) Maryland.

17. INFORMENT (Address) Julia E. Norwood. 1010. sherman street, Boise.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date Dec. 29, 193 3

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 12-28, 193 3 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27. 193 3

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 193 6, to Dec 27, 193 3

I last saw him alive on Dec 27, 193 3: death is said to have occurred on the date stated above, at 12.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Bronchitis, Otitis Media & Meningitis	Dec 12 1933

Other contributory causes of importance:

Arteriosclerosis Deformans 20yrs & Chronic Hypocarditis 4yrs	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) F. M. Brayton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 86876
Local Registrar's No. 340

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ludwig Stephan

(a) Residence. No. 1108 No 8th St St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Amelia Stephan

6. DATE OF BIRTH (month, day, and year) Apr. 13 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Proprietor Of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER
13. NAME Jacob Stephan
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Ernestina Frey
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) August J. Stephan Boise

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 12/27, 1933

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-28, 1933 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/24/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 193 3 to Dec 24, 193 3
I last saw h. alive on Dec 23, 193 3: death is said to have occurred on the date stated above, at 6 a m. Dec 24 1933
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis + Myocardial Degeneration	
Other contributory causes of importance: Edema of Lungs	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Wahle, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86877

PLACE OF DEATH
County of Adams
City of Indian Valley

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 59

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martha Zillmer Scherer

(a) Residence. No. Indian Valley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William C. Scherer, Deceased

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1873

7. AGE: Years 59, Months 11, Days 13, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee, Wisconsin

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Z. Peter Scherer 1903 N. 9th St., Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) F. H. Hudelson, Cambridge, Idaho

20. FILED Jan 10, 193 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-13-'33

22. I HEREBY CERTIFY, That I attended deceased from 12-1-'33, 193, to 12-12-'33, 193
I last saw her alive on 12-12-'33: death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows: Chronic Myocarditis, Acute Cardiac Dilatation

Date of onset

Other contributory causes of importance: Bronchial Asthma.

Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Cambridge, Idaho

RECEIVED JAN 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86878

PLACE OF DEATH
County of Adams
City of Indian Valley
Registration District No. 71
Primary Registration District No.
Local Registrar's No. 60

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Charles Edward Kennedy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jane Kennedy

6. DATE OF BIRTH (month, day, and year) Nov 11 - 1861

7. AGE Years 72 Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia Tiswell Co

FATHER
13. NAME Randolf Kennedy
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Lucy Day
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Bernice Kennedy Wilkerson

18. BURIAL, CREMATION, OR REMOVAL Place Indian Valley Date 12-26, 1933

19. UNDERTAKER (Address) J. A. Fredelson Cambridge

20. FILED Jan 10, 1934 Alvin S. Thurston M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1-33, 193, to 12-24-33, 193
I last saw his alive on 12-20-33, 193: death is said to have occurred on the date stated above, at 9-A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Arterio-sclerosis

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M.D.
(Address) Cambridge, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86879

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 241
(No. Pocatello General Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Glenn Stonaker

(a) Residence. No. 254 N. 10th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19, 1881

7. AGE Years 52 Months 11 Days 14 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sporting goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Ten Evenings

12. BIRTHPLACE (city or town) (State or country) Denver Colo.

FATHER
13. NAME Harvey Stonaker
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Elizabeth Cunningham
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Wm. H. Stonaker 254 N. 10th Poca

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Id. Date Dec 5, 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello Ida

20. FILED Dec. 6, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/29, 1929, to Dec 2, 193..
I last saw h.. alive on Dec, 1933: death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Softening of Brain	

Other contributory causes of importance:

Emerbro Spinal Syphilis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. P. Groom, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bannock

City of Thatcher

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 86881

Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wilbur E. Smith

(a) Residence. No. Thatcherm Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb I6 I9I3

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	I0	I3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

FATHER

13. NAME Geo. Sivell Smith

14. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

MOTHER

15. MAIDEN NAME Ethel Laurelda Edgbert

16. BIRTHPLACE (city or town) (State or country) West Jorden Utah

17. INFORMENT (Address) Geo S. Smith Father Thatcher Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher daho Date Dec 3I 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jan 1, 1934 Mrs G G Fuh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25-33, 193..., to 12-29-33, 193...

I last saw him alive on 12-28-33, 193...: death is said to have occurred on the date stated above, at 12:30 a.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12-22-33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) G. E. Fanning, M. D.

(Address) Grace, Idaho

RECEIVED JAN 8 19

PLACE OF DEATH

County of Bannock

City of Downey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86882

Registration District No. 83

Primary Registration District No. 2160

Local Registrar's No. 15-

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Melvel Turner Owen

(a) Residence. No. Downey, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Egbert

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1856

7. AGE Years 77 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Willoski, Georgia

FATHER

13. NAME John C. Owen

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Evaline Rinehardt

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMENT (Address) Ernest C Owen Logan, Utah

18. BURIAL, CREMATION, OR REMOVAL Place Kaysville, Ut Date 12-17, 1933

19. UNDERTAKER (Address) D. W. Lindquist Logan, Utah

20. FILED ~~12-17~~ Jan 6, 1934 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 14, 1933

I last saw him alive on Dec 1, 1933: death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

Other contributory causes of importance: None

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H R Miese, M. D.

(Address) Logan Ut

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86883

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 243

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Edward Long

(a) Residence. No. 270 S. Fourth St.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. office man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Dennis Long

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Mrs. Peter E. Long 270 S. 4th. Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Jan. 3, 1934

19. UNDERTAKER Downard's Fun. Home (Address) Pocatello, Idaho

20. FILED 1-2, 1934 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Dec 31, 1933

I last saw him alive on Dec 31, 1933: death is said to have occurred on the date stated above, at 5-10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 26 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brothers, M. D.

(Address) Pocatello Idaho

RECEIVED

STATE OF ~~Utah~~ Idaho
CERTIFICATE OF DEATH

State Board of Health File No. L.R. 242

1 PLACE OF DEATH
County Bannock
Precinct
or
Town or City Fort Hall No. 21, St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bonnie Jean Hansen 216 / 86884

3 Residence: No. (Usual place of abode) St., (If non-resident give city or town and State)

LENGTH OF RESIDENCE:
(a) In city or town where death occurred yrs. mos. ds. (b) In Utah yrs. mos. ds. (c) In U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

6a If Married, Widowed, or Divorced
HUSBAND OF
(or) WIFE OF

7 DATE OF BIRTH (month, day, and year) Dec. 15, 1933

8 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or ..... min.?

9 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work done, as engineer (type of) miner, bookkeeper, etc.
(b) Industry or business in which work was done, as railway, mine (kind of), bank, etc.
(c) Date deceased last worked at this occupation (month and year)
(d) Total time (years) spent in this occupation

10 BIRTHPLACE (City or town) Fort Hall
(State or Country) Idaho

PARENTS

11 NAME OF FATHER Keith B. Hansen

12 BIRTHPLACE OF FATHER (State or Country) Alpine, Utah

13 MAIDEN NAME OF MOTHER Emma N. Sundstrom

14 BIRTHPLACE OF MOTHER (State or Country) Alpine, Utah

15 INFORMANT (Signature) Emma Hansen
Address Fort Hall, Idaho.

16 BURIAL, CREMATION, OR REMOVAL
Place American Falls Ut Date 12-22, 1933

17 UNDERTAKER Keith Hansen
Address Fort Hall, Idaho

18 FILED 12-22, 1933 D. C. Kay REGISTRAR.

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH (month, day, and year) December 15, 1933

20 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to Dec 15, 1933
I last saw h~~e~~ alive on Dec 15, 1933
death occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Duration Yrs.	Mos.	Ds.
Premature birth			
Other contributory causes of importance:			

If operation, date of
Condition for which performed
Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. J. Smitterman, M. D.
Dec 26, 1933 Address Fort Hall Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86885

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 228

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

161 f

2. FULL NAME Floyd Ronald Lowe

(a) Residence. No. Pac. General Hosp. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 12, 33

7. AGE Years — Months — Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Henry H. Lowe

14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER

15. MAIDEN NAME Inez Campbell

16. BIRTHPLACE (city or town) (State or country) Kerbourg Idaho

17. INFORMENT (Address) Henry H. Lowe Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL Place Risley Date Dec. 17, 1933

19. UNDERTAKER (Address) R. L. McHan Pocatello Ida

20. FILED Dec 15 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 15 1933

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1933, to December 15, 1933

I last saw her alive on Dec. 15, 1933: death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory paralysis probably due to forcep delivery.	Dec. 12, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Hughart M. D.

(Address) Pocatello Idaho

RECEIVED [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 216/

DO NOT WRITE IN THIS SPACE

State File No. 86886

Local Registrar's No. 227

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Lucy Campanella

89

(a) Residence. No. 805 N. 6th St. (Usual place of abode)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, and year) Dec., 13, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominic Perralla

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sena Spina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) James Campanella 805 N. 6th

18. BURIAL, CREMATION, OR REMOVAL Place Mountainview Date Dec., 17, 1933

19. UNDERTAKER Downard's Fun. Home (Address) Pocatello Idaho

20. FILED 12-16, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec., 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 193.3, to Dec 2, 193.3

I last saw her alive on Dec 2, 193.3: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Other contributory causes of importance:	
Pregnancy	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86887

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 223

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Berta Benitez Resendez

(a) Residence. No. 223 N. 4th ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Mexican
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 19, 1895

7. AGE Years 38 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Old Mexico

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Old Mexico

17. INFORMENT (Address) Robert Resendez Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello, Ida. Date Dec. 9, 1933

19. UNDERTAKER (Address) H. L. McHan Pocatello, Ida

20. FILED Dec 8, 1933 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Dec. 6, 1933.
I last saw her alive on Dec. 6, 1933; death is said to have occurred on the date stated above, at Dec. 8, 1933. 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastritis and acute dilation of stomach.	12/8/1933
Diabetis mellitus	Many years.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) H. J. Hughart, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 86888

Local Registrar's No. 222

(No. St. Anthonys)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dave Malichio

(a) Residence. No. 1223 N. 8th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Annie

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. Shops
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Mrs Annie Malichio

18. BURIAL, CREMATION, OR REMOVAL
Place Mountainview Date 12-9, 1933

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 12-7, 1933 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1933, to 12-4, 1933
I last saw h alive on 12-4, 1933: death is said to have occurred on the date stated above, at 5.40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of skull	
Other contributory causes of importance:	
none	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/4, 1933
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and State)
Specify whether injury ~~occurred in industry~~ in home, or in public place. On street
Manner of injury Auto truck
Nature of injury Hit by same

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. F. Adams, M. D.
(Address) Pocatello.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86890

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 235

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jossie Willimont

(a) Residence. No. Apt 3. Bungalow Apts
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years 29 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. given
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMENT (Address): Mrs. Rasmusson Supt Pocatello General Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: Dec 28 1933

19. UNDERTAKER (Address): H. L. McHan Pocatello Idaho

20. FILED: Dec 28 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 24, 1933

I last saw her alive on Dec 24, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppression urine	
Pyonephrosis	Dent
Coma	Rx

Other contributory causes of importance:
Pyonephrosis
Suppression urine

Name of operation: None Date of: ✓
What test confirmed diagnosis? None Was there an autopsy? 1/30

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. C. Irwin, M. D.
(Address) Pocatello

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2761

DO NOT WRITE IN THIS SPACE

State File No. 86891

Local Registrar's No. 234

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Arthur George De Vanda

(a) Residence. No. Pocatello General St Hospital (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. U. S. Navy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Abby Desondo

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Desonda Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Cem Date Dec 24 1933

19. UNDERTAKER (Address) H. L. McCann Pocatello Idaho

20. FILED Dec 24 1933 D. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-23 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on Dec 23, 1933.: death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess brain	
Cardiac Insufficiency	
Emia	
Pneu. bilateral	
Other contributory causes of importance:	
acute Jaundice	
Emphysema - Abscess brain	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. C. Jones M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Bannock

City of Bancroft

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 86893

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME D. M. Merrick

(a) Residence. No. ..... Bancroft, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) D. W. Grimm Bancroft, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bancroft, Idaho Date Dec. 10, 1933

19. UNDERTAKER Dolonardi Funeral Home (Address) Pocatello, Idaho

20. FILED Dec-11, 1933 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 21, 1933, to Nov 21, 1933

I last saw ~~him~~ alive on Nov 21, 1933; death is said to have occurred on the date stated above, at 5P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - General debility	
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? Ex Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. G. Fitz, M. D.

(Address) Bancroft Ida.

RECEIVED JAN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86894

PLACE OF DEATH

County of Bannock

City of Thatcher

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME James Harris Elsmore

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amy. W. Elsmore

6. DATE OF BIRTH (month, day, and year) June 28 1906

7. AGE Years 27 Months 4 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

FATHER

13. NAME James A. Elsmore

14. BIRTHPLACE (city or town) (State or country) Alpine Utah

MOTHER

15. MAIDEN NAME Ethel Harris

16. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

17. INFORMENT (Address) Ethel H. Elsmore mother Thatcher

18. BURIAL, CREMATION, OR REMOVAL Place Thatcher Idaho Date Nov 27 1933

19. UNDERTAKER (Address) Hendricks Preston Ida

20. FILED Jan 1, 1934 Mrs G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-24-33 193

22. I HEREBY CERTIFY, That I attended deceased from 11-19-33, 193..., to 11-24-33, 193...

I last saw him alive on 11-24-33, 193...: death is said to have occurred on the date stated above, at 7:00 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	11-17-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Grace, Idaho, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1934

PLACE OF DEATH

County of Bannock

City of Lago

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 86895

Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew A. Ruud

(a) Residence. No. Lago Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred: 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Olive Ruud

6. DATE OF BIRTH (month, day, and year) Nov 7 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	23	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Olive Ruud Lago Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lago Idaho Date Dec 3, 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jan 1, 1934 Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-30-33 193

22. I HEREBY CERTIFY, That I attended deceased from 11-29-33, 193, to 11-30-33, 193

I last saw him alive on 11-29-33, 193: death is said to have occurred on the date stated above, at 4:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Other contributory causes of importance:	
arteriosclerosis	unknown

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. K. Jamison, M. D.

(Address) Grace, Idaho

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86896

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 261
Local Registrar's No. 238

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel O. Henderson

(a) Residence. No. 326 West Terry St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husband of Isabell McKinlay

6. DATE OF BIRTH (month, day, and year) August 22, 1860.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville, (State or country) Utah.

FATHER
13. NAME Martin Henderson
14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER
15. MAIDEN NAME Sarah Wheeler
16. BIRTHPLACE (city or town) (State or country) Michigan.

17. INFORMANT Mrs. Don Minor
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 31, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello Idaho.

20. FILED Dec. 30, 1933. D C Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1933., to Dec. 28, 1933.
I last saw him alive on Dec 27, 1933.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 8 1933
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) A M Newton M. D.
(Address) Pocatello, Idaho.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 86897

Local Registrar's No. 237

(No. Saint Anthony,s Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorin L. Walker

(a) Residence. No. Inkom, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Vera Hendricks

6. DATE OF BIRTH (month, day, and year) October 22, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	50	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

MOTHER FATHER

13. NAME William A. Walker

14. BIRTHPLACE (city or town) (State or country) Florance, Nebraska.

MOTHER

15. MAIDEN NAME Phoebe Ann White

16. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

17. INFORMANT (Address) Mrs. Lorin L. Walker, Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Inkom, Idaho. Date Jan. 1, 1934.

19. UNDERTAKER (Address) Arthur W. Hall, Pocatello, Idaho

20. FILED Dec. 30, 1933. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

Dec. 29, 33.

21. DATE OF DEATH (month, day and year) Dec. 29, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 12/15/33, 193..., to 12/29/33, 193....

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the pylorus	

Other **contributory causes** of importance:

Shock following operation	

Name of operation Pylorectomy Date of 12/29/33

What test confirmed diagnosis? Path. Report. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. F. Call, M. D.

(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86898

Registration District No. 28

Primary Registration District No. 3161 Local Registrar's No. 732

(No. Saint Anthony,s Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert J. Dutton

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, 3. hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME C. J. Dutton

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Lillie Holcomb

16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMANT C. J. Dutton
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 26, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 26, 1933. D C Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1933, to Dec. 24, 1933.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F.S. Miller, M. D.
(Address) Pocatello, Idaho.

RECEIVED JAN 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86899

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 231

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Nel Fisher

(a) Residence. No. 382 Wayne Ave. St. Poca.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1, 1926.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	7	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

FATHER

13. NAME Harry E. Fisher

14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Mabel Anderson

16. BIRTHPLACE (city or town) Rockland,
(State or country) Idaho.

17. INFORMANT Harry E. Fisher
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 28, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 27, 1933. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 12/24/33, to 12/24/33.

I last saw h alive on 12/24/33 death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows: **Date of onset**

Peritonitis following
Appendicitis

Other **contributory causes** of importance:

Name of operation Appendectomy Date of 12/21/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. F. Call M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86900

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 230

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

64

2. FULL NAME Elaine D. Willis

(a) Residence. No. 1506 North Main St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Merle R. Willis

6. DATE OF BIRTH (month, day, and year): June 24, 1915.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: Owen Davis

14. BIRTHPLACE (city or town) (State or country): Wales.

MOTHER

15. MAIDEN NAME: Hattie Gaunt

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMENT (Address): Owen Davis, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Dec. 18, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED: Dec. 16, 1933. D C Roy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 15, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933, to DEC 15, 1933

I last saw h[illegible] alive on Dec 11, 1933: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following operation — Ruptured Spleen	

Other contributory causes of importance:

Enlarged Spleen	

Name of operation: Splenectomy Date of: 12/15/33

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jensen, M. D.

(Address) Pocatello, Idaho.

REGISTRATION PLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86901

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 229

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Livingston H. Roberts

(a) Residence. No. 320 Warren Ave. St. Rupert, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 9, 1905.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	28	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Shop-man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** O.S.L.R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

MOTHER FATHER

13. NAME Livingston H. Roberts

14. BIRTHPLACE (city or town) (State or country) Oregon.

15. MAIDEN NAME Ida May Wallace

16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMANT (Address) Wilford Roberts Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 21, 1933.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Dec. 21, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Dec. 20, 1933.
I last saw him alive on Dec. 5, 1933: death is said to have occurred on the date stated above, at ✓ m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
(General wasting away)	

Other **contributory causes** of importance:

Chronic Arthritis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. Swan M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86902

PLACE OF DEATH

County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 276

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1110

2. FULL NAME Martin O. Pehrson

(a) Residence. No. 1134 North Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Ida Risner

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1889.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Black-smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Millville Utah.

FATHER

13. NAME: N. O. Pehrson

14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER

15. MAIDEN NAME: Anetta Kersstenson

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMENT (Address): N.O.Pehrson Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: Dec. 17, 1933

19. UNDERTAKER (Address): Arthur W. Hall Pocatello, Idaho.

20. FILED Dec. 16, 1933. D O'Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 14, 1933
I last saw him alive on Dec 13, 1933: death is said to have occurred on the date stated above, at 9:13 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	
Toxaemia	
Intestinal Stasis	

Other contributory causes of importance: Gastric ulcer

Name of operation Duodenal ulcer Date of 12/12/33
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1933
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. C. Jensen, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86903

PLACE OF DEATH

County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 225

(No. 147 North Grant)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Henry Moroni Campbell

(a) Residence. No. 147 North Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Julia Crockett

6. DATE OF BIRTH (month, day, and year) Oct 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Moroni Campbell

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Leora Talmage

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Mrs Henry O. Campbell 147 No Grant Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Dec. 17, 1933.

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Dec. 16, 1933. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1933, to December 13, 1933.

I last saw him alive on December, 1933.: death is said to have occurred on the date stated above, at 2:00 p.m. 12/14/33

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Several yrs.
Myocarditis	Several yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. H. Hughart, M. D.

(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86904

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 224
(No. On Highway 2½ Miles North of Poca.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elma Joan Nokes

(a) Residence. No. North of Pocatello City St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of B. H. Nokes

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1901.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bismark, North Dakota.

FATHER

13. NAME: Adolph Guenther

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Elma Joan Guenther

16. BIRTHPLACE (city or town) (State or country): Bismark, North Dakota.

17. INFORMENT (Address): B. H. Nokes, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Pocatello, Idaho Date: Dec. 12, 1933.

19. UNDERTAKER (Address): Arthur W. Hall, Pocatello, Idaho.

20. FILED Dec. 14, 1933. D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 9, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury To left side of Body, Broken back	
Automobile accident (accidental)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-9, 1933

Where did injury occur? Pocatello Bannock
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public road

Manner of injury automobile turned over

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W Hall, Coroner

(Address) Pocatello, Idaho.

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86905

PLACE OF DEATH
County of Bannock
City of Chesterfield
Registration District No. 84
Primary Registration District No. 2761
Local Registrar's No. 24
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Helen May McClellan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Chesterfield Idaho

PARENTS

10. NAME OF FATHER James McClellan
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lava Hot Springs Idaho
12. MAIDEN NAME OF MOTHER Rose Pauline Rindlisbaker
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Lund Idaho.

14. Informant James McClellan By Dr. C.A. Rich
(Address) Chesterfield Idaho.

15. Filed Jan 1, 1934 Mrs. G. G. Fitt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 22 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from at Birth 12-21, 1933, to ....., 19....., that I last saw her alive on Dec 21, 1933, and that death occurred, on the date stated above, at 6:30 Am m.

The CAUSE OF DEATH* was as follows: Premature Delivery. 7th month Gestation

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Examination.

(Signed) C A Rich, M. D.
12-22, 1933 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lund Ida	Dec 26 1933
20. Undertaker	**Address**
Had none.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86906

PLACE OF DEATH

County of Benewah

City of Plummer, R.F.D. 2

Registration District No. 46

Primary Registration District No. 2123

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl August Eklund

(a) Residence. No. 1 Plummer St. R.F.D. #2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Pierson Eklund

6. DATE OF BIRTH (month, day, and year) Dec. 11-1848

7. AGE: Years 84 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Aug. 1933

11. Total time (years) spent in this occupation Entire life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME (Dont know) Eklund

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Lillian Eklund Plummer, Ida. R.F.D.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place Hazen Eng. Jaeger Date Dec. 14, 1933

19. UNDERTAKER (Address) H. G. Jaeger Fairfield, Wn

20. FILED Dec 16, 1933 Fred A. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1933, to Nov 26th, 1933

I last saw him alive on Nov 26th, 1933; death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1933 Nov 15th

Other contributory causes of importance: Heart Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. J. Hennington, M. D.

(Address) Worley, Idaho.

RECEIVED JAN 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86907

PLACE OF DEATH
County of Benewah
City of Tensed

Registration District No.
Primary Registration District No. Local Registrar's No. 16

(No. Tensed, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rosalie Sabeschow Bishop

(a) Residence. No. Tensed Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louie Bishop

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 ~~64~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Thomas Schizzi

14. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

MOTHER

15. MAIDEN NAME Rosalie Thomas

16. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida

17. INFORMENT (Address) Agnes Sol Louie Tensed, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date Dec 24, 1933

19. UNDERTAKER Kimball Funeral Home. (Address) Tekoa, Washington.

20. FILED Dec. 18, 1933 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Dec 18, 1933
I last saw h~~im~~ alive on Dec 10, 1933: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 12/18
If so, specify
(Signed) J. A. Nelson, M. D.
(Address) Tekoa Wash

RECEIVED JAN 10 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86908

PLACE OF DEATH

County of Benewah

City of St. Maries, Ida

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 22

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Frank Fink

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 53 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) C. A. Robins

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place St. Maries Date 12-28 1933

19. UNDERTAKER (Address) STAPISH & SON ST. MARIES, IDAHO

20. FILED Jan 6, 1934 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1933, to 12-22, 1933

I last saw him alive on 12-22, 1933: death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Cultar)	12/9/33

Other contributory causes of importance:

Hypertension	not known

Name of operation None Date of

What test confirmed diagnosis? Clinical ~~Was there an autopsy?~~ No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C A Robins, M. D.

(Address) St. Maries, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 1 1934

PLACE OF DEATH
County of Renewal
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86909

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Charles Brebner

(a) Residence. No. 1027 Jefferson St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 11 mos. ds. How long in U. S., if of foreign birth? 50 yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Forbes Brebner

6. DATE OF BIRTH (month, day, and year) July 24, 1855

7. AGE: ~~75~~ Years 78 Months 5 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publisher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abdersheenshire Scotland

FATHER
13. NAME William Brebner
14. BIRTHPLACE (city or town) (State or country) Abdersheenshire Scotland

MOTHER
15. MAIDEN NAME Margaret Adams
16. BIRTHPLACE (city or town) (State or country) Abdersheenshire Scotland

17. INFORMENT (Address) Mrs. Chas. Brebner St. Maries, Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Woodlawn Date Dec. 29 1933

19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Ida

20. FILED Jan. 6, 1934 Walter Boberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933 to Dec 26, 1933

I last saw him alive on Dec 25, 1933: death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral hemorrhage	Dec 18-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Lonewall, M. D.

(Address) St Maries Ida

RECEIVED JAN 10 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86910

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

187

2. FULL NAME Clarence H. Hill

(a) Residence. No. 14th & Center St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Hill

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesaler of Petroleum products
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Spangle, Wash.

FATHER
13. NAME George Hill
14. BIRTHPLACE (city or town) (State or country) Portland, Ore

MOTHER
15. MAIDEN NAME Bertha Blunck
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Sophie Hill, St Maries

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Woodlawn Date Dec. 30, 1933

19. UNDERTAKER (Address) Mitchell & Wells St. Maries, Ida

20. FILED Jan. 8, 1934 Walter Rosberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ~~Dec.~~ Dec 26, 1933: death is said to have occurred on the date stated above, at 7.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Interval between onset and death	
Left Lung Missing	
Metastis, cancer the Lung	
Oil Co Plant	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/26/1933
Where did injury occur? St Maries Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industries
Manner of injury Fell from car
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Cerebral hemorrhage Contributed to Death
(Signed) Geo. W. Mitchell Coroner, M. D.
(Address) St Maries

RECEIVED JAN 1934

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86911

Registration District No. 191

Primary Registration District No. 2194 Local Registrar's No. 183

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME HELEN ASTIN

(a) Residence. No. St. TWIN FALLS, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: WHITE

5. Single, Married, Widowed, or Divorced (write the word): DIVORCED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: do not know

6. DATE OF BIRTH (month, day, and year): 1863

7. AGE: 70 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): --- Iowa

FATHER

13. NAME: John Snyder

14. BIRTHPLACE (city or town) (State or country): --- Wisconsin

MOTHER

15. MAIDEN NAME: do not know

16. BIRTHPLACE (city or town) (State or country): --- Wisconsin

17. INFORMENT (Address): Records of State Hosp. South Blackfoot, Idaho

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place: Twin Falls Date: Dec, 1933

19. UNDERTAKER (Address): S. C. Phillips Twin Falls Ida.

20. FILED: Dec. 11, 1933 Mrs Nalin E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15th 1932, to Dec. 11th 1933

I last saw her alive on Dec. 10th 1933: death is said to have occurred on the date stated above, at 3:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
SENILITY	July 1932

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ....., 193

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) Chas. R. Lowe, M. D.

(Address) Supt. State Hosp. South Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86912

PLACE OF DEATH

County of Bingham

City of Blackfoot; R.2.

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 182

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Mary Emily Parkin.

(a) Residence. No. Blackfoot, Idaho, Route 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Lafayette Parkin

6. DATE OF BIRTH (month, day, and year): Aug. i, 1885

7. AGE: Years 48 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Salt Lake Co., Utah.

FATHER

13. NAME: Jesse R. Turpin

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Joan Jennette Litsen

16. BIRTHPLACE (city or town) (State or country): Wales British Isles.

17. INFORMENT (Address): Sharp Parkin Blackfoot, Idaho, 689-E. Bridge

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Grove City Cem. Date: Dec 7, 1933 Blackfoot,

19. UNDERTAKER (Address): E. T. Peck Blackfoot, Idaho.

20. FILED: Dec. 5, 1933 Mrs Walter E. Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 5, 19 193

22. I HEREBY CERTIFY, That I attended deceased from November 22, 193, to December 5, 1933

I last saw her alive on ~~Nov~~ Dec. 5, 1933: death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Nov. 22 1933

Other contributory causes of importance:

Albuminaria

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. E. Patrie, M. D.

(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86913

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 181

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME STANLEY FISHER

(a) Residence. No. ..... St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): SINGLE

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: ---

6. DATE OF BIRTH (month, day, and year) June 4th, 1894

7. AGE: 39 Years | Months: 6 | Days: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) -- Missouri

FATHER
13. NAME Wm. S. Fisher
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Nellie King
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMENT (Address) Records of State Hosp South Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Bane Idaho Date Dec 7, 1933

19. UNDERTAKER (Address) E J Peck Blackfoot

20. FILED Dec 4, 1933 Mrs Nalus E Fabrel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1931, to Dec. 4th, 1933
I last saw him alive on Dec. 4th, 1933: death is said to have occurred on the date stated above, at 1 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	Dec. 2nd, 1933

Other contributory causes of importance:

EPILEPSY-continuous convulsions from Nov. 29th to Dec. 1st. 1933

Name of operation none Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193
Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify --

(Signed) Chas R. Lowe, M. D.
(Address) Supt. State Hosp South Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 150

DO NOT WRITE IN THIS SPACE
State File No. 86914

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JOHN J LUNZ

(a) Residence. No. ... St. Aberdeen, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) May 4th, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee
(State or country) Wisconsin

FATHER

13. NAME do not know
14. BIRTHPLACE (city or town) ---
(State or country) ---

MOTHER

15. MAIDEN NAME ---
16. BIRTHPLACE (city or town) ---
(State or country)

17. INFORMENT (Address) Records of State Hospital So. Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Cem. Date Dec. 5, 1933

19. UNDERTAKER E. T. Peck Blackfoot Idaho
(Address)

20. FILED Dec 4, 1933 W. M. Dalton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1932, to Dec. 1, 1933
I last saw him alive on Dec 1st, 1933: death is said to have occurred on the date stated above, at 4PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infection of the tissues of the neck, of unknown organism	11/29/33
Other contributory causes of importance: Huntington's Chorea	1917.

Name of operation None Date of ...
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ..., 193
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ---
(Signed) Chas. H. Lowe, M. D.
(Address) State Hosp. South Blackfoot, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ft. Hall

City of Reservation
Ft. Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12I-R
Primary Registration District No. 2I94-R

DO NOT WRITE IN THIS SPACE
State File No. 86915

Local Registrar's No. I79

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bonnie Jean Hanson

(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female Felak	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) Dec. I5, I933

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or 3 min.
	- -	--	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ------

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho.

FATHER

13. NAME Keith Hanson

14. BIRTHPLACE (city or town) (State or country) Ft. Hall, Idaho

MOTHER

15. MAIDEN NAME Emma Sundstrom

16. BIRTHPLACE (city or town) (State or country) Ft. Hall Idaho

17. INFORMENT (Address) Kieth Hanson Ft. Hall, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place American Fork, Ut. Date Dec. I8 1933

19. UNDERTAKER None
(Address)

20. FILED Jan. I, 1934 Mrs Helen E Faust
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. I5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. I5, 1933, to Dec. I5, 1933
I last saw her alive on Dec. I5, 1933; death is said to have occurred on the date stated above, at 5:30 Pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pPremarure birth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. [illegible], M. D.
(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86916

PLACE OF DEATH
County of Ft. Hall
City of Reservation
Registration District No. 12I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 178
(No. Ft. Hall Res.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom Edmo

(a) Residence. No. Ft. Hall Res. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Shoshone 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melina Edmo

6. DATE OF BIRTH (month, day, and year) I860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	(no record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman & Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Cache Valley, Utah

FATHER

13. NAME Chief Arimo

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Edmo

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Edward Edmo Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place Episocal Mis. Date Dec. 10 1933

19. UNDERTAKER Mc. Han's (Address) Pocatello, Idaho.

20. FILED Jan. 1, 1934 Mrs Nellie E Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 9:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	I2/3/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Ft. Hall, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86917

PLACE OF DEATH

County of Ft. Hall

City of Reservation

Registration District No. I2I-R

Primary Registration District No. 2194-R

Local Registrar's No. I77

(No. On Ranch)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 a

2. FULL NAME Alvina Coby

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shoshone 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) July I7, I932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
	I	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

FATHER

13. NAME Charles Coby

14. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

MOTHER

15. MAIDEN NAME Lulu Watson

16. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

17. INFORMENT (Address) Lulu Coby (mother) Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pres. Mission Date I2/II. 1933

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED Jan. I, 1934 Mrs Nellie E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. IO 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ....., 193...

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at IOA m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	I2/6/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. L. Waldman, M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86918

PLACE OF DEATH

County of Ft. Hall Reservation.

City of

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 176

(No. On Ranch)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Ya-Eye Gibson

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Bannock 4/4

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Billy Gibson

6. DATE OF BIRTH (month, day, and year): 1858

7. AGE: Years 75 | Months (no | Days record) | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): Oct. 1932

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Ft. Hall, Idaho

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMENT (Address): Eddie Edmo, Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Butte Cem. Date: Dec. 4, 1933

19. UNDERTAKER (Address): Agency Carpenter. Ft. Hall, Idaho.

20. FILED: Jan. 1, 1934 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 2:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Wittleman, M. D.

(Address) Ft. Hall, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ft. Hall

City of Reservation.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE

State File No. 86919

Local Registrar's No. 175

(No. On Ranch)

(If death occurred in a hospital or institution, give its name instead of street and number.)

10/2

2. FULL NAME Tillie Sawyer.

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Shos. & Ban. 4/4	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - -

6. DATE OF BIRTH (month, day, and year) 8/8/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	I	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

FATHER

13. NAME Pat Joe Sawyer

14. BIRTHPLACE (city or town) Ft. Hall, Res.
(State or country)

MOTHER

15. MAIDEN NAME Lillie Navo

16. BIRTHPLACE (city or town) Ft. Hall, Res.
(State or country)

17. INFORMENT Charles Navo.
(Address) Ft. Hall, Res.

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Cr. Cem Date Dec. 3, 1933

19. UNDERTAKER None
(Address)

20. FILED Jan. 1, 1934 Mrs. Helen E. Fatzie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending., 193..., to ....., 193....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	II/25/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86920

PLACE OF DEATH

County of Ft. Hall

City of Reservation

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 174

(No. On Ranch)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Edna Mae Watsaw.

(a) Residence. No. Ft. Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shos. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) June 17, 1933

7. AGE Years | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

FATHER

13. NAME Edward Matsaw

14. BIRTHPLACE (city or town) Ft. Hall, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Emma Hope

16. BIRTHPLACE (city or town) Ft. Hall, Idaho.
(State or country)

17. INFORMENT Edward Matsaw
(Address) Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Ross Fork Cr. Date Nov. 18, 1933

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED Jan. 1? 1934 Mrs Walter E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 6:P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 da.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature], M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ft. Hall

City of Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121-R

Primary Registration District No. 2194-R

DO NOT WRITE IN THIS SPACE

State File No. 86921

Local Registrar's No. 173

(No. On Ranch)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME No name Ramsey

(a) Residence. No. Ft. Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shoshone 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, and year) Nov. 13, 1933

7. AGE Years | Months | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country)

FATHER

13. NAME Frank Ramsey

14. BIRTHPLACE (city or town) Ft. Hall, Res.
(State or country)

MOTHER

15. MAIDEN NAME Bertha Tom

16. BIRTHPLACE (city or town) Owyhee, Nev.
(State or country)

17. INFORMENT (Address) Jack Ramsey
Ft. Hall, Res.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Bannock Cr. Cem Date Nov. 17 1933

19. UNDERTAKER (Address) None

20. FILED Jan. 1, 1934 Mrs. Walter E. Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor attending, 193..., to ....., 193...

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86922

PLACE OF DEATH
County of Fort Hall
City of Reservation.

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. I72

(No. Ft. Hall, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Fannie Shay Davis Fisher.

(a) Residence. No. Ft. Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Shoshone
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Dan Fisher

6. DATE OF BIRTH (month, day, and year) I893

7. AGE Years 40 Months - - - Days - - - If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

FATHER
13. NAME Jim Shay
14. BIRTHPLACE (city or town) Lemhi, Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

17. INFORMENT Sadie George
(Address) Ft. Hall, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Gibson, Cem. Date Nov. 4, 1933

19. UNDERTAKER Agency Carpenter
(Address) Ft. Hall, Idaho

20. FILED Jan. I, 1934 Mrs Walter E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. I, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193..., to ....., 193...

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at IO:A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	I930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, ~~specify~~
(Signed) C. J. Mittleman, M. D.
(Address) Ft. Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86923

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

47

2. FULL NAME Maria Funk

(a) Residence. No. Aberdeen, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter F. Funk

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Brainard
(State or country) Kansas

FATHER

13. NAME Benhard Wiebe

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Graves

16. BIRTHPLACE (city or town) .....
(State or country) Russia

17. INFORMENT Peter F. Funk
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen, Idaho Date Dec 17, 1933

19. UNDERTAKER A W Davis
(Address) American Falls, Idaho

20. FILED 12-15, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1932, to Dec 13, 1933

I last saw her alive on Dec 12, 1933; death is said to have occurred on the date stated above, at 4:20 A.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	April 1932

Other contributory causes of importance:

Metastatic Carcinoma of Lungs, Liver, Spine	June 1933
Secondary Anaemia	July 1933

Name of operation Amputation of Breast Date of June 1932

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. McKennon, M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1934

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86924

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME Margaret Fay Smith

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21, 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, *sawyer, bookeeper, etc*

9. Industry or business in which work was done, as silk mill, *saw mill, bank etc*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

FATHER

13. NAME Charles Homer Smith

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Miranda Catherine Peters

16. BIRTHPLACE (city or town) Goshen
(State or country) Utah

17. INFORMENT Charles Homer Smith
(Address) Aberdeen Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen, Idaho Date Dec. 6, 1933

19. UNDERTAKER Friends
(Address)

20. FILED Dec 5, 1933 M. C. Merriman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Dec 4, 1933

I last saw her alive on Dec 4, 1933 death is said to have occurred on the date stated above, at 11:45PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute True Leukaemia	Sept 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. C. Merriman, M. D.

(Address) Aberdeen, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH 1934

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86925

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tommy Clinton Howell

(a) Residence. No. Pingree, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29.1933

7. AGE Years Months 3 Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pingree, Ida.

FATHER

13. NAME James V. Howell

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Velma Marie Belhe

16. BIRTHPLACE (city or town) (State or country) Fairview. Okla

17. INFORMENT (Address) James V. Howell Pingree Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Thomas Date Dec 31. 1933

19. UNDERTAKER (Address) E.T.Peck Blackfoot Ida.

20. FILED Dec. 30, 1933 M. C. McKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 - 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 - 27, 1933, to 12 - 29, 1933

I last saw him alive on 12 - 28, 1933: death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tumor	since
Congenital in origin	Birth

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ✓

(Signed) J. O. Hauptman, M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86927

PLACE OF DEATH
County of Bingham
City of Blackfoot

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 188

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Coolbear.

(a) Residence. No. ..... St. So. Broadway.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male.	White	Widower

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Clark.

6. DATE OF BIRTH (month, day, and year) Sept 7 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	3	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4 years.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Munton
(State or country) Essex, England.

FATHER

13. NAME John Coolbear.
14. BIRTHPLACE (city or town) Purley Parish,
(State or country) Essex, England.

MOTHER

15. MAIDEN NAME Mary Ann Barnard.
16. BIRTHPLACE (city or town) Tolsbury
(State or country) Essex. England.

17. INFORMENT (Address) Marvin W. Keary, Blackfoot, Idaho, So Broadway
18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Morgan Utah Date Jan 3 1934
19. UNDERTAKER E. J. Beck (Address) Blackfoot Idaho
20. FILED Dec 30, 1933. Thos Wales Patrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 30, 1933
I last saw him alive on Dec 25, 1933: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cardiac Insufficiency	6 days

Other contributory causes of importance:

Myocarditis for a few years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86928

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 187

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Heese

(a) Residence. No. West Pacific St. St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Heese

6. DATE OF BIRTH (month, day, and year) May 21st 1865

7. AGE: 68 Years — Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) February 1931
11. Total time (years) spent in this occupation Twelve

12. BIRTHPLACE (city or town) Apenrade, Schleswig (State or country) Holstein, Germany

FATHER
13. NAME Frederick Heese
14. BIRTHPLACE (city or town) Segeberg, Schleswig (State or country) Holstein Germany

MOTHER
15. MAIDEN NAME Helena Petersen Schmidt
16. BIRTHPLACE (city or town) Lygamkloster, Tonder, (State or country) Schleswig-Holstein Germany

17. INFORMENT Fred H. Heese (Address) Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Idaho Date 12/29, 1933

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED Dec. 28, 1933 Mrs Walter E Fabrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Dec 26, 1933

I last saw him alive on Dec 25, 1933: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Softening	Sept 1 1930

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W W Beck, M. D.

(Address) Blackfoot, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86929

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 189

(No.) 74a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hulda Carlson

(a) Residence. No. Shelley, Idaho R.D. #1 St. Rt #1 Shelley Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Carlson

6. DATE OF BIRTH (month, day, and year) March 12, 1878

7. AGE Years 55 Months 9 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Erich Steel
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Greta Freckson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Alfred Carlson Rt #1 Shelley, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Date Dec. 19, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls

20. FILED Dec. 19, 1933 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933, to Dec. 16, 1933
I last saw her alive on Dec. 16, 1933: death is said to have occurred on the date stated above, at 11:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

none

Name of operation no Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. W. Roberts, M. D.
(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86930

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 186

(No. McMillan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Willard Edgar Gibby

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Glen Gibby

6. DATE OF BIRTH (month, day, and year) Apr. 30 1866

7. AGE: Years 67 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME John Gibby

14. BIRTHPLACE (city or town) (State or country) Wales British Isles.

MOTHER

15. MAIDEN NAME Ellen Alpin.

16. BIRTHPLACE (city or town) (State or country) London, Eng.

17. INFORMENT (Address) D. C. Gibby Blackfoot, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Grove City Cem. Date Dec. 19, 1933

19. UNDERTAKER (Address) E. Peck Blackfoot, Idaho.

20. FILED Dec 18, 1933 Mrs Nalus E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Dec. 17, 1933.

I last saw ~~him~~ alive on Dec 17, 1933; death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) F. W. Mitchell, M. D.

(Address) Blackfoot, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86931

Registration District No. 131
Primary Registration District No. 2194
Local Registrar's No. 185

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME HERMAN ERATH

(a) Residence. No. St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) 1858

7. AGE: 75 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellenville, New York

FATHER
13. NAME do not known
14. BIRTHPLACE (city or town) (State or country) --- Germany

MOTHER
15. MAIDEN NAME ---
16. BIRTHPLACE (city or town) (State or country) --- ---

17. INFORMENT (Address) Records of State Hosp. South Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Asylum Cem Date Dec-15, 1933

19. UNDERTAKER (Address) Marion Clark Blackfoot

20. FILED Dec-15, 1933 Mrs Nalus Eratus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to Dec. 14th, 1933
I last saw him alive on Dec. 14th, 1933: death is said to have occurred on the date stated above, at 4:55 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMMORHAGE	Dec. 14 1933

Other contributory causes of importance:
Has been in bed since Dec. 4th, 1933 with a bronchitis but improved the past 2 days

Name of operation None Date of
What test confirmed diagnosis Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify --
(Signed) Chas. R. Lowe, M. D.
(Address) Supt. State Hosp South Blackfoot, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86932

Local Registrar's No. 184

PLACE OF DEATH
County of Bingham
City of Blackfoot.
Registration District No. 121
Primary Registration District No. 1007
(No. .....)
(If death occurred in a hospital or institution, give its name instead instead of street and number.)

1015

2. FULL NAME Beverly Daisy Ray

(a) Residence. No. 410 - 1mo University St.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day and year) Apr. 8, 1933

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Blackfoot Idaho.

PARENTS
10 NAME OF FATHER J. Alvin Ray.
11 BIRTHPLACE OF FATHER (city or town) (State or country) South Weber, Utah.
12 MAIDEN NAME OF MOTHER Margaret Middleton
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rexburg, Idaho.

14 Informant J. Alvin Ray
(Address) Blackfoot, Idaho.

15 Filed Dec 15, 1933 Wm Wallace E Fabian Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec (Month) 13 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, to Dec 13, 1933, that I last saw her alive on Dec 13, 1933, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(duration) 2 yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Placerville
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Symptoms and Course
(Signed) W. K. Edgar M.D.
Dec 14, 1933 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Rexburg, Idaho.	Dec. 15 1933

20. Undertaker O J Peck — Address Blackfoot Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE DUPLICATE, WHEN ONTARIO LINE—THIS IS A PERMANENT RECORD

Dr Tyler

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

DO NOT WRITE IN THIS SPACE
State File No. 86933

Primary Registration District No. 2155 Local Registrar's No. 78

(No. Page Hospital) 93
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Stockman

(a) Residence. No. ..... St. Kootenai, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S., if of foreign birth? ..yrs. ..mos. ..ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Stockman

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1893

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
40	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montford Wis

FATHER
13. NAME John W. Robinson
14. BIRTHPLACE (city or town) (State or country) Galena Iowa.

MOTHER
15. MAIDEN NAME Anna Gullickson
16. BIRTHPLACE (city or town) (State or country) Dodgeville Iowa.

17. INFORMANT (Address) Fred Stockman Kootenai, Ida.

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date Dec. 26, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Ida.

20. FILED Dec 23, 1933 Viola Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 22, 1933.
I last saw her alive on Dec 21, 1933.: death is said to have occurred on the date stated above, at 2:10 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1932
Other **contributory causes** of importance:	

Name of operation no Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

RECEIVED JAN 5 1934

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86934

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 77

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otis J Wheeler

57a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1870 ~~unknown~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~about 53~~ 63	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin ~~unknown~~

FATHER

13. NAME Solon ~~unknown~~

14. BIRTHPLACE (city or town) (State or country) Ohio ~~unknown~~

MOTHER

15. MAIDEN NAME Mary E. McDorman ~~unknown~~

16. BIRTHPLACE (city or town) (State or country) Indiana ~~unknown~~

17. INFORMENT (Address) Mrs Jone Erickson Minneapolis

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cemetery Date Dec 28, 1933

19. UNDERTAKER (Address) Turnbull Co Sandpoint Idaho

20. FILED Dec 27, 1933 Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1933, to Dec. 21, 1933

I last saw him alive on Dec 21, 1933; death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1931

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F Tyler, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86936

Registration District No. 76
Primary Registration District No. 2155
Local Registrar's No. 75

(No. Odin)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Macki

(a) Residence. No. Odin St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emelia Macki

6. DATE OF BIRTH (month, day, and year) Oct 10 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME John Macki

14. BIRTHPLACE (city or ~~town~~) (State or country) Finland

MOTHER

15. MAIDEN NAME Mary Jarvi

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs Macki Odin

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 12/23, 1933

19. UNDERTAKER Turnbull Co (Address) Sandpoint

20. FILED Dec 23, 1933 Viola Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1933, to Dec 19, 1933
I last saw him alive on Dec 19, 1933: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and	
chronic Endocarditis	1930

Other contributory causes of importance:

Name of operation NO Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify Wm F Taylor MD
(Signed) Wm F Taylor, M. D.
(Address) Sandpoint Idaho

RECEIVED JAN 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86937

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 74

(No. Sandpoint Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME John McDuffie

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McDuffie

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1860

7. AGE Years 73 Months Days 5. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth Ind.

FATHER

13. NAME Henson McDuffie

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME — Beckner

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Maynard McDuffie Sandpoint

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem

Place Sandpoint, Ida. Date Dec. 17, 1933

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho

20. FILED Dec 17, 1933 Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Dec 15, 1933.

I last saw him alive on Dec 15, 1933: death is said to have occurred on the date stated above, at 4:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolism-Mesenteric Artery, Superior. (Cardiac origin)	Dec 13

Other **contributory causes** of importance:

Embolism R brachial	Nov 18
L. Popliteal	" 28
" "	Dec 9

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. G. Jackhouse, M. D.

(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1934

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86938

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 73

(No. Caribou Basin)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph M Williams 193

(a) Residence. No. Kootenai St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16 1903

7. AGE: Years 30 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. cement worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La

FATHER

13. NAME David S Williams

14. BIRTHPLACE (city or town) (State or country) La

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMENT (Address) Fred Williams Kootenai, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Date 12/13, 1933

19. UNDERTAKER (Address) Turner Co Sandpoint, Idaho

20. FILED Dec 12, 1933 Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at about 8 A.m.

The principal cause of death and related causes of importance were as follows:

Death due to exposure

Date of onset

Other contributory causes of importance:

Coroner Case

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature], M. D.

(Address) Sandpoint Ida Coroner

RECEIVED JAN 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary ~~Registration~~ District No. 2155 Local Registrar's No. 72

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 86939

2. FULL NAME David Fischer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah Fischer

6. DATE OF BIRTH (month, day, and year) August 1857

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Second Hand

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1933,

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Abraham Fischer

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Freida

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT (Address) J. A. Foster Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Chicago, Ill. Date Dec. 13, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho.

20. FILED Dec. 12, 1933. Viola Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1929., to Dec. 11., 1933.
I last saw him alive on Dec. 10 1933.: death is said to have occurred on the date stated above, at 10:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
chronic valvular	1931
heart disease	
Other **contributory causes** of importance:	
diabetes, chronic	1929

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Flora E. Wendle ....., M. D.
(Address) Sandpoint Idaho.

RECEIVED JAN 5 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Midas

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86940

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME James Mc Donald

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Labor

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sam Miller
(Address) Midas, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Dec. 23, 1933

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED Dec 22, 1933 Viola Aikens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by Firearms	
Gunshot Wound in head	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury? Dec. 9 1933
Where did injury occur?... Midas, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home
Manner of injury.. Firearms
Nature of injury Gunshot Wound in head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Aikens, M. D.
(Address) Sandpoint, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
86941
State File No.....

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

600

2. FULL NAME Laura Louise Bates

(a) Residence. No. 313 S. Lavina St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thorson Bates.

6. DATE OF BIRTH (month, day, and year): Sept. 10, 1893

7. AGE: Years: 40 | Months: 2 | Days: 21 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: own Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Knapp Wis.

FATHER

13. NAME: Isiah Mills Casey
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Emma Gunter
16. BIRTHPLACE (city or town) (State or country): Knapp Wis.

17. INFORMANT (Address): Mrs. L. Decker, Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Lakeview Cem. Place Sandpoint, Ida. Date Dec. 3, 1933

19. UNDERTAKER (Address): L. G. Moon, Sandpoint, Idaho.

20. FILED Dec. 3, 1933. Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Dec. 1, 1933.

I last saw h[illegible] alive on Nov. 28, 1933.: death is said to have occurred on the date stated above, at 5:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exophthalmic goiter	1928

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.....

(Signed) Wm. F. Tyler, M. D.

(Address) Sandpoint, Idaho

RECEIVED JAN 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86942

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 62

(No. Corner of Ruth and Larch St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Anna Gordon

(a) Residence. No. Cor. Ruth and Larch St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. D. Gordon

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

FATHER

13. NAME Cornelius Day

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Lucinda Straight

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. A. N. Bowen Tacoma Wn

18. BURIAL, CREMATION OR REMOVAL Place Sandpoint Ida Date Jan 3, 1934 Lakeview Cem.

19. UNDERTAKER (Address) L. G. Mabon Sandpoint Ida

20. FILED Jan 3, 1934 Viola Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) DEC. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from DEC. 31, 1933, to DEC. 31, 1933.

I last saw her alive on DEC. 31, 1933.; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	DEC. 31, 1933

Other **contributory causes** of importance:

Chronic Nephritis	
arteria Sclerosis	

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. T. Tyler, M. D.

(Address) Sandpoint, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86943

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 81

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Agers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 24. 1867

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Martha McConnell

16. BIRTHPLACE (city or town) (State or country): Newberg Ont.

17. INFORMANT (Address): Mrs. Shawver Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL: Paradise Valley
Place Bonners Ferry, Ida Date Jan 3, 1934

19. UNDERTAKER (Address): L. G. Mason Sandpoint Ida

20. FILED Jan 3., 1934. Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) DEC. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from DEC. 1, 1933, to DEC. 30, 1933.

I last saw him alive on DEC 29, 1933.: death is said to have occurred on the date stated above, at 2.30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1932

Other **contributory causes** of importance:

Arterio sclerosis	1930

Name of operation: no Date of:

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint, Idaho

RECEIVED JAN 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 7155

(No. 420 S. 7 Lorence Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 86944

Local Registrar's No. 80

178

2. FULL NAME Jessie Crabtree

(a) Residence. No. 420 S. 7 Lorence Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced
~~HUSBAND of~~
(or) WIFE of Louis Crabtree

6. DATE OF BIRTH (month, day, and year): May 24, 1902

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
31	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Santa Rosa Calif.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Louis Crabtree Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Sandpoint
Place Pinecrest Cem. Date Dec 28 1933

19. UNDERTAKER (Address): L. G. Moon Sandpoint Ida.

20. FILED Dec. 28, 1933 Ursula Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Dec 24, 1933.
I last saw her alive on Dec 24, 1933.: death is said to have occurred on the date stated above, at 8.½ P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Chronic Endocarditis	1930

Other **contributory causes** of importance:

Name of operation no clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint Idaho

RECEIVED JAN [illegible] 1934

Dr Ross

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86945

Registration District No. 78

Primary ~~Registration~~ District No. 2155 Local Registrar's No. 79

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Arthur Fields. 167

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 19, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho.

FATHER

13. NAME George Fields

14. BIRTHPLACE (city or town) (State or country) Caribou Maine

MOTHER

15. MAIDEN NAME Mary Mulvihill

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Geo. Fields (Address) Cabinet, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pine crest Cem. Date Dec. 25 1933 Sandpoint

19. UNDERTAKER L. G. Moon (Address) Sandpoint Ida.

20. FILED Dec 22, 1933. Viola Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 22 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1933, to Dec 20, 1933.

I last saw him alive on Dec 20, 1933.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patent Ductus Arteriosus	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) .... M. D.

(Address) Sandpoint Ida.

RECEIVED JAN 2 1934

RECEIVED JAN 2 1934

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86946

PLACE OF DEATH

County of Bonner

City of Hope

Registration District No. ~~78~~ 80

Primary Registration District No. ~~2155~~ 2157 Local Registrar's No. 7

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Rex Van Stone

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 17, 1910

7. AGE: Years 23 | Months 1 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hope Idaho.

FATHER

13. NAME Enoch C. Van Stone

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mamie Fowler

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mrs. M. Van Stone Hope, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Hope, Idaho Date Dec 27, 1933

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Ida.

20. FILED Dec 27, 1933 John Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

Mactured Skull
Caused by
Automobile Accident

Date of onset

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) [signature], M. D.

(Address) Sandpoint, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86947

PLACE OF DEATH
County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 18
(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Caprai

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 41 yrs. mos. ds. How long in U. S. if of foreign birth? 45 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Caprai

6. DATE OF BIRTH (month, day and year) June 15, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10. NAME OF FATHER Clement Caprai
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Italy
12. MAIDEN NAME OF MOTHER Lucia Libias
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Italy

14. Informant (Address) Joseph Caprai Priest River, Idaho.

15. Filed NOV 17, 1933 Registrar. Ben C Ross

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 3 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Oct. 18, 1933, to Nov. 3, 1933
that I last saw him alive on Nov. 3, 1933
and that death occurred, on the date stated above, at 11:30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
..... (duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) arteriosclerosis
..... (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) L. J. Stauffer, M. D.
Nov. 3, 1933 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Priest River Idaho.	Nov. 6 1933
20. Undertaker L. G. Moon	Address Sandpoint Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86948

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 222
(No. L. O. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John O. Thomas
(a) Residence. No. Malad, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Thomas
6. DATE OF BIRTH (month, day, and year) Feb 7, 1876
7. AGE Years 57 Months 9 Days 28 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER
13. NAME Daniel Thomas
14. BIRTHPLACE (city or town) U. S.
(State or country)

MOTHER
15. MAIDEN NAME Sarah Owens
16. BIRTHPLACE (city or town) U. S.
(State or country)

17. INFORMENT Dan Thomas
(Address) Bingham, Utah
18. BURIAL, CREMATION, OR REMOVAL
Place Malad, Idaho Date Dec 10, 1933
19. UNDERTAKER Guy Benson
(Address) Malad, Idaho
20. FILED 12/6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1933, to Dec. 5, 1933
I last saw him alive on Dec. 5, 1933: death is said to have occurred on the date stated above, at 11:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	12/3/33
Concussion of brain	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/3, 1933
Where did injury occur? Bonneville Co, Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto Collision
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86949

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140 Local Registrar's No. 221

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James C. Ball

(a) Residence. No. ..... St. Rt #3
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Asmith Ball

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1843

7. AGE Years 91 Months 10 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Wesley Ball
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Eric Stanley
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMENT (Address) Leonard Ball Idaho Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Ida. Date Dec. 5, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls.

20. FILED Dec 4, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on Feb. 20, 1930: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Indef.
Other contributory causes of importance: Chronic prostatitis	Indef.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) John O. Mellar M. D.
(Address) Idaho Falls. Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86950

PLACE OF DEATH
County of Bonneville
City of Iona

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 220

(No.) 74
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Ainsworth

(a) Residence. No. Iona, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Ainsworth
6. DATE OF BIRTH (month, day, and year): June 17, 1853
7. AGE: Years 80 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as lumber sawyer, bookkeeper, etc.: Retired Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: William Ainsworth
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: ? Sherry
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Jas. J. W. Benning, Iona, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Iona Idaho Date: Dec 1, 1933
19. UNDERTAKER (Address): Jack Gill Wood, Idaho Falls Idaho
20. FILED 12/1, 1933 C. A. Benning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 28 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Nov 28, 1933.
I last saw h alive on —, 193: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Chronic Arthritis	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86951

Registration District No. 73
Primary Registration District No. 2 1 4 0
Local Registrar's No. 236
(No. Idaho Falls, L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lester Jerome Hiatt
(a) Residence. No. R.F.D. No 1 St. St Anthony, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Cahoon Hiatt

6. DATE OF BIRTH (month, day, and year) Dec 18-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	0	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc CWA
10. Date deceased last worked at this occupation (month and year) 12, 14, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plano, Idaho

FATHER
13. NAME Francis M Hiatt Sr.
14. BIRTHPLACE (city or town) (State or country) Utah, USA

MOTHER
15. MAIDEN NAME Alice A. Jenkins
16. BIRTHPLACE (city or town) (State or country) Ogden, Utah

17. INFORMENT (Address) Wm E Hiatt

18. BURIAL, CREMATION, OR REMOVAL Place Victor, Ida Date Jan 4th, 1934

19. UNDERTAKER W. M. Hansen
(Address) St Anthony Idaho

20. FILED 1/2, 1934 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Dec 31, 1933.
I last saw him alive on Dec 31, 1933; death is said to have occurred on the date stated above, at 6:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Ray Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86953

Registration District No. 73
Primary Registration District No. 21-2
Local Registrar's No. 233
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Douglas Karen Green
(a) Residence. No. Rt #1 St. Roberts, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 30, 1916
7. AGE: Years 17 | Months 2 | Days 26 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Roberts High.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gilmore Idaho.

MOTHER FATHER
13. NAME: Z. P. Green
14. BIRTHPLACE (city or town) (State or country): Illinois
15. MAIDEN NAME: Carrie Moedl
16. BIRTHPLACE (city or town) (State or country): Grant Idaho

17. INFORMANT (Address): Z. P. Green Rt. 1 Roberts, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Idaho Falls. Date: Dec. 29, 1933
19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.
20. FILED 12/29, 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 26, 1933
I last saw him alive on Dec 25 1933; death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 20
Other **contributory causes** of importance:	
Acute Tonsilitis	Dec 17

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....
(Signed) ..... M. D.
(Address .....

RECEIVED

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86954

Registration District No. 73

Primary Registration District No. 2108 Local Registrar's No. 232

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Green

(a) Residence. No. Idaho Falls Rt #6 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Green

6. DATE OF BIRTH (month, day, and year) February 24, 1887

7. AGE Years 46 Months 9 Days 20 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Clay Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Silas Oscar Green

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Laura Gibbons

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT (Address) Mrs. Edna Burt Brigham City, Utah

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Dec 17, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 12/17, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933 to Dec 14, 1933

I last saw him alive on Dec 14, 1933: death is said to have occurred on the date stated above, at 11-30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic endocarditis with decompensated myocardium	4 years.

Other **contributory causes** of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry,** in **home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Abbott M. D.

(Address) Idaho Falls Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86955

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 231

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Thomas Owens

(a) Residence. No. 540 No. Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelia Owens

6. DATE OF BIRTH (month, day, and year) Jan 6 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Byron Utah.

FATHER

13. NAME Cadwallader Owens

14. BIRTHPLACE (city or town) (State or country) Bingham City Utah

MOTHER

15. MAIDEN NAME Mary Ann Stephens

16. BIRTHPLACE (city or town) (State or country) Kent England

17. INFORMENT (Address) Almy Owens Idaho Falls,

18. BURIAL, CREMATION, OR REMOVAL Place Lone Date Dec. 19, 1933

19. UNDERTAKER (Address) Jack T. Wood Idaho Falls

20. FILED 12/14, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Dec 13, 1933
I last saw h[illegible] alive on Dec 13, 1933: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M.D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1934

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86956

Registration District No.

Primary Registration District No. Local Registrar's No. 230

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Ann Etta Burwell

(a) Residence. No. 241 - 2nd. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Premature Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): December 15 - 1933

7. AGE Years: Premature Months: ✓ Days: ✓ If LESS than 1 day 16 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho.

FATHER

13. NAME: Eldred Burwell

14. BIRTHPLACE (city or town) (State or country): Smithton West Virginia

MOTHER

15. MAIDEN NAME: Rosa Margaret Sack

16. BIRTHPLACE (city or town) (State or country): South Bend Indiana

17. INFORMANT (Address): Eldred Burwell Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Idaho Falls Date: 12/17 1933

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Idaho

20. FILED 12/18, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1933, to 12/15, 1933.

I last saw her alive on 12/15, 1933. death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

Premature Birth

Other **contributory causes** of importance:

Do not Know

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible] 1934

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86957

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 229

(No. [illegible] If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Emelie Brouwenkant.

(a) Residence. No. 1101 - 11 St. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Pio Jonathan Brouwenkant

6. DATE OF BIRTH (month, day, and year): Feb 9 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): Nov. 10-33.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Egelishofen. Switzerland

FATHER

13. NAME: Jacob. Gremli
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Mary Pfisthauer
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMENT (Address): Mrs. anna Torgeten Idaho Falls Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Idaho Falls Date: 12/14 1933
19. UNDERTAKER (Address): V. F. Hart. Idaho Falls Idaho
20. FILED 12/12, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 11 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1933, to Dec 11, 1933
I last saw her alive on Dec. 10, 1933: death is said to have occurred on the date stated above, at 9.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Lab. - X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Idaho Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86958

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 7170 Local Registrar's No. 224
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Pearson 131

(a) Residence. No. 599 - H St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Reda Pearson

6. DATE OF BIRTH (month, day, and year): Jan 9. 1862

7. AGE: Years 71 | Months 11 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Brick Mason
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER/FATHER

13. NAME: Peda Pearson
14. BIRTHPLACE (city or town) (State or country): Sweden
15. MAIDEN NAME: Mary Ann Pearson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Edward Pearson 599-H St Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Dec 12 1933

19. UNDERTAKER (Address): Jack H. Wood Idaho Falls

20. FILED 12/12 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 9 1933
I last saw him alive on Dec 9, 1933; death is said to have occurred on the date stated above, at 3:40 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	6 days.
Other **contributory causes** of importance:	
Prostatic Hypertrophy	15 yrs.
Chronic myocarditis	

Name of operation: Cystotomy Date of: Dec 3
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. L. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86959

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 73
Primary Registration District No. 2107-0
Local Registrar's No. 227
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaiah Joshua Stewart

(a) Residence. No. St. Rt. 7
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Stewart

6. DATE OF BIRTH (month, day, and year): Jan 31, 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmington Utah

FATHER

13. NAME: James Wesley Stewart
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Jane Grace
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): Keith Stewart Rt. 7 Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Ogden Utah Date: Dec 14 - 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.

20. FILED 12/12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 11, 1933.
I last saw him alive on Dec 11, 1933; death is said to have occurred on the date stated above, at 8 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 6, 1933
Other **contributory causes** of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No; if so, specify.

(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86960

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minerva Blan Murphy Clapsattle. 88a

(a) Residence. No. R.D. 5 Idaho Falls Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: John E Clapsattle. Deceased
6. DATE OF BIRTH (month, day, and year): Nov 7 1844
7. AGE: Years 89 | Months 1 | Days 3. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Dec 1, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greenwood. Illinois

FATHER
13. NAME: John J. Murphy.
14. BIRTHPLACE (city or town) (State or country): West Virginia

MOTHER
15. MAIDEN NAME: Emma E Chenoweth
16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMENT (Address): Mrs Edna Oswald R.D. 5. Idaho Falls.
18. BURIAL, CREMATION, OR REMOVAL Place: Removal. Date: Dec 14, 1933
19. UNDERTAKER (Address): V. F. McHan. Idaho Falls Ida.
20. FILED 12/11, 1933 Wm Finnaird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 10, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933, to Dec. 10, 1933
I last saw her alive on Dec. 10, 1933: death is said to have occurred on the date stated above, at 1120P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis -	
Myocarditis -	?
Senility	

Other contributory causes of importance:
Septic infection Cut lingual
Cut maxillary glands — Dec 7/33

Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm Finnaird, M. D.
(Address) Idaho Falls Ida.

A Hendon Corr

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86961

Registration District No. 73

Primary Registration District No. 21 V-0 Local Registrar's No. 221

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Samuel Howard

(a) Residence No. ..... St. Rt. #2 (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Howard

6. DATE OF BIRTH (month, day, and year): May 28, 1872

7. AGE: Years 61, Months 6, Days 9. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bountiful Utah

FATHER

13. NAME: Joseph Howard

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Jane Kinney

16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT (Address): Susie Howard Rt#2 Idaho Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Pine Butte Date: Dec. 10, 1933

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls

20. FILED 12/9 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to Dec. 7, 1933. I last saw him alive on Nov. 15 1933: death is said to have occurred on the date stated above, at 3-30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular endocarditis & myocarditis	?

Other **contributory causes** of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls

RECEIVED JAN 1934

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86962

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Howard Lawrence

(a) Residence. No. ..... St. Rt # 6
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Oler Lawrence

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1880

7. AGE Years 53 Months 2 Days 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Fork Utah

FATHER

13. NAME Andrew T. Lawrence

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Elzada Allen

16. BIRTHPLACE (city or town) (State or country) West Jordan Utah

17. INFORMANT (Address) Stanley A. Lawrence Shelley, Ida

18. BURIAL, CREMATION OR REMOVAL Place Shelley, Idaho Date Dec 10, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Ida

20. FILED 12/9, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Dec. 6, 1933

I last saw him alive on Dec. 6, 1933: death is said to have occurred on the date stated above, at 11:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis I dont know first time I saw him	

Other **contributory causes** of importance:

Hard tobacco user chewing mostly

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury.., 193.

Where did injury occur? Country
(Specify city or town, county and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) F. W. Roberts M. D.

(Address) Shelley Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86963

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
Local Registrar's No. 223

(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

149

2. FULL NAME Altheria Berrett.

(a) Residence. No. ..... St. Lewisville, Idaho.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Don Aaron Berrett.

6. DATE OF BIRTH (month, day and year) Jan. 11, 1910

7. AGE	Years	Months	Days	If LESS than 1 day,
	22	10	19	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Lewisville, Idaho.

PARENTS

10. NAME OF FATHER Chris Poulsen.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.
12. MAIDEN NAME OF MOTHER Mary Magdelane Nelsen.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant Don Berrett
(Address) Lewisville, Idaho

15. Filed Dec 9, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 30 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933, to Nov 30, 1933
that I last saw her alive on Nov 30, 1933
and that death occurred, on the date stated above, at 10:15P m.
The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? No Menan, Idaho
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) [signature], M. D.
Dec 6, 1933 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Lewisville Idaho	Dec 3 1933
20. Undertaker [signature]	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86965

PLACE OF DEATH
County of Canyon
City of Wilder

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 99

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 a

2. FULL NAME Grayce Pearl Ramsay

(a) Residence. No. Wilder St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Edward Ramsay

6. DATE OF BIRTH (month, day, and year) July 14-1881

7. AGE Years 52 Months 4 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Canton
(State or country) Kansas

FATHER
13. NAME John Hewitt
14. BIRTHPLACE (city or town) .....
(State or country) Ill.

MOTHER
15. MAIDEN NAME Anna Liles
16. BIRTHPLACE (city or town) .....
(State or country) Ill.

17. INFORMENT John Hewitt
(Address) Wilder Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Ida Date Dec 12, 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 12-19, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec - 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 10, 1933
I last saw her alive on Dec 10, 1933: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hem	

Other contributory causes of importance:
Chr Nephritis
Val Heart Lesion

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Robert E. Selby M. D.
(Address) Wilder Ida

RECEIVED JAN 9 1934

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86966

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 149

(No. 519 - 16th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

75

2. FULL NAME Mrs. Christine Nordin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Andrew Nordin

6. DATE OF BIRTH (month, day, and year) March 24th 1856

7. AGE: Years 77 Months 9 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Frank Frask Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 12-31, 1933 Kohlerlawn

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa, Idaho

20. FILED Jan 6, 1934 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Dec 30, 1933

I last saw her alive on Dec 30, 1933: death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

"Stroke" 2 yrs ago.

Gradual loss of strength

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo R Proctor M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86968

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME Paul Frank

(a) Residence. No. Parma Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Blue
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-31-1908

7. AGE: 25 Years, 11 Months, Days, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Com. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canyon Co Ida

FATHER
13. NAME Geo Frank
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (city or town) (State or country) U S A

17. INFORMENT (Address) Dr Poynter Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Idaho Date 12/30, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa, Ida

20. FILED Jan 2, 1934 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-28-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1928, 193..., to Dec 28, 1933.
I last saw him alive on Dec 28, 1933: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion - Acute Mania	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Dr Poynter, M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 9 1934

PLACE OF DEATH

County of Canyon

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86969

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 145

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Parmer Strait

44

(a) Residence. No. 7 mile So of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-28-1853

7. AGE Years 80 Months — Days 14 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Parmer

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) James Agenbroad Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 8-15, 1933

19. UNDERTAKER (Address) F. K. Robinson Nampa, Ida

20. FILED Jan 2, 1934 Lydd Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1933, to 8/12, 1933

I last saw her alive on 8/3, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Nolte M.D., M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 8 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86970

County of Canyon
City of Bowmont
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 144

(No. Bowmont) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John E. Crewse

(a) Residence. No. Bowmont St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Crewse

6. DATE OF BIRTH (month, day, and year) July 25th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME James Crewse

14. BIRTHPLACE (city or town) (State or country) Terre Haute Indiana

MOTHER

15. MAIDEN NAME Rhoda McMullen

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs. Charlotte Crewse Bowmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida Date 12-27, 1933 Kohlerlawn

19. UNDERTAKER Wm D. Talley (Address) Nampa Ida.

20. FILED Jan 2, 1934 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1933, to 12-24, 1933

I last saw him alive on 12-23, 1933: death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. C. Horton, M. D.

(Address) Nampa Idaho

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86971

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 143

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101

2. FULL NAME William C. Rhodes

(a) Residence. No. 2 miles west Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 26th 1910

7. AGE: Years 23 | Months 0 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ass't Produce Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand Island Nebraska

FATHER
13. NAME Wm C. Rhodes
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Eva Bennett
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Mr. W. C. Walker Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa, Ida Date 12-24, 1933

19. UNDERTAKER (Address) Wm D. Talley Nampa, Idaho

20. FILED Jan 2, 1934 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 9:30 P.M. 12-22, 1933, to 10:45 P.M. 12-22, 1933.
I last saw him alive on 12-22, 1933: death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	12-22-33

Other contributory causes of importance:
Don't know. Not seen till those before death, when he was unconscious

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) O. C. Bell M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86972

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 141

(No. 5 mi. west Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1496

2. FULL NAME Lewis M. Trumbull

(a) Residence. No. 5 1/2 mi. west Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Trumbull

6. DATE OF BIRTH (month, day, and year) Feb. 14th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Emil Trumbull

14. BIRTHPLACE (city or town) (State or country) Franklin Co. Ohio

MOTHER

15. MAIDEN NAME Samantha C. Palmer

16. BIRTHPLACE (city or town) (State or country) Franklin Co. Ohio

17. INFORMENT (Address) Mr. Lorin Trumbull Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Cemetery Date 12-12, 1933

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho

20. FILED Jan-2, 1934 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at about 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

Coroner's Jurors Verdict was— Death was Caused by being Struck by Car owned + driven by Elias Galica 5 1/2 miles West of Nampa and we further believe that the Accident was Unavoidable

Date of onset

Other contributory causes of importance:
Was Walking on Highway back of wagon with Hay Rack.

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ....., 193...
Where did injury occur? 1/2 mi West of Nampa Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway (Karcher road)
~~Manner of~~ injury Broken neck, Legs + Ribs.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D Talley Coroner ~~M. D.~~
(Address) 415-12 Ave. S. Nampa Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86973

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 140

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

101b

2. FULL NAME Betty Jo. Maples

(a) Residence. No. Mercy Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 15, 1929

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell
(State or country) Ida

FATHER

13. NAME Ray Maples

14. BIRTHPLACE (city or town) Alpena
(State or country) Ark

MOTHER

15. MAIDEN NAME Ruie Raines

16. BIRTHPLACE (city or town) Alpena
(State or country) Ark

17. INFORMANT Ray Maples
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 12-14 1933

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED Jan 2, 1934 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 11, 1933

I last saw her alive on Dec 11, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia & acute dilatation heart 2 days.	

Other **contributory causes** of importance:

Arthritis & rheumatism for 6 wks before & myocarditis.

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Horace P. Kiehnap, M. D.
(Address) Nampa

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86974

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 146
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Jane Henson

(a) Residence. No. 223 - 19th Ave. So. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/3/56

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
77	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Samuel Paris

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Houghtalin

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs. Jay Cascade
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida Date 12/11 1933

19. UNDERTAKER F. K. Solomon
(Address) Nampa, Idaho

20. FILED Jan. 2, 1933. Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23., 193 3., to Dec. 8., 193 3.

I last saw her alive on Dec. 8., 193 3.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Nephritis and Obstipation	Dec 1, 33
Other **contributory causes** of importance: Arteriosclerosis Deformans Bedridden 27 yrs.	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Geo. K. Boocock M. D.
(Address) Nampa Idaho

RECEIVED JAN 1934

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86975

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 142

(No. ~~1103-13~~ Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lee Waltman

(a) Residence. No. 1103-13th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9th 1910

7. AGE: Years 23 Months 6 Days 7 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amer. Falls Idaho

FATHER

13. NAME Walter A. Waltman

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Julia L. Grifford

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) Mrs. W. A. Waltman Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Id. Date 12-19, 1933 Kohlerlawn

19. UNDERTAKER (Address) Wm. D. Talley Nampa Ida.

20. FILED Jan 9, 1934 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1933, to Dec. 16th, 1933, I last saw him alive on Dec. 16th, 1933: death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun-shot wound in left thigh destroying all vessels to the leg	12-14-'33

Other contributory causes of importance:

Gas gangrene infection followed by gas embolus to heart.	12-16-'33

Name of operation Amputation of thigh Date of 12-16-'33

What test confirmed diagnosis? Sab. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-14, 1933

Where did injury occur? 8 mi north of Nampa (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Duck hunting on public domain

Manner of injury Accidentally shot by companion

Nature of injury Shot gun wound in left thigh

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. O. A. Kellogg, M. D.

(Address) Nampa Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1934

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86978

County of Canyon
City of Parma
Registration District No. 2017
Primary Registration District No. 3
Local Registrar's No. 28

(No. 2 miles east Parma)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188

2. FULL NAME Iola Mildred Goodson

(a) Residence. No. Parma, Idaho R. #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Austin Goodson

6. DATE OF BIRTH (month, day, and year) March 27-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilder Idaho

FATHER

13. NAME Geo. E. Hudson

14. BIRTHPLACE (city or town) (State or country) Hastings Nebraska

MOTHER

15. MAIDEN NAME Golda Graber

16. BIRTHPLACE (city or town) (State or country) Burlington Iowa

17. INFORMENT (Address) Golda May Hudson 1808 N. 14th St. Boise, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Tucker Cem. Date 12-15-33

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED 1-5, 1934 Ethel Jurries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally killed by car, in which she was riding, turning over in barrow pit	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/12

Where did injury occur? Highway 2 Mi E Parma
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury Car turning over

Nature of injury Broken neck, fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. D. Talbot Coroner, M. D.

(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86979

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Lenord Earl Marrs.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 5-1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho.

FATHER

13. NAME Neil Marrs

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Vera Seely

16. BIRTHPLACE (city or town) (State or country) Caldwell Idaho.

17. INFORMENT (Address) Neil E. Moss city

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 12-10, 1933

19. UNDERTAKER (Address) C. J. Pickham Caldwell

20. FILED 12-11, 1933. John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1933, to Dec 8, 1933

I last saw h.....alive on Dec 8, 1933; death is said to have occurred on the date stated above, at 2:35 m.

The principal cause of death and related causes of importance were as follows:

Sapticemia

Date of onset

Other contributory causes of importance:

Following removal Osteochondroma from tibia - left.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. A. Newberry, M. D.

(Address) Caldwell Idaho

RECEIVED IN

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2007

County of Canyon

Primary Registration District No. 3

File No. 86980

City of 3½ So Parma (No. ..... St.)

Registered No. 29

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas Clendening

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Married (Write the word.)

6. DATE OF BIRTH: Jan (Month) 10 (Day) 1869 (Year)

7. AGE: 64 yrs. 11 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Edenburg Scotland

10. NAME OF FATHER: John Clendening

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Mary

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myra Clendening

(Address) Parma Idaho

15.

Filed 1-5 1934 Ethel Jurries Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 29 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1933, to Dec 29 1933 that I last saw him alive on Dec 27 1 and that death occurred on the date stated above, at 7

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilat

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Influenza

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) J Barazin M. D.

12/30 1933 (Address) Nyssa Ore

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Parma

DATE OF BURIAL: 12/31 1933

20. UNDERTAKER: C V Peckham

ADDRESS: Caldwell Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Permit issued to: Flahiff Chapel
P. O. Box 726
Caldwell, Idaho

December 4, 1957
Date

sent 12-6-57

State Board of Health
Boise, Idaho

RECEIVED
DEC 5 1957
Division of Vital Statistics

I hereby give authorization for the disinterment of:

NAME OF DECEASED Thomas Clendening Sr.

DATE OF DEATH December 30 or 31 1933

CAUSE OF DEATH Coronary

ATTENDING PHYSICIAN Dr. J. J. Lanagin

BURIED IN Fraternity CEMETERY, in the City of Payne Idaho.

TO BE REMOVED TO Cloverdale memorial Park CEMETERY, in the City of Boise Idaho.

RELATIONSHIP TO PERSON REQUESTING PERMIT ~~Daughter~~ Father

NAME OF LICENSED EMBALMER Lucy M. Flahiff - # E393

REASON FOR DISINTERMENT Placed beside his wife

Very truly yours,

Myra C. Rasmussen
Signature of relative or person requesting permit.

Route #4 Nampa, Idaho
Address

- * * * * * * * * * * * * * * -

State of Idaho)
County of Canyon) ss

On this 4th day of December, 1957, before me Russell L. Stanley a Notary Public in and for the within county and state personally appeared Myra C. Rasmussen known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that She executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Russell L. Stanley
Notary Public residing at Nampa, Idaho
My commission expires January 16, 1961

Permit issued to Alsip Funeral Chapel on
April 19, 1957

April 17, 1957.
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of:

NAME OF DECEASED Thomas A Clendening, Sr.

DATE OF DEATH Dec. 31, 1933.

CAUSE OF DEATH Heart trouble

ATTENDING PHYSICIAN Dr. Sarazan of Nyssa, Oregon.

BURIED IN Cloverdale Cemetery CEMETERY

TO BE REMOVED TO Cloverdale Cemetery CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Daughter

NAME OF LICENSED EMBALMER John F Alsip, Jr.

REASON FOR DISINTERMENT Buried in wrong grave

Very truly yours,

Myra Rasmussen.

Signature of relative or person requesting permit.

Rt. 4 Nampa, Idaho.

Address

* * * * * * * * * * * * * * * * *

State of Idaho (ss.
County of Canyon)

On this 17th day of April 1957, 194__, before me Ross E Chastain, Jr a Notary Public in and for the within county and state personally appeared Myra Rasmussen known to me (or proved by the oath of her) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that She executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Ross E. Chastain Jr.

Notary Public, residing at Nampa, Idaho
My commission expires

Notary Public Residing at Nampa, Idaho
My Commission Expires March 15, 1960

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86984

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

97

2. FULL NAME Herbert E. Beatty

(a) Residence. No. 207 Blvd. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amelia B.

6. DATE OF BIRTH (month, day, and year) May 14 1863

7. AGE Years 70 Months 7 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Millright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clinton Co. Iowa

FATHER

13. NAME John S.

14. BIRTHPLACE (city or town) (State or country) Crawford Co. Pennsylvania

MOTHER

15. MAIDEN NAME Martha Mumford

16. BIRTHPLACE (city or town) (State or country) Crawford Co. Pennsylvania

17. INFORMENT (Address) D. Mumford Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 1-4, 1934

19. UNDERTAKER (Address) E. V. Peckham Caldwell Ida

20. FILED 1-3, 1934 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Dec 31, 1933

I last saw h..... alive on Dec 31, 1933; death is said to have occurred on the date stated above, at 3-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. A. Newberry, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of #Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE
State File No. 86985

Local Registrar's No. 109.

169

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Mary Potter

(a) Residence. No. Wilder R#1 — Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of J. S. Potter

6. DATE OF BIRTH (month, day, and year) Aug 15- 1892

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
41	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hattan
(State or country) Wash

FATHER

13. NAME Steven Bradford

14. BIRTHPLACE (city or town)
(State or country) Mich

MOTHER

15. MAIDEN NAME Alida Hall

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMENT J. S. Potter
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Canyon Hill Date 12-26, 1933

19. UNDERTAKER J. C. Peckham
(Address) Caldwell Idaho

20. FILED 12-27, 1933 John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by drowning in Snake River 1 mile So. & 1 mi. west Cenral Cove School sometime between 8 & 10:30 P.M.	
Other contributory causes of importance:	
Over	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/22/33

Where did injury occur? So. Caldwell, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Snake River

Manner of injury .....

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. D. Talley Coroner M. D.

(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 86986

Local Registrar's No. 108

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gardner Waldron

(a) Residence. No. Wilder Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 18 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bluffton
(State or country) Minn

FATHER

13. NAME Geo. Waldron

14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMENT Mary E. Lloyd
(Address) Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Roswell Date Dec 24, 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 12-30, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to to Dec 21, 1933

I last saw he alive on Dec 21, 1933: death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of Intestines	1931

Other contributory causes of importance:

Name of operation Gastro-Enterostomy Date of June 1932

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert E Tuthill, M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86987

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Thomas Morrow

(a) Residence No. Caldwell Ida R#3 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 26-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kirksville
(State or country) Mo

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) .....
(State or country) " "

MOTHER

15. MAIDEN NAME Rose ann Laughlin

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMENT Inez Morrow
(Address) Caldwell Ida R#3

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Dec 18, 1933

19. UNDERTAKER C. J. Beckmann
(Address) Caldwell Ida

20. FILED 12-22, 1933 John L. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16" 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933, to Dec 16, 1933
I last saw him alive on about 2 wks previous, 1933; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12-16-33
Other contributory causes of importance: None	None

Name of operation — Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. M. Haley, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86988

PLACE OF DEATH

County of Canyon

City of Greenleaf

Registration District No. 9

Primary Registration District No. 2005

Local Registrar's No. 106

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isaiah Williams

(a) Residence. No. Greenleaf Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) April 19-1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Peola Ind.

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Anna Landin

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) S. D. Williams

18. BURIAL, CREMATION, OR REMOVAL Place Greenleaf Date Dec 19, 1933

19. UNDERTAKER C. V. Beckham (Address) Caldwell Idaho

20. FILED Dec 22, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1933, to Dec 16, 1933

I last saw h..... alive on ....., 193..... : death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1931

Other contributary causes of importance Chronic Arthritis 1926

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Staley M. D.

(Address) Caldwell Idaho

Mont

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86989

Registration District No. 3

Primary Registration District No. 2005

Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marcine Dixson Bryant

(a) Residence. No. Huston R#1 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 14-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Mt Penn.

FATHER

13. NAME Bryant

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Gertrude Simpson

16. BIRTHPLACE (city or town) (State or country) Boliot Kansas

17. INFORMENT (Address) R. L. Bryant Huston Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date Dec 18 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Idaho

20. FILED 12-19, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/16, 1933, to 12/16, 1933

I last saw him alive on 12/16, 1933: death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with acute dilatation	

Other contributory causes of importance:

Arterial Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Montgomery M. D.

(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86990

PLACE OF DEATH

County of Canyon

City of Caldwell

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 104

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Abraham Denny

(a) Residence. No. Jordan Valley Ore. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith Denny

6. DATE OF BIRTH (month, day, and year) Aug 9 - 1860

7. AGE: Years 73 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tankshire
(State or country) England

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMENT Pure Hardisty
(Address) Jordan Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date 12-19, 1933

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED Dec 19, 1933. John S. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to Dec 16, 1933

I last saw him alive on Dec 15, 1933: death is said to have occurred on the date stated above, at 5-40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. W. Coe M.D.

(Address) Caldwell Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86991

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
Local Registrar's No. 93

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Atwater

(a) Residence. No. 300 Chicago Ave St. Caldwell Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1882

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Bachleor
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: X
6. DATE OF BIRTH (month, day, and year): May 5. 1879
7. AGE: 54 Years, Months: 6, Days: 7. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Morrison Ill.

FATHER
13. NAME: B. J. Atwater
14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER
15. MAIDEN NAME: M. Jordon.
16. BIRTHPLACE (city or town) (State or country): New York State

17. INFORMENT (Address): Firma Mueller Cascade Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Cascade Ida Date: Nov. 17, 1933
19. UNDERTAKER (Address): Am. L. Talley Caldwell
20. FILED 11-16-, 1933 J. S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-14 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to Nov. 14, 1933
I last saw him alive on Nov. 14, 1933; death is said to have occurred on the date stated above, at 2 15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	11/14/33

Other contributory causes of importance: Traumatic Pneumonia due to puncture of left lung by fractured ribs. Fractured 4-5-6 rib. Fractured Humerus left.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 10/29 1933
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck down by automobile
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) A. A. Newberry, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86992

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 1005 Local Registrar's No. 103

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora Margaret Endicott.

(a) Residence. No. N-Kimble City. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of R. Endicott

6. DATE OF BIRTH (month, day, and year) Oct 24-1873

7. AGE Years 60 Months 2 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freemont Co Iowa

FATHER
13. NAME Benjaman Lane
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Mary Crist
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) R. Endicott Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill Date 12-18 1933

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 12-19, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Dec 15, 1933
I last saw her alive on dead, 193...: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance: Art. Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) S. B. Dudley, M. D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 86993

Registration District No. 3

Primary Registration District No. 2005 Local Registrar's No. 102

(No. I O O F Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Floyd Rader

(a) Residence. No. I O O F Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21-1860

7. AGE Years 73 74 Months 2 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nicholas Co
(State or country) West Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mrs Viola Price
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill cemetery Date Dec 16-33

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 12-22, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15-33 193

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Dec 15, 1933

I last saw him alive on Dec 14, 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	not known

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [signature] M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005
(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 86994

Local Registrar's No. 161

117

2. FULL NAME George G Akiyama

(a) Residence. No. Marsing Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Japanese
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) Kaorn Akiyama Marsing Idaho

18. BURIAL, CREMATION, OR REMOVAL Canyon Hill Cemetery Date Dec 17-33

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 12-20, 1933 John D. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933, to Dec 15, 1933
I last saw h[illegible]live on Dec 15, 1933: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Immune Peritonitis	
caused by	
Ruptured	
gangrenous appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of 11/30/33
What test confirmed diagnosis? Op. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. W. Montgomery M. D.
(Address) Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86995

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005 Local Registrar's No. 100
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James S. King
(a) Residence. No. I O O F Home St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 1-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denton County Texas

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant Mrs Viola Price
(Address) Caldwell Ida

15. Filed 12-20, 1933 John S. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 13-33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to Dec 13, 1933
that I last saw h[im] alive on Dec 12, 1933
and that death occurred, on the date stated above, at 2.9 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Endocarditis
(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) J. H. Case, M. D.
Dec 14, 1933 (Address) Caldwell Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Canyon Hill Cemetery	Dec 15-33

20. Undertaker	Address
Paul L. Case	Caldwell Ida

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86997

PLACE OF DEATH
County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 40
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118 b

2. FULL NAME Silas W Condron
(a) Residence. No. Border Wyo St. Border Wyo
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower
5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rose Frazier
6. DATE OF BIRTH (month, day, and year) Feb 15 1859
7. AGE Years 74 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs L F Ingersoll Glenn Ferry Idaho
18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Cokeville Wyo Date Dec 19, 1933
19. UNDERTAKER (Address) F M Williams Montpelier Idaho
20. FILED Dec 19, 1933 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1933
22. I HEREBY CERTIFY, That I attended deceased from December 10, 1933, to Dec 19, 1933
I last saw him alive on Dec 19, 1933: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	

Other contributory causes of importance:

Name of operation Laparotomy Date of Dec 10, 1933
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) R B Lindsay, M. D.
(Address) Cokeville Wyoming

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86998

PLACE OF DEATH
County of Caribou
City of Soda Springs (or) Ida

Registration District No. 8
Primary Registration District No. 2159
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William C. Munro

(a) Residence. No. Soda Springs, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Clement Munro Deceased

6. DATE OF BIRTH (month, day, and year): Dec 13 1859

7. AGE: Years 74 | Months 0 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Draper Utah

FATHER
13. NAME: William Munro
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Emily M. Davis
16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMENT (Address): X W. C. Munro Soda Springs Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Soda Springs Ida Date: , 1933

19. UNDERTAKER
(Address): Soda Springs Ida

20. FILED 12-14, 1933 Dr Rasmussen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec - 13, 1933, to Dec. 14, 1933
I last saw h alive on Dec - 14, 1933: death is said to have occurred on the date stated above, at 4-30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/13/33
Duration	

Other contributory causes of importance:

Name of operation: V Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify N V
(Signed) Ellis Rasmussen, M. D.
(Address) Soda Springs Ida

MARGIN RESERVED FOR BINDING

...WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 86999

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 38
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tela Myrtle Christoffersson
(a) Residence. No. Shelly, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter F. Christoffersson
6. DATE OF BIRTH (month, day, and year) June 24-1896
7. AGE Years 35 Months 5 Days 17 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Go Shere
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Mexican~~, Ida
(State or country)

FATHER
13. NAME Jacob A. Teeples
14. BIRTHPLACE (city or town) Ogden Utah
(State or country)

MOTHER
15. MAIDEN NAME Sarah Burnett
16. BIRTHPLACE (city or town) Bloomington Ida
(State or country)

17. INFORMENT (Address) Bancroft Ida
18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Ida Date 12-15-1933
19. UNDERTAKER (Address)
20. FILED 12-11-1933 Dr Russell Tigard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11, 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec-10-, 1933, to Dec-11-, 1933
I last saw her alive on Dec-11-, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goiter Operation	
Toxic Goiter Operation	

Other contributory causes of importance:
Toxic Heart

Name of operation Thyroidectomy Date of 12/11/33
What test confirmed diagnosis? Tissue Pr. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ellis Kaeckly, M. D.
(Address) Soda Springs Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Delco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87001

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Etta Greener

(a) Residence. No. Delco, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Greener.

6. DATE OF BIRTH (month, day, and year) Dec. 12-1933

7. AGE Years 48 Months 6 Days 24 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House Keeping

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Nephi Utah

FATHER

13. NAME Charles Ingram

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Romero

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Dean Greener Delco Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Delco, Ida. Date 12/16 1933

19. UNDERTAKER (Address) Johnson Mortuary Vern. B. McCullach

20. FILED 12/13, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Dec. 12, 1933

I last saw her alive on Dec. 12 1933: death is said to have occurred on the date stated above, at 4:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Sept-15-1932

Other **contributory causes** of importance:

Name of operation Lam Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87003

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 96
(No.) 129
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Jane Kurfee
(a) Residence. No. Oakley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr C. Kurfee
6. DATE OF BIRTH (month, day, and year): May 9 1850
7. AGE: Years 83 | Months 7 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home
10. Date deceased last worked at this occupation (mo. and yr.): ?
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Bonham Co Texas

MOTHER FATHER
13. NAME: Wm. Reed
14. BIRTHPLACE (city or town) (State or country): —
15. MAIDEN NAME: Emily Jane Watson
16. BIRTHPLACE (city or town) (State or country): San Bardino California
17. INFORMANT (Address): Maryette Harrison Oakley, Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Oakley, Ida. Date 12/20 1933
19. UNDERTAKER (Address): Harrison Martineau Burn McElhaney
20. FILED 12/20, 1933. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/17 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1933 to Dec. 17, 1933.
I last saw him alive on Dec. 14 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	10 yrs.
Other **contributory causes** of importance: Chronic Myocarditis	20 yrs.

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Reynolds M. D.
(Address) Burley, Idaho

RECEIVED JAN 1 1934

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87004

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. Henry Martindale

(a) Residence. No. Oakley Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Wm. H. Martindale

6. DATE OF BIRTH (month, day, and year) May 17-1886

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
47	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Town Marshall

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Law Enforcement

10. Date deceased last worked at this occupation (mo. and yr.) 11/30

11. Total time (years) spent in this occupation 7yrs.

12. BIRTHPLACE (city or town) (State or country) Oakley Idaho

FATHER

13. NAME Wonzo P. Martindale

14. BIRTHPLACE (city or town) (State or country) Fountaville Utah

MOTHER

15. MAIDEN NAME Mary McIntair

16. BIRTHPLACE (city or town) (State or country) Fountaville Utah

17. INFORMANT (Address) Mrs. Wm. H. Martindale Oakley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 12/15 1933

19. UNDERTAKER (Address) Johnson Mortuary Perry McCulloch

20. FILED 12/14 1933 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Dec. 4, 1933.

I last saw him alive on Dec. 4, 1933.; death is said to have occurred on the date stated above, at 11 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rt. Lobar Pneumonia	Dec. 4-33

Other **contributory causes** of importance:

Surgery - Ruptured appendix & Peritonitis	Nov. 20-33

Name of operation Laparotomy Date of Nov. 20-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles C. Raymer, M. D.

(Address) Burley - Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87005

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John A. Clark

(a) Residence. No. Albion Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anna Clark.

6. DATE OF BIRTH (month, day, and year) Dec. 12-1857

7. AGE Years 76 Months Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John C. Clark.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Caroline Hopkins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Walter D. Clark Albion Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Albion cemetery Date 12/17 1933

19. UNDERTAKER (Address) Johnson Mortuary Vern B McCulloch

20. FILED 12/13, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933, to Dec. 13, 1933.
I last saw him alive on Dec. 13, 1933.: death is said to have occurred on the date stated above, at 10:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec. 6-1933

Other **contributory causes** of importance:

Name of operation Lom Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Id

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87006

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 94

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Adams

(a) Residence. No. Oakley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 4 1905

7. AGE Years: 68 Months: 5 Days: 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 12/27/3

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Toole Co. Utah

FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Catherine Howells

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) John Adams Co. Oakley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida Date 12/30 1933

19. UNDERTAKER (Address) Johnson Mortuary Burley McCulloch

20. FILED 12/25, 1933. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1933, to ....., 193...

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

Crushed Chest, Broken Neck Caused by a Madden Bull.

Other **contributory causes** of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. E. Johnson Coroner
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87007

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pelayo Aldana. 90

(a) Residence. No. 530 North Albion Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: N. Wayne Aldana

6. DATE OF BIRTH (month, day, and year) Mar. 24th. 1893;

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dealer in Hydes and Fers.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date of Death 10-16-33
10. Date deceased last worked at this occupation (month and year) 10-16-33.
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Zamudio Spane.

FATHER

13. NAME Pedro Aldana;
14. BIRTHPLACE (city or town) (State or country) Amorebieta. Spane

MOTHER

15. MAIDEN NAME Carmine Abona.
16. BIRTHPLACE (city or town) (State or country) Zamudio Spane

17. INFORMENT (Address) N. Wayne Aldana. Burley

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls. Ida. Date 10-18 1933

19. UNDERTAKER (Address) [illegible] Burley Ida

20. FILED Dec 14, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/16 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation of heart	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [illegible], M. D.
(Address) Burley, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87008

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 85

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Merrill

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days 5 hours If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Chas. L. Merrill
14. BIRTHPLACE (city or town) (State or country) Wilston North Dacota

MOTHER
15. MAIDEN NAME Mary Ilene Billman
16. BIRTHPLACE (city or town) (State or country) Ucon Ida

17. INFORMENT (Address) Chas L. Merrill Burley

18. BURIAL, CREMATION, OR REMOVAL Place Dun Date 11-25, 1933

19. UNDERTAKER (Address) Jas. P. Payne Burley

20. FILED Dec 14, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/24/1933

22. I HEREBY CERTIFY, That I attended deceased from 11/24/33, 193, to 11/24/, 1933
I last saw her alive on 11/24/, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Premature ~~infant~~ birth 7 month

Date of onset

Other contributory causes of importance: Torsion of cord

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. G. Espe, M. D.
(Address) Burley

RECEIVED AN

PLACE OF DEATH

County of Cassia

City of Marion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87009

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 95

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

24

2. FULL NAME Donna Rae Warr

(a) Residence. No. Marion Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 15 - 1925

7. AGE Years 8 Months 4 Days 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 12/26/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Oakley (State or country) Ida

FATHER

13. NAME Kenneth Warr

14. BIRTHPLACE (city or town) Oakley (State or country) Ida.

MOTHER

15. MAIDEN NAME Rowena Jensen

16. BIRTHPLACE (city or town) Grover (State or country) Wyoming

17. INFORMANT (Address) Kenneth Warr, Marion Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Marion Ida, Date 12/31, 1933

19. UNDERTAKER (Address) Johnson Mortuary Vera McCulloch

20. FILED 12/29, 1933 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 28, 1933.

I last saw her alive on Dec 28 1933: death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebro spinal (Meningococcic) Meningitis	Dec 25th 33

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Leland Frazier, M. D.

(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87010

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 92

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Elizabeth S. Condon

(a) Residence. No. ..... Edgen Utah St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. U. S. Condon

6. DATE OF BIRTH (month, day, and year): May 14 1851

7. AGE: Years 82 | Months 7 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None Wife
10. Date deceased last worked at this occupation (mo. and yr.): 7/1933
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Co. Bath Maine

FATHER
13. NAME: Richard Slater
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ann Carbridge
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Ray Mathes Memorial Cem.

18. BURIAL, CREMATION OR REMOVAL
Place Edgen Ut. Date 12/21, 1933

19. UNDERTAKER (Address): H. E. Johnson Burley Ida.

20. FILED 12/19, 1933 D. Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to Dec 17, 1933
I last saw h....alive on Dec 17, 1933: death is said to have occurred on the date stated above, at 11:00 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Valv. Heart Disease	
Mitral Insufficiency	about 1910
Other **contributory causes** of importance:	
Endarteritis Legs	12-16-33
below Knee - both	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify....
(Signed) Leland Frazer, M. D.
(Address) Burley, Idaho

RECEIVED JAN 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87011

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 93
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Zina Eliza Gibson
(a) Residence. No. 80 Adams Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Gibson

6. DATE OF BIRTH (month, day, and year) Nov. 14- 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home
10. Date deceased last worked at this occupation (mo. and yr.) 5-1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Martha Eliza Gibbs
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Frank Gibson (Address) Burley Idaho
18. BURIAL, CREMATION OR REMOVAL Pella Interment
Place Burleyfields Date 12/24 1933
19. UNDERTAKER Johnson Mortuary (Address) Owen McCulloch
20. FILED 12-22-1933 Laura Gates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931 to Dec 20, 1933.
I last saw her alive on Dec 20 1933; death is said to have occurred on the date stated above, at ?:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 13-1933
Other **contributory causes** of importance:	
Arteria Sclerosis	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in a **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hugh E. Wells, M. D.
(Address) Burley Idaho

RECEIVED JAN 1934

PLACE OF DEATH

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87012

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Edmond Reinhart

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Peggy Reinhart

6. DATE OF BIRTH (month, day, and year): Sept 19-1872

7. AGE: Years 41 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lumber work

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): South Dakota

FATHER

13. NAME: Gilbert Reinhart

14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER

15. MAIDEN NAME: Smith

16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMENT (Address): Peggy Reinhart, Pierce

18. BURIAL, CREMATION, OR REMOVAL Place: Rathdrum Date: 12-5, 1933

19. UNDERTAKER (Address): Orofino Mortuary

20. FILED: 1/6, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart trouble	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wayne S. Herres, Coroner, M.D.

(Address) Orofino Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1934

PLACE OF DEATH

County of Clearwater,

City of Near Weippe.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87013

Registration District No. 90.

Primary Registration District No. 2187.

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey S. Thomas.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Leora Thomas.

6. DATE OF BIRTH (month, day, and year): Dec. 11th, 1874

7. AGE: Years 58. Months 11. Days 21. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Teamster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Logging.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): California.

FATHER

13. NAME: Squire Thomas.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Ellen Stilwell.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Leon Thomas Weippe, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Lewiston, Idaho Date: 12/4/33 193

19. UNDERTAKER (Address): Brower-Wann Company, Lewiston, Idaho.

20. FILED 12/6, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12/2/33. 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 1:30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed back. Probably severed spinal cord.	12/2/33.
Accident.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/2/33.

Where did injury occur? About 6 miles north of Weippe, Clearwater Co., Idaho. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Industry. Logging.

Manner of injury .....

Nature of injury Crushed back.

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] Loc Reg 4 90, XXX

(Address) Orofino, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 87014

Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Barnaby

199 N

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Singlr

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
About 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Labor

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT ... Chas. Boeahm Pierce Idaho (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Dec 8, 1933.

19. UNDERTAKER V. A. Shelton (Address) Orofino

20. FILED Dec 8, 193... V. A. Shelton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6.40 P .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Run over by train head and	
lege cut off	Dec 7
Accident	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed Chas. Dundas Jr. Pierce Idaho)
(Address) Pierce Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87015

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 66
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Newlin

(a) Residence. No. ..... St. Plummer, Idaho. 122
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 1872

7. AGE: Years 61 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Common labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kentucky
(State or country)

FATHER
13. NAME Joseph Newlin
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Celia Oblebee
16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMENT Records: State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Nov. 27, 1933

19. UNDERTAKER F. A. Billberg, Hosp. Attdt.
(Address) Orofino - Idaho.

20. FILED Nov 27, 193 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 26 1933

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1932, to November 26, 1933
I last saw him alive on November 26, 1933: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver (Alcoholic)	

Other contributory causes of importance:
Psychosis with mental deficiency

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Sign. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 4 1934

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87016

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 71

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME John J. Gieren

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 71 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ✓
(State or country)

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Country Farm
(Address) Orofino Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 12/11, 193..

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 12/10, 193... W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age and Val. Heat Dean fell dead	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. A. Shaw for Reg #90 M. D.
(Address) Orofino

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87017

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 72

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Frank Maureschat

(a) Residence. No. St. Moscow, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Insterburch
(State or country) Germany

FATHER

13. NAME Friz Maureschat

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Maureschat

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Hosp. Cem. Date Dec. 18, 1933

19. UNDERTAKER (Address) F. A. Billberg, Hosp. Asst. Orofino - Idaho.

20. FILED Dec 19, 1933 F. A. Billberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 17 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1928 to December 17, 1933

I last saw him alive on December 17, 1933; death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Psychosis with other Somatic diseases	

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Vernon McKelvey, M. D.

(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 4 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87018

PLACE OF DEATH
County of Clearwater
City of Orofino Idaho

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 67
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leslie George Kachelmier 21

(a) Residence. No. Orofino. R.F.D. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. born here 5 yrs. ~~10~~ mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day and year) June 10th 1933

7. AGE Years | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (city or town) (State or country) Orofino Idaho

PARENTS
10. NAME OF FATHER Alois J. Kachelmier
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fairfax Minn
12. MAIDEN NAME OF MOTHER Cecila C. Ahlers
13. BIRTHPLACE OF MOTHER (city or town) (State or County) St Henry Ohio

14. Informant (Address) Mr & Mrs A J Kachelmier

15. Filed 12/2, 19 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 2nd (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 21st, 1933, to 12-2, 1933
that I last saw him alive on 12-2, 1933
and that death occurred, on the date stated above, at 2:20 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Erysipelas

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Pneumonia & Mumps
(duration) yrs. mos. 11 ds.

18. Where was disease contracted if not at place of death? at Home
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Symptoms Etc
(Signed) J. F. Robertson, M. D.
12/2, 1933 (Address) Orofino Idaho

19. Place of Burial, Cremation, or Removal Nez Perce Ida | Date of Burial 12/4 1933
20. Undertaker Orofino Mortuary | Address Orofino Ida

RECEIVED

PLACE OF DEATH

County of Custer

City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87019

Registration District No. 108

Primary Registration District No. 2186 Local Registrar's No. 163

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Thomas Jose Sr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 3-1850

7. AGE Years 83 Months 7 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Australia

FATHER

13. NAME Wm Jose

14. BIRTHPLACE (city or town) (State or country) Meborne

MOTHER

15. MAIDEN NAME Mary Jose Tibbets

16. BIRTHPLACE (city or town) (State or country) Meborne

17. INFORMENT (Address) Thos E. Jose

18. BURIAL, CREMATION, OR REMOVAL Place Challis Date Nov 27, 1933

19. UNDERTAKER (Address) Wm C Doebler Salmon, Idaho

20. FILED Nov. 27, 193 Edna McKinney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-26" 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1931, to Nov 25, 1933

I last saw him alive on Nov 25, 1933: death is said to have occurred on the date stated above, at 3-A- m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged prostate	not Bacon
Infected bladder	1931
General toxemia	1933

Other contributory causes of importance:

Arterio-sclerosis
Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. L. Kirkley, M. D.

(Address) Challis, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87020

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 16
Primary Registration District No. 18
Local Registrar's No. 12
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** David Hershey

(a) Residence. No. Cleandale St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (city or town) (State or Country) " "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) " "

14. Informant (Address)

15. Filed Nov. 2, 1933 Elma McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 1 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

No doctor in attendance

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. L. Edwards Coroner M. D.
, 19 (Address)

19. Place of Burial, Cremation, or Removal: Challis Idaho — Date of Burial: Nov. 1 1933

20. Undertaker: L. L. Edwards — Address: Challis Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87021

PLACE OF DEATH

County of Elmore

City of Atlanta

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Fred A. Richie

(a) Residence. No. Atlanta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Caroline C. Richie

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prospecter

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Pueblo, Colo.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs. Fred A. Richie Atlanta, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Elec. Meyers Date ....., 193..

19. UNDERTAKER Lacher
(Address) Mountain Home, Idaho

20. FILED Dec. 14, 1937 Geo. M. Davis Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1937, to Nov. 27, 1937

I last saw him alive on Nov. 27, 1937; death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wounds	11/27/37
Other contributory causes of importance:	
Hemorrhage	11/27/37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/27 1937

Where did injury occur? Atlanta, Elmore, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place (Restaurant)

Manner of injury Bullet wounds

Nature of injury Shot by officer

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Sam R. Page, M. D.

(Address) Atlanta, Idaho

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87023

PLACE OF DEATH
County of Franklin
City of Dayton

Registration District No. 27
Primary Registration District No. 2179
Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

181

2. FULL NAME William Rosco Coburn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov II 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. & Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cederville Idaho

FATHER

13. NAME Geo Albert Coburn

14. BIRTHPLACE (city or town) (State or country) Cederville Id.

MOTHER

15. MAIDEN NAME Lottie Violette Phillipps

16. BIRTHPLACE (city or town) (State or country) Brigham City Utah

17. INFORMENT (Address) Geo A. Coburn Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Idaho Date II, 193 33

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jan 8, 1934 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental, Caught in belt at beet dump and pulled through the pulley Head going first.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? Dayton Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At beet dump
Manner of injury .....
Nature of injury Head crushed

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. W. Hendricks Coroner, M.D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87024

PLACE OF DEATH
County of Franklin
City of Winder
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Geo Winn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winder Idaho

FATHER

13. NAME Marion Henry Winn

14. BIRTHPLACE (city or town) (State or country) Winder Idaho

MOTHER

15. MAIDEN NAME Erma Bennett

16. BIRTHPLACE (city or town) (State or country) Winder Idaho

17. INFORMENT (Address) Marion H. Winn, Winder Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Dec 7, 1933

19. UNDERTAKER M.W.Hendricks
(Address) Preston

20. FILED Jan 8, 1934 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 -, 1933, to Dec 5, 1933
I last saw h alive on Dec 5, 1933: death is said to have occurred on the date stated above, at 6.50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis (Virulent Type)	Dec 4-1933

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) G. W. States, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87025

PLACE OF DEATH

County of Franklin

City of Glendale

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 30

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jeneive Owen

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ~~1~~ hrs. or 15 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glendale Idaho

FATHER

13. NAME Richard Owen

14. BIRTHPLACE (city or town) (State or country) Glendale Idaho

MOTHER

15. MAIDEN NAME Tennie Anderson

16. BIRTHPLACE (city or town) (State or country) Hyrum Utah

17. INFORMENT (Address) Richard Owen Glendale

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Dec 15 1933

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Jan 8, 1934 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 -, 1933, to Dec 14, 1933

I last saw her alive on Dec 14, 1933: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart insufficiency -	Dec 14- 1933
Other contributory causes of importance: Atelectasis -	—

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury _____, 193_

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) G. W. States, M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87026

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ethel May Harris

179

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
White	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of Wm Harris

6. DATE OF BIRTH (month, day, and year) Dec 9 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME John Whitehead

14. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER

15. MAIDEN NAME Johanna Durney

16. BIRTHPLACE (city or town) (State or country) Richmond Utah

17. INFORMENT (Address) Della Crockett Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Franklin Idaho Date Dec 22 1933

19. UNDERTAKER M. H. Hendricks (Address) Preston Idaho

20. FILED Jan 8, 1933 G. W. Stalks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1933, to 12-19, 1933.
I last saw her alive on 12-15, 1933: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis Uremia	9-4-33 12-15-33
Other contributory causes of importance: Carcinoma of cervix with uremic metastasis.	about Jan 1933

Name of operation None Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) A. R. Meikle, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED AN

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 87027

Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1515

2. FULL NAME Charles Franklin Kirkbride

(a) Residence. No. ..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vinnie Kirkbride

6. DATE OF BIRTH (month, day, and year) Feb 4 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Smithfield Utah

FATHER

13. NAME James Kirkbride

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Lucinda Gibson

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMENT (Address) J. W. Kirkbride Smithfield Utah

18. BURIAL, CREMATION, OR REMOVAL Place Smithfield Utah Date Dec 22 193 33

19. UNDERTAKER M. W. Menuricks (Address) Preston Idaho

20. FILED Jan 4, 193 3 G. W. Staten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 193

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1933, to 12-19, 1933

I last saw him alive on 12-19, 1933; death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-12-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Curtis, M. D.

(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin

City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 87028

Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ezra Franklin Woolley

(a) Residence. No. Dayton St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ina Ann Woolley

6. DATE OF BIRTH (month, day, and year): Feb 16 1865

7. AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St George Ut

FATHER

13. NAME: Franklin D Woolley

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Olive Foss

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMENT (Address): Ezra Woolley Dayton

18. BURIAL, CREMATION OR REMOVAL Place: Salt Lake Date: Dec 23, 1933

19. UNDERTAKER (Address): Mrs Hendricks Preston Ida

20. FILED Jan 6, 1934 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1933, to 12-20, 1933

I last saw h alive on 12-20, 1933; death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-17-33

Other contributory causes of importance:

Bronchitis Pneumonia	12-12-33

Name of operation: Date of:

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Preston Critchlow, M. D.

(Address) Preston Ida

RECEIVED AN

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87029

Registration District No. 27

Primary Registration District No. 3119

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

92

2. FULL NAME Ruben Douglas Taylor

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 22 1932

7. AGE Years: 1 Months: 6 7 Days: 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME James Lavon Taylor

14. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER

15. MAIDEN NAME Ruberta M? Edwards

16. BIRTHPLACE (city or town) (State or country) New Zeland

17. INFORMENT (Address) Lavon Taylor Preston

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Date Nov 29 1933

19. UNDERTAKER (Address) None

20. FILED Jan 8, 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1933, to Nov 27, 1933

I last saw him alive on Nov 27, 1933; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis Media	
Lateral Sinus	
Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson L. Davies, M.D.

(Address) Preston Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87030

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Alice Helen Edwards

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Geo Frank Edwards

14. BIRTHPLACE (city or town) (State or country) New Zeland

MOTHER

15. MAIDEN NAME Thelma Larsen

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMENT (Address) Frank Edwards Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Whitney Id. Date Nov 17 1933

19. UNDERTAKER None
(Address)

20. FILED Jan 8, 1934 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933, to Nov 15, 1933
I last saw her alive on Nov 15, 1933; death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Empyemia	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Gram - Paracentesis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Orson L. Adams, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87032

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Vanleuvan Sperry

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	~~married~~ Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ellen Jessie Sperry

6. DATE OF BIRTH (month, day, and year) Sept 13 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ~~Farmer~~ Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Paradise Utah

FATHER

13. NAME John C. Sperry

14. BIRTHPLACE (city or town) (State or country) Macon Mo.

MOTHER

15. MAIDEN NAME Matilda Vanluvan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) E Jessie Sperry Clifton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Clifton Idaho Date Dec 1 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston

20. FILED Jan 6, 1934 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933, to Dec 14 1933, that I last saw him alive on Dec 14, 1933; death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	12-14-33

Other contributory causes of importance:

Operation Colostomy	12-9-33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. M. Kelly, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87033

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No.
Primary Registration District No. Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Rigby

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of May Rigby

6. DATE OF BIRTH (month, day, and year) Aug 19 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Centerdale Utah

FATHER

13. NAME Samuel Rigby

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margurett Duncan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT May Rigby (Address) Preston

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date Dec 31 1933

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jan 6, 1934 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1933, to 12-29, 1933

I last saw h[illegible] alive on 12-29, 1933: death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal	
uraemia	Nov 15th 1933
Other contributory causes of importance:	
General arterio sclerosis	1920

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Cowley, M. D.

(Address) Preston Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87034

PLACE OF DEATH
County of Franklin
City of Franklin

Registration District No. 27
Primary Registration District No. 219
(No.)
Local Registrar's No. 39

(If death occurred in a hospital or institution, give its name instead of street and number.)

1932

2. FULL NAME Ella Hammer

(a) Residence. No. Taylor St. Utah
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 5 1909

7. AGE	Years	Months	Days	If LESS than 1 day,
	24	10	21	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Weber County School Board

9. BIRTHPLACE (city or town) Ammon Ida.
(State or country)

PARENTS

10. NAME OF FATHER Jasper Hammer

11. BIRTHPLACE OF FATHER (city or town) Smithfiled
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Sarah A. Bartlett

13. BIRTHPLACE OF MOTHER (city or town) Laketown
(State or Country) Utah

14. Informant Jasper Hammer Father
(Address)

15. Filed Jan 8, 1934 G. W. Slates
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 26 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Auto Turned over on a hill
Car striking head and
crushing it.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. W. Slates M. D. Coroner

, 19 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Idaho Falls Idaho
Ogden Utah

Date of Burial Dec 26 1933

20. Undertaker M. W. Mendricks

Address Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED NOV 18 1933

DO NOT WRITE IN THIS SPACE
State File No. 87035

PLACE OF DEATH
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** PETER KNUDSEN

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
MALE	WHITE	XX

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) NOV. 21st 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO

PARENTS

10. NAME OF FATHER NELSE KNUDSEN

11. BIRTHPLACE OF FATHER (city or town) (State or Country) DENMARK.

12. MAIDEN NAME OF MOTHER WILMA ROBINSON.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) NEBRASKA

14. Informant NELSE KNUDSEN
(Address) ASHTON IDAHO

15. Filed 10.2/33, 19..... Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10/1st/1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-21-'33, 19..., to 12-1-'33, 19...
that I last saw h... imm alive on 11-30-'33, 19...
and that death occurred, on the date stated above, at 1:30 A.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1. Acute Nephritis

.....(duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) Prematurity

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? ---
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) W. W. Doty, M.D. M. D
10-2-33, 19..... (Address) Ashton, Idaho

19. Place of Burial, Cremation, or Removal: ASHTON IDAHO — Date of Burial: 12/1/33 19

20. Undertaker: LEWIS KISER — Address: ASHTON IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 87037

PLACE OF DEATH

County of FREMONT

City of ASHTON

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME GEORGE. DELBERT SHELTON

44

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE

4. COLOR OR RACE WHITE MARRIED.

5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of BERTHA SHELTON

6. DATE OF BIRTH (month, day, and year) MARCH 6th 1903

7. AGE Years 29 Months 8 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc LABOREER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) TEON CITY IDAHO

FATHER

13. NAME JOSEPH R. SHELTON

14. BIRTHPLACE (city or town) (State or country) UTAH

MOTHER

15. MAIDEN NAME SARAH.A. MURRAY.

16. BIRTHPLACE (city or town) (State or country) UTAH.

17. INFORMENT (Address) JOSEPH. R. SHELTON

18. BURIAL, CREMATION, OR REMOVAL Place ST ANTHONY IDAHO ORA IDAHO Date BURIAL, 12/6/33

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 12/5/33 193 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Dec 4, 1933

I last saw him alive on Dec 4, 1933: death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of left high left lung and liver

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Hargis, M. D.

(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of FREMONT
City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87038

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

46

2. FULL NAME MARTHA ROSA DEWINNNER

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM DEWINNER

6. DATE OF BIRTH (month, day, and year) NOV. 11th/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51.	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MINN

FATHER

13. NAME WILLIAM WHITE

14. BIRTHPLACE (city or town) (State or country) SCOTLAND GLASGOW

MOTHER

15. MAIDEN NAME PARKER

16. BIRTHPLACE (city or town) (State or country) SCOTLAND

17. INFORMENT (Address) WILLIAM DEWINNER ASHTON IDAHO

18. BURIAL, CREMATION, OR REMOVAL Place ASHTON IDAHO Date (9/25/33), 193

19. UNDERTAKER LEWIS KISER (Address) ASHTON IDAHO

20. FILED 9/25/33, 193 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 23/33 193

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 1. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of uterus	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Daly M.D. M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED DEC 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87039

PLACE OF DEATH
County of FREMONT
City of ASHTON
Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME LINDEN .J. WEATHERBEE

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	XX

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) FEB. 5th 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ATHOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO

FATHER
13. NAME ERWIN WEATHERBEE
14. BIRTHPLACE (city or town) (State or country) MARYSVILLE IDAHO

MOTHER
15. MAIDEN NAME MILDRED SEELEY.
16. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO

17. INFORMENT (Address) MILDRED WEATHERBEE ASHTON IDAHO
18. BURIAL, CREMATION, OR REMOVAL Place ASHTON IDAHO Date 10/1 33, 193
19. UNDERTAKER LEWIS KISER (Address) ASHTON IDAHO
20. FILED 10/c 9/29/33, 193 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/28/33 193
22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193
I last saw h alive on , 193 ; death is sai
to have occurred on the date stated above, at 9-30 A.M. m.
The principal cause of death and related causes of importance stated as follows:

	Date of on
DROWNED BY FALLING IN WATER DITCH	
NO MEDICAL ATTENDANT?	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Lewis Kiser, M. D.
(Address) Reg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87040

PLACE OF DEATH
County of FREMONT
City of ST ANTHONY?

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No. .....
(No. ST ANTHONY GENERAL HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** RETTA MATILDA BAKER

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
FEMALE	WHITE	MARRIED.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of SHERIDAN BAKER

6. DATE OF BIRTH (month, day and year) NOV. 30th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) HARRISVILLE UTAH
(State or country)

PARENTS

10. NAME OF FATHER HARVEY TAYLOR.
11. BIRTHPLACE OF FATHER (city or town) OGDEN. UTAH
(State or Country)
12. MAIDEN NAME OF MOTHER NANCY LOWDER
13. BIRTHPLACE OF MOTHER (city or town) VIRGINIA
(State or County)

14. Informant MRS ELLIS PEARCE.
(Address) ASHTON IDAHO

15. Filed 11/30.33, 19..... Lewis Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH NOV. 29th 19/33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

1. Cerebral Hemorrhage
(duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY 1. Chronic hypertention
(Secondary)
(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) N.W. Daly, M. D., M. D.
11-30-'33, 19..... (Address) Ashton, Idaho

19. Place of Burial, Cremation, or Removal: ASHTON IDAHO — Date of Burial: 12/1/33 19
20. Undertaker: LEWIS KISER. — Address: ASHTON IDAHO.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87041

PLACE OF DEATH

County of Fremont

City of St Anthony #1

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Stimpson

(a) Residence. No. ..... St. .....
(Usual place of abode) St. A[illegible] Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 44 mos. 4 ds. 11 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah E. Singleton Stimpson

6. DATE OF BIRTH (month, day, and year) Aug 17-1882

7. AGE: Years 51 | Months 3 | Days 19 | If LESS than 1 day 23 hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) South Hooper Davis Co. Utah

FATHER

13. NAME Frederick Stimpson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Jane Parker

16. BIRTHPLACE (city or town) (State or country) West [illegible] Salt Lake [illegible]

17. INFORMENT (Address) Mrs. Sarah Stimpson St Anthony #1

18. BURIAL, CREMATION, OR REMOVAL Place Wilford Ida Date Dec 11, 1933

19. UNDERTAKER (Address) Wm J. Keller Rexburg Ida.

20. FILED Dec 8, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1933, to Dec 6th, 1933

I last saw him alive on Dec 3rd, 1933; death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	July

Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87042

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 9177 Local Registrar's No. 113

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Warren Burd West

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Sarah West

6. DATE OF BIRTH (month, day, and year) June 15-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marias Co. (State or country) Mont.

FATHER
13. NAME Thomas Woodson West
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Anna Burd
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Mrs Sarah West St. Anthony Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pinegrove Date 12/21, 1933

19. UNDERTAKER W. M. Hansen (Address) St. Anthony, Idaho

20. FILED Dec 31, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933, to Dec 18, 1933
I last saw h[illegible] alive on Dec 18, 1933; death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration following Coronary thrombosis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. A. Ellison, M. D.
(Address) St. Anthony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 87043

Local Registrar's No. 119

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lulsch

(a) Residence. No. St. Anthony, Idaho. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ America Jennie Lulsch

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Lulsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT W. M. Hansen (Address) St. Anthony Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Ashton Date 12/31, 1933

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho.

20. FILED Dec 31, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Dec 29, 1933

I last saw him alive on Dec 29, 1933; death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Ellison, M. D.

(Address) St. Anthony Ida

FORM V. S. No. 5-A-25M. 1-19. N

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 87044

Local Registrar's No.

Registration District No.

Primary Registration District No. 6

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Obermeyer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Married

6. DATE OF BIRTH Sept. (Month) 30 (Day) 1884 (Year)

7. AGE 49 Yrs. 2 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Fruit Broker

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF Father Henry Obermeyer

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Mary Sing

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Henry Obermeyer

(Address) Emmett, Idaho

15.

Filed 12-12 1933 J. C. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 9 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1932 to Dec 1933, that I last saw him alive on Dec 8 1933, and that death occurred on the date stated above, at 4 a. M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 6 mo

Contributory (Secondary) Diabetis mellitus

(Duration) 10 or 12 yrs.

(Signed) [illegible] M. D.

12/10 1933. (Address) Emmett

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Emmett, Ida — **DATE OF BURIAL** Dec 12 1933

20. UNDERTAKER C D Buchanan — **ADDRESS** Emmett

very important. See instructions on back of certificate.

RECEIVED JAN 1934

PLACE OF DEATH
County of Gem
City of Sweet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87045

Registration District No. 4

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Adeline Rober

(a) Residence. No. Sweet Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. Color or Race white
5. Single, Married, Widowed or Divorced (write the word) divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept 7 - 1864
7. AGE Years 69 Months 3 Days 15 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** nurse
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Louis Le Roy
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Adeline La Valée
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) C. W. F. Rober

18. BURIAL, CREMATION OR REMOVAL
Place Sweet, Idaho Date 12/27 1933

19. UNDERTAKER (Address) C. D. Bucknum Emmett Idaho

20. FILED 12/23, 1933 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure	
Found dead in bed	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. D. Bucknum ~~M. D.~~ Coroner
(Address) Emmett Idaho

MARGIN RESERVED FOR BINDING
N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87046

PLACE OF DEATH
County of Gem
City of Emmett

Registration District No. 6
Primary Registration District No. 6
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME Guy Ellis Caldwell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29 1881

7. AGE: Years 52 | Months 5 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malta Ida
(State or country)

FATHER
13. NAME L V Caldwell
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Mary Langford
16. BIRTHPLACE (city or town) Clay County Ind
(State or country)

17. INFORMENT L W Caldwell
(Address) Caldwell Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Hill Date Dec 27 1933

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED , 193 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 25-33 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Dec 25, 1933, to Dec 25, 1933
I last saw him alive on Dec 23, 1933: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyemia following Pneumonia - Tuberculosis in nature	1932

Other contributory causes of importance:

Resected rib and drained

Name of operation Spring 1933 Date of
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J L Reynolds, M. D.
(Address) Emmett Ida

RECEIVED JAN 1934

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 87047
Local Registrar's No.

1. PLACE OF DEATH
County of Gem
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 6
(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph Lute Abel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Feb (Month) 18 (Day) 1902 (Year)

7. AGE: 31 Yrs. 10 Mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF Father: Lute Abel

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Florence Woods

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X Mildred Abel
(Address) Sweet Idaho

15. Filed 12/19 1933 J C Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 16 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....,
that I last saw h..... alive on ..... 19.....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Carbolic acid poisoning - Suicide

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C D Buckmun Coroner M. D.
12/18 1933 (Address) Emmett Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Idaho — DATE OF BURIAL: 12/19 1933

20. UNDERTAKER: C D Buckmun — ADDRESS: Emmett Idaho

very important. See instructions on back of certificate.

RECEIVED JAN

FORM V. S. No. 3-A-25M. 1-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 87048

Local Registrar's No.

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6

Primary Registration District No.

(No. St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frances Snyder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Dec (Month) 3 (Day) 1888 (Year)

7. AGE: 44 Yrs. 11 Mos. 29 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: Henry Leiffert

11. BIRTHPLACE OF FATHER (State or Country): not known

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) X H. L. Snyder

(Address) Montour Idaho

15. Filed 12-4- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH 117

16. DATE OF DEATH: Dec (Month) 2 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29 1931, to Dec 2 1933, that I last saw her alive on Dec 2 1933, and that death occurred on the date stated above, at 1 40 am M.

The CAUSE OF DEATH* was as follows:

General Acute Peritonitis

(Duration) 2 yrs. mos. 3 ds.

Contributory (Secondary) Appendicitis Ruptured

(Duration) yrs. mos. 1 ds.

(Signed) J L Reynolds M. D.

19 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Ida

DATE OF BURIAL: Dec 3 1933

20. UNDERTAKER: C D Bucknum

ADDRESS: Emmett

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Gem

City of Emmett

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6

Primary Registration District No.

(No. ..... St.)

State File No. 87049

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edward Nash

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: March (Month) 24 (Day) 1854 (Year)

7. AGE: 78 Yrs. ..... Mos. 9 ds. K

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF Father: Nathan Nash

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Eliz. Moore

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) × Eddora J. Nash
(Address)

15. Filed 12-11- 1933 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 8 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1930, to Dec 8 1933, that I last saw him alive on Dec 8 1933, and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Coronary block or Thrombosis
Cardio vascular disease
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Hypertension
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J L Reynolds M. D.
12-11 1933 (Address) Emmett Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Idaho
DATE OF BURIAL: Dec 12 1933

20. UNDERTAKER: C D Bucknum
ADDRESS: Emmett

MARGIN RESERVED FOR BIN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Gooding

City of Hagerman,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87051

Registration District No. 21

Primary Registration District No. 21

Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Daniel Jones,

(a) Residence. No. Hagerman Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Do not know

6. DATE OF BIRTH (month, day, and year) Feb.14-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~[illegible]~~ Wales

FATHER

13. NAME Evan Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Jane Davis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMENT (Address) John Jones Hagerman

18. BURIAL, ~~[illegible]~~ Place Hagerman Date 4/28/, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl, Ida. L J Johnson

20. FILED Jan 1, 1934 R H Greene MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/25 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 8th, 1933, to Apr 25th, 1933

I last saw him alive on Apr 22, 1933: death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	

Other contributory causes of importance:

Cardio vascular
Renal disease

Name of operation —

Date of

What test confirmed diagnosis? Chemical

Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? —

Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H. E. Lamb M. D.

(Address) Twin Falls Ida

FORM V. S. No. [illegible] RECEIVED JAN 11 1934

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Hagerman

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. , St.)

File No. 87053

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John J Grandy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Feb (Month) 16 (Day) 1851 (Year)

7. AGE: 82 Yrs. 6 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Zerron Iowa

10. NAME OF FATHER: Ira Grandy

11. BIRTHPLACE OF FATHER (State or Country): N.Y.

12. MAIDEN NAME OF MOTHER: Rachel Blank

13. BIRTHPLACE OF MOTHER (State or Country): N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. E. Minord

(Address)

15. Filed Aug 31 1933

R H Greene MD
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 30 (Day) 1933 (Year) 101 b

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1930, to Aug 29 1933, that I last saw him alive on Aug 29 1933, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) Yrs. mos. 10 ds.

Contributory (Secondary) Heart trouble & age

(Duration) 10 yrs. mos. ds.

(Signed) R H Greene M. D.

Aug 31 1933 (Address) Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman

DATE OF BURIAL: 8/31 1933

20. UNDERTAKER: Evans & Johnson

ADDRESS: Buhl

L. Johnson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87054

PLACE OF DEATH
County of Gooding
City of Hagerman

Registration District No. 21
Primary Registration District No. 21
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

70

2. FULL NAME Daniel Albert Moore

(a) Residence. No. Hagerman St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE 5-4 Years | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) July 15-33
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Coalville Utah

FATHER
13. NAME Daniel Moore
14. BIRTHPLACE (city or town) (State or country) X

MOTHER
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (city or town) (State or country) X

17. INFORMENT (Address) .....

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hagerman Date July 18, 1933

19. UNDERTAKER (Address) Evans & Johnson

20. FILED Jan 8, 1934 R H Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 15, 1933

I last saw him alive on July 15, 1933 death is said to have occurred on the date stated above, at 10.30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Hypertensive heart disease, chr myocarditis	

Other contributory causes of importance:
Cerebral hemorrhage

Name of operation None Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) M. F. Mendeling, M. D.
(Address) Glenns Ferry, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87055

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 249

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Retta J. Woodworth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced (or) WIFE of E. L. Woodworth

6. DATE OF BIRTH (month, day, and year) Aug. 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Market Iowa

FATHER

13. NAME James C. Sims

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary E. Sims

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT (Address) Mrs. F. L. Woodworth Gooding

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 12-18, 1933

19. UNDERTAKER A. E. Thompson (Address) Gooding

20. FILED 12-31, 1933 J. A. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933, to Dec 17 1933

I last saw her alive on Dec 13 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension Chronic Interstitial

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Houston E. Snyder, M. D.

(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87056

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 250
(No. Gooding County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anchaney Thomas

(a) Residence. No. ____ Gooding Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: mary Ella Thoma
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 71 | Months 3 | Days 21 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: retaile & farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Feed Store & Farm
10. Date deceased last worked at this occupation (month and year): Oct 1933
11. Total time (years) spent in this occupation: 21 29

12. BIRTHPLACE (city or town) (State or country): Pomeroy Ohio

FATHER
13. NAME: Xavier Thoma
14. BIRTHPLACE (city or town) (State or country): Bavaria germany

MOTHER
15. MAIDEN NAME: Mary Hitcher
16. BIRTHPLACE (city or town) (State or country): unknown Germany

17. INFORMENT (Address): Clara Thomas
18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 12-17, 1933
19. UNDERTAKER (Address): A E Thompson
20. FILED 12-30, 1933 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-14 1933
22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to 12-14, 1933
I last saw h.[illegible] alive on 12-14, 1933: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	11-15
Acute Nephritis	11-1
Other contributory causes of importance:	
Chronic Nephritis	?

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) J H Cromwell, M. D.
(Address) Gooding Idaho

RECEIVED JAN 5 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87057

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 253

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Marco Yocamello

(a) Residence. No. Clayton St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayton Ida

FATHER
13. NAME Marco Yocamello
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Celesta Fogliada
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Marco Yocamello Clayton Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER A. B. Thompson (Address) Gooding Ida

20. FILED 12-16-, 1933 J. H. Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1933, to 12-18, 1933
I last saw him alive on 12-18, 1933: death is said to have occurred on the date stated above, at 7:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis	
Uremia	
Convulsions	
Other contributory causes of importance:	
Chronic nephritis.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Cranmer, M. D.
(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87059

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rufus Herman Butler

(a) Residence. No. Cottonwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Butler

6. DATE OF BIRTH (month, day, and year) March 5 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brownsville
(State or country) Pennsylvania

FATHER

13. NAME Eli Butler

14. BIRTHPLACE (city or town)
(State or country) U. S.

MOTHER

15. MAIDEN NAME Urania Bailey

16. BIRTHPLACE (city or town)
(State or country) U. S.

17. INFORMENT Samuel Butler
(Address) Cottonwood Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cottonwood Date Dec 7, 1933

19. UNDERTAKER Brower & Nunn
(Address) Lewiston Idaho

20. FILED Jan 2, 1934 H. F. Orr M. D.
Per R.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to Dec., 1933
I last saw him alive on Dec 1, 1933: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Senile Debility	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. F. Orr, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. , St.)

File No. 87060

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Pearly Josephine Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: March (Month) 23. (Day) 1906 (Year)

7. AGE: 27 Yrs. Mos. 9 ds.

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Culdesac, Ida

10. NAME OF FATHER: O. F. Pixley

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Elizabeth De Skamp

13. BIRTHPLACE OF MOTHER (State or Country): North Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Glen Reed

(Address) Elk City Ida.

15.

Filed Dec 28 1933 H. F. Orr, Pub Ra
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 22. (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1933, to December 22 1933 that I last saw her alive on December 22 1933, and that death occurred on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) Yrs. mos. 4 ds.

Contributory (Secondary) Otitis Media

(Duration) yrs. mos. 4 ds.

(Signed) Wesley F. Orr M. D.

12/22 1933 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville Ida

DATE OF BURIAL: Dec. 23 1933

20. UNDERTAKER: Ailor

ADDRESS: Grangeville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87061

PLACE OF DEATH
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 356

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Edward H Wilburn

(a) Residence. No. ..... St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louise Wilburn

6. DATE OF BIRTH (month, day, and year) July 22-1871

7. AGE Years 62 Months 2 Days 8 If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1933
11. Total time (years) spent in this occupation Whole life

12. BIRTHPLACE (city or town) (State or country) Red Bluffs California

FATHER
13. NAME William Wilburn
14. BIRTHPLACE (city or town) (State or country) Eastern U. S.

MOTHER
15. MAIDEN NAME Dont know -
16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMENT (Address) Merle Wilburn

18. BURIAL, CREMATION, OR REMOVAL Place Stites Date Oct 3, 1933

19. UNDERTAKER (Address) ——

20. FILED Dec 1, 1933 J. M. Verbeckmos Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Oct 1, 1933
I last saw him alive on Oct 1, 1933: death is said to have occurred on the date stated above, at 545p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain hemorrhage -	
Complete palsy right side	
Unconscious to death	

Other contributory causes of importance:
High blood pressure

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. W. Wentworth, M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87062

PLACE OF DEATH

County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 357

(No. 92)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rossi Hoffman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Belle McCall Hoffman

6. DATE OF BIRTH (month, day, and year): December 10 - 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mail carrier
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lawrence - Kans

FATHER

13. NAME: Charles Hoffman
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Not-obtainable
16. BIRTHPLACE (city or town) (State or country): Not-obtainable

17. INFORMANT (Address): James Nelson Hoffman, Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Kooskia ..... Date Dec-20 1933

19. UNDERTAKER: Geo. Tremary
(Address) Kooskia, Idaho

20. FILED Dec 1..., 1933. J. M. Verbeck M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct-17 1933

22. I HEREBY CERTIFY, That I attended deceased from ...Oct-17..., 1933., to ...Oct-17..., 1933.
I last saw him alive on Oct-17, 1933: death is said to have occurred on the date stated above, at 10½ a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1933.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ...J. M. Verbeck M.D., M. D.
(Address) ...Kooskia - Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87063

PLACE OF DEATH
County of Idaho
City of Cottonwood
Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Cora Jane Clark

(a) Residence. No. Cottonwood, Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Clark

6. DATE OF BIRTH (month, day and year) May 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Waverly, Iowa

PARENTS

10. NAME OF FATHER Edward Young
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Vermont
12. MAIDEN NAME OF MOTHER —
13. BIRTHPLACE OF MOTHER (city or town) (State or County) —

14. Informant (Address) Charles Clark

15. Filed Jan 5, 1934 W. F. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 28 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933, to Dec. 28, 1933, that I last saw her alive on Dec. 28, 1933, and that death occurred, on the date stated above, at 5 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chron. Interstitial Nephritis.

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? Clinical only.

(Signed) Healy F. Orr, M. D.
12/29/, 1933 (Address) Cottonwood, Ida.

19. Place of Burial, Cremation, or Removal: Cottonwood. Date of Burial: Dec. 30 1933

20. Undertaker: Brower and Wann Address: Lewiston, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87064

PLACE OF DEATH
County of Jefferson
City of Clark
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 52
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Ellen Marier Rolfe.

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
(or) WIFE of Chas. Gilbert Rolfe.

6. DATE OF BIRTH (month, day and year) Nov. 27, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80	0	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

PARENTS

10. NAME OF FATHER John Finn.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Caroline Nind.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.

14. Informant W J Rolfe
(Address) Rigby, Idaho. R. #2

15. Filed 12-27, 1933 C W Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 26 1933.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Accidently
from 1910, 19..., to 1933, 19...
that I last saw her alive on Dec 1st, 1933
and that death occurred, on the date stated above, at 12 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Senility
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death? o
Did an operation precede death? No Date of o
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. G. Anderson M. D.
Dec 27, 1933 (Address) Rigby, Idaho

19. Place of Burial, Cremation, or Removal: Rigby, Idaho. Date of Burial: 12/28/33 19

20. Undertaker: C W Eckersell. Address: Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 98
Primary Registration District No. 2176
File No. 87065
Registered No. 51

1. PLACE OF DEATH
County of Jefferson
City of Menan
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Addie Maria Jensen.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F. M.	White	Widowed

6. DATE OF BIRTH: February (Month) 5 (Day) 1880 (Year)

7. AGE: 53 Yrs. 10 Mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Springville, Utah.

10. NAME OF FATHER: Wm. P. Fullmer.

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake City, Utah.

12. MAIDEN NAME OF MOTHER: Maria Curtis.

13. BIRTHPLACE OF MOTHER (State or Country): Springville, Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Lynn Miskin
(Address) Rigby, Idaho. R. #2

15. Filed 12/27 1933 — A B Eckersell, Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 24 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/24 1933, to 12/24 1933
that I last saw h[illegible] alive on 12/24 1933
and that death occurred on the date stated above, at 7.15 P.M.
The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(Duration) ..... Yrs. ..... mos. 1 ds.
Contributor (Secondary) Probably Pneumonia
(Duration) DK yrs. ..... mos. ..... ds.
(Signed) Earl D Jones M. D.
12/26 1933 (Address) Roberts

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Annis, Idaho.	12/28 1933

20. UNDERTAKER: A B Eckersell — ADDRESS: Rigby.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87066

Registration District No.
Primary Registration District No.
Local Registrar's No. 50

Gertrude (No. If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lovina Gertrude Wenten Browning

(a) Residence. No. (Usual place of abode) Roberts Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident give city or town and state) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tyce Browning

6. DATE OF BIRTH (month, day, and year) Feb 19 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roberts Ida

FATHER
13. NAME Charles Wenten
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Blanch Adams
16. BIRTHPLACE (city or town) (State or country) St Antony Ida

17. INFORMENT (Address) Lucy H. Adams

18. BURIAL, CREMATION, OR REMOVAL Place Pine Butte Date 12/26, 1933

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED 12-25, 1933 C. B. Eckersell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/24 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1933, to 12/24, 1933

I last saw h[illegible] alive on 12/24, 1933: death is said to have occurred on the date stated above, at 6.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	12/19/33
acute Nephritis	OK

Other contributory causes of importance:

Post influenza	

Name of operation / Date of /

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl D Ames, M. D.

(Address) Roberts Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87067

PLACE OF DEATH
County of Jefferson
City of Roberts

Registration District No. 98
Primary Registration District No. 2176
(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 44

2. FULL NAME Dorothy Irene Knight

(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 4, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	9	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (city or town) Portland
(State or country) Oregon

PARENTS

10. NAME OF FATHER Wm. Henry Knight

11. BIRTHPLACE OF FATHER (city or town) ...
(State or Country) Montana

12. MAIDEN NAME OF MOTHER Mildred Johnson

13. BIRTHPLACE OF MOTHER (city or town) Maddox
(State or County) Montana

14. Informant (Address) Hugh Johnson Roberts

15. Filed Dec 22, 19... A B Eckerell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 20 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/16, 1933, to 12/20, 1933
that I last saw her alive on 12/20, 1933
and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Influenzal Bronchopneumonia

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ...
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Earl Davies M. D.
12/21, 1933 (Address) Roberts Ida

19. Place of Burial, Cremation, or Removal Lewisville, Idaho
Date of Burial Dec. 22 1933

20. Undertaker A B Eckerell
Address Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87068

PLACE OF DEATH
County of Jefferson
City of Rigby
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 48
(No. 128)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christian Peterson.

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Lucy J. Peterson.

6. DATE OF BIRTH (month, day and year) March 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer) McConnon Co.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Denmark.

PARENTS

10. NAME OF FATHER Christian Peter Peterson.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark.
12. MAIDEN NAME OF MOTHER Mary Sorensen
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Denmark.

14. Informant (Address) Mrs. C. Peterson. Rigby, Idaho.

15. Filed 12/15, 1933 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 14, 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 '33, to Dec 14, 1933
that I last saw him alive on Dec 12 '33
and that death occurred, on the date stated above, at 11:35 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Interstitial Nephritis

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Don't know
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? "
Did an operation precede death? No Date of "
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. J. Anderson, M. D.
Dec 15, 1933 (Address) Rigby, Idaho.

19. Place of Burial, Cremation, or Removal Rigby, Idaho. Date of Burial 12/16 1933

20. Undertaker A B Eckersell Address Rigby

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

RECEIVED JAN 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87069

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 47

PLACE OF DEATH
County of Jefferson
City of Lorenzo
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgina Walker.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Thomas W. Walker.

6. DATE OF BIRTH (month, day and year) Jan. 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day,
	53	10	27	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Heber, Utah.

PARENTS

10. NAME OF FATHER Samuel Lindsey.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland
12. MAIDEN NAME OF MOTHER Mary Reed
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14. Informant George Walker
(Address) Lorenzo, Idaho.

15. Filed Dec 7, 1933 A. B. Eckhardt Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 6, 1933.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933, to Dec 6, 1933
that I last saw her alive on Dec 6, 1933
and that death occurred, on the date stated above, at 10:20A m.
The CAUSE OF DEATH* was as follows:
Paralytic Stroke.
Cerebral Haemorrhage (Ct)
Hypertension.
(duration) yrs. mos. ds.
CONTRIBUTORY Myocarditis
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) R. B. Rigby by ....., M. D.
....., 19..... (Address) Rexburg, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Archer, Idaho.	12/8/33 19
20. Undertaker A. B. Eckhardt	Address Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87070

PLACE OF DEATH

County of Jerome

City of Eden

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Katherine Martens

(a) Residence. No. Eden St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): aprl 8./1853

7. AGE: 80 Years, Months: 8, Days: 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Jacob Dohse

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Wrebka Urbalin

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14. Informant: Rudolph Martens
(Address) Buhl

15. Filed 1-1, 1934 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 21./33 (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Dec 21, 1933
that I last saw her alive on Dec 2, 1933
and that death occurred, on the date stated above, at 10.30 A m.
The CAUSE OF DEATH* was as follows:

Apoplexy

2 min

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [signature], M. D.

12-23, 1933 (Address) Kimberly Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Clover Cemetry — Date of Burial: Dec 23 19

20. Undertaker: F E Drake — Address: Twin Fall

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Eden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87071

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Chester Olanda Roice

(a) Residence. No. Route I St. Eden Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~Single, Married~~, Widowed, ~~or Divorced (write the word)~~: Widowed

5a. If maried, widowed, or divorced HUSBAND ~~of~~ (or) ~~WIFE of~~ Sarah Jane Roice

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1857

7. AGE: Years 74 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterloo, Iowa

FATHER

13. NAME Chester O. Roice

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Angeline White

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Maude I. Wardell Eden, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls cem Date 12-5, 1933

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls, Idaho

20. FILED ~~12~~ 1-1, 1934 S Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to 12/3-, 1933

I last saw him alive on Nov 23, 1933: death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer (Carcinoma) of stomach with metastasis in liver	1 yr (?)

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify E. L. Berry M.D.

(Signed) Buhl Idaho, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Edeu

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3423
Primary Registration District No. 2085 3067 Local Registrar's No.

DO NOT WRITE IN THIS SPACE
State File No. 87072

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ora Blair Hogue

(a) Residence. No. (Usual place of abode) Edeu St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 4 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edeu Idaho

FATHER

13. NAME Frank Hogue

14. BIRTHPLACE (city or town) (State or country) Ark.

MOTHER

15. MAIDEN NAME Pearl Blair

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Frank Hogue Edeu

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Dec 6, 1933

19. UNDERTAKER (Address) S. C. Phillips

20. FILED 1-1, 1934 S Hopper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct Nov 27, 1933, to Dec 4, 1933

I last saw him alive on Nov 27, 1933; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix, general peritonitis - gall bladder infection,	Nov 1 1933

Other contributory causes of importance:

Name of operation O Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Wilson, M. D.

(Address) Twin Falls Idaho

RECEIVED JAN 8 1934

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87073

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 133

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME John H Millsaps

(a) Residence. No. St. Post Falls Ida Route II
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Millsaps
6. DATE OF BIRTH (month, day, and year) February 3, 1891
7. AGE Years 42 Months 10 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Road-overseer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec 9-1933
11. Total time (years) spent in this occupation five

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME J. B Millsaps
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Martha Murphy
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMENT (Address) Alice Reynolds Post Falls Idaho R#2

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Cemetery Post Falls Ida Date 12-14, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED Dec-12, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1933, to Dec. 11th, 1933.
I last saw him alive on Dec. 11th, 1933: death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Hemorrhage	Dec. 10, 1933

Other contributory causes of importance:

Bullet Wound Right shoulder	Dec. 10th 1933

Name of operation Suture severed tissue Date of Dec. 10, 1933
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec. 10th 1933
Where did injury occur? Post Falls, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Shot with high powered
Nature of injury rifle thru right shoulder

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Rex T. Henson, M.D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 1934

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87074

Local Registrar's No. 132

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1187

2. FULL NAME Adolf Gaulus

(a) Residence. No. French Gulch St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathias Gaulus

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Jacob Stauffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lisette Mboden

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Blanche Whitaker Coeur d'Alene Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery Coeur d'Alene Date 12-6, 1933

19. UNDERTAKER Daggett Funeral Home (Address) Coeur d'Alene Ida

20. FILED 12-6-, 1933 E. L. Sparks M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-5 1933

22. I HEREBY CERTIFY, That I attended deceased from did not see, 193, to, 193

I last saw her alive on, 193: death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Reed Coroner, M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87075

PLACE OF DEATH
County of Kootenai
City of Rathdrum

Registration District No. 30
Primary Registration District No. 105c
Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Mary Lanna Loveland

(a) Residence. No. Upper Twin Lakes R.R. No. 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank R Loveland

6. DATE OF BIRTH (month, day, and year) March 17

7. AGE Years 42 Months 7 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rockford
(State or country) Illinois

FATHER
13. NAME Lewis Thompson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Martha Olson
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMENT Frank R Loveland
(Address) Rathdrum Idaho R.R. No. 2

18. BURIAL, CREMATION, OR REMOVAL Pleasant View Cemetery
Place Post Falls Idaho Date Nov. 12, 1933

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Idaho

20. FILED 12-6-, 1933. E. L. Spohn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1933, to 11/10, 1933
I last saw her alive on did not see her alive, 193...: death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Age of 11 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? History from mother and husband Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) F. F. Hooning M. D.
(Address) Rathdrum Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87076

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No.
Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elise Lundemo

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred Lundemo

6. DATE OF BIRTH (month, day, and year) Feb. 17-1884

7. AGE Years 49 Months 8 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manger
(State or country) Norway

FATHER
13. NAME Erick Manger
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Kara
16. BIRTHPLACE (city or town) ~~Kari~~ Manger Norway
(State or country)

17. INFORMENT Fred Lundemo
(Address) Spirit Lake Ida

18. BURIAL, CREMATION, OR REMOVAL Spirit Lake
Place Greenum Cemetery Date 11-11, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Ida

20. FILED Nov 9, 1933 W C Dywoner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2-8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, to Nov. 8, 1933
I last saw her alive on Nov. 8, 1933; death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Uremia	
2) High blood Pressure	
3) Chronic Nephritis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? B.P. etc. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John W. Schoen, M. D.
(Address) Spirit Lake, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87077

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

Registration District No. 45
Primary Registration District No.
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah Frances Burnett

(a) Residence. No. St. Seattle Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William L. Burnett

6. DATE OF BIRTH (month, day, and year): Dec. 27 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Frank Holt
14. BIRTHPLACE (city or town) (State or country): Do not know

MOTHER
15. MAIDEN NAME: Margaret Ann Jacobs
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Mrs. Opal Stevenson, Spirit Lake, Idaho

18. BURIAL, CREMATION, OR REMOVAL. Place: Pine Grove Cemetery Date: 12-7, 1933

19. UNDERTAKER (Address): Cassidy Funeral Home, Kalkaska Mich.

20. FILED Dec 5, 1933 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1933, to Dec. 4, 1933
I last saw h alive on Dec. 4, 1933: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Organic Heart Disease	
2) Hypertension	

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John W. Jackson, M. D.
(Address) Spirit Lake, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87078

Local Registrar's No. 130

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Floyd George Howell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. Single, Married, Widowed, or Divorced (write the word): single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Feb. 27—1929

7. AGE: Years 4 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Not Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rathdrum Idaho.

FATHER

13. NAME: Clarence D. Howell.

14. BIRTHPLACE (city or town) (State or country): Rathdrum Idaho.

MOTHER

15. MAIDEN NAME: Violet D. Trueblood.

16. BIRTHPLACE (city or town) (State or country): Rathdrum Idaho

17. INFORMENT (Address): Clarence Howell Rathdrum Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Rathdrum - Pine Grove Cemetery Date 11/14, 1933

19. UNDERTAKER: Carey Funeral Home (Address) Rathdrum Ida.

20. FILED 12-6-, 1933 E. L. Dyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933, to Nov 11, 1933

I last saw him alive on Nov. 11, 1933: death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/24
Left. Empyema	11/1

Other contributory causes of importance: Vomiting - inability to retain food -

Name of operation: Thoracentesis Date of: Nov 1. 85, 33

What test confirmed diagnosis? Physical Exam & Thoracentesis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Hoening, M. D.

(Address) Rathdrum

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Roselake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87079

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 147

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME Joseph C. Healey.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Emley Healey

6. DATE OF BIRTH (month, day, and year) July 4 1863

7. AGE Years 70 Months 5 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. General Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (city or town) (State or country) Sacramento Cal.

FATHER
13. NAME Edward C. Healey.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Emily H Healey

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Roselake Cemetery Date 12-27, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 1-2, 1934 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-26 1933

22. I HEREBY CERTIFY, That I attended deceased from I did not see him, 193..., to ....., 193...

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	3 years

Other contributory causes of importance:

Old age

Name of operation none Date of .....

What test confirmed diagnosis? Reported dead Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. L. Spohn, M. D.
(Address) Coeur d'Alene.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87080

Local Registrar's No. 146

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Thomas Blose

(a) Residence. No. 1221 - Sherman St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Belle A. Blose.

6. DATE OF BIRTH (month, day, and year): 1856 - 6 - 20

7. AGE — Years: 77 — Months: 6 — Days: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired farmer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Saltsburg Pa.

FATHER

13. NAME: Unknown Blose

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: Malinda Parkes

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMENT (Address): Mrs. T. Clair Williams 1221 - Sherman Ave.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL. Place: Kalispel, Mont. Date: 12 - 21, 1933

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene, Idaho.

20. FILED 1 — 2, 1934 E. L. Sparks M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9th, 1933, to Dec. 20th, 1933.

I last saw him alive on Dec. 9th, 1933; death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Intra Cranial Hemorrhage	1930
Other contributory causes of importance:	
Chronic Nephritis	1922

Name of operation: none Date of:

What test confirmed diagnosis? typical finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Fred Henson, M.D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE
State File No. 87081

Local Registrar's No. 145

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rubella Parks

(a) Residence. No. 918 Mill St.
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wilson Parks.

6. DATE OF BIRTH (month, day, and year) November 26, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Dan English
14. BIRTHPLACE (city or town) (State or country) Don't know.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Jas. W. Parks

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery - Coeur d'Alene Ida Date 12/16, 1933

19. UNDERTAKER (Address) Cassell Funeral Home Coeur d'Alene Ida

20. FILED 1-2, 1934 E. L. Sparks M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-5-, 1933, to 12-14-, 1933
I last saw her alive on Dec 7, 1933: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) O. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

RECEIVED JAN 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87082
State File No.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 144

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Mrs Maude Estella Bridwell

(a) Residence. No. Coeur d'Alene St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1933

11. Total time (years) spent in this occupation 12½

12. BIRTHPLACE (city or town) (State or country) U.S.

FATHER

13. NAME Corbin

14. BIRTHPLACE (city or town) (State or country) US

MOTHER

15. MAIDEN NAME Violet

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT (Address) Mrs. John A. Bridwell Spokane

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 1-1, 1934

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED 1-2, 1934. E. L. Sposton M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1933 to Dec. 28, 1933.
I last saw her alive on Dec. 28 1933.: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury to pelvis with ruptured bladder	
Other contributory causes of importance:	
Name of operation Reduction Date of 12-28-33	
What test confirmed diagnosis X-ray Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-26, 1933
Where did injury occur? Hauser Lake
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto accident
Nature of injury Fracture of pelvis & ruptured bladder

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) Harold J. Simpson, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87083

PLACE OF DEATH
County of Kootenai
City of Coeur D'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 143

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Simon J. Adams 90

(a) Residence. No. 512 Indiana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If married, ~~widowed,~~ or divorced HUSBAND of (or) WIFE of: Pearl M. Adams
6. DATE OF BIRTH (month, day, and year): Oct 6 1884
7. AGE: Years 49 | Months 2 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 29 yrs

12. BIRTHPLACE (city or town) (State or country): Amherst Ohio

FATHER
13. NAME: Joseph J. Adams
14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER
15. MAIDEN NAME: Carrie Brahmstead
16. BIRTHPLACE (city or town) (State or country): Wis

17. INFORMENT (Address): Carrie Proctor
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Forest Dale, Date Dec 23 1933
19. UNDERTAKER (Address): Cassidy Funeral Home Coeur d'Alene
20. FILED 1-2, 1934 E. L. Spahn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1933
22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw him alive on Dec 19, 1933: death is said to have occurred on the date stated above, at 8:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease (Mitral Stenosis)	3

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O M Husted, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87084

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 142

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Constance Dahlstrom

(a) Residence. No. 801 - 7th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1913 - 9 - 3

7. AGE Years 20 Months 3 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12 - 15 - 1933
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Brookhaven Miss.

FATHER
13. NAME Godfrey E. Dahlstrom
14. BIRTHPLACE (city or town) (State or country) Cadillac Mich.

MOTHER
15. MAIDEN NAME Clara E. Morbeck.
16. BIRTHPLACE (city or town) (State or country) Green Bay. Wis

17. INFORMENT (Address) G. E. Dahlstrom

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coaline Idaho Date 12 - 27, 1933

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Idaho

20. FILED 1 - 2, 1934 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 - 16 1933

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from ....., 193...., to ....., 193....
I ~~last saw~~ did not see her alive on ....., 193....: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-16 1933
Where did injury occur? Coeur d'Alene Lake (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. H. Teed Coroner M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87085

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 141

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Wicks

(a) Residence. No. 1915 Front St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1 2 1850

7. AGE Years 83 Months 11 Days 15 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Levi Nelson

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Catherine Meyer.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs. Guy Lewis C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Cemetery C.D.A. Date 12-20, 1933

19. UNDERTAKER (Address) Mooney Mortgage C.D.A.

20. FILED 1-2-, 1934 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933, to Dec. 17, 1933.

I last saw her alive on Dec. 17, 1933: death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic intestinal obstruction (fecal)	2 mo. ago

Other **contributory causes** of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John O'Wood M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 0 1934

PLACE OF DEATH

County of Kootenai

City of Setters

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 87086

Local Registrar's No. 140

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lula Chamberlain

31

(a) Residence. No. Setters (Usual place of abode) Idaho St.

Length of residence in city or town where death occurred 33 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White Coeur d'alene Indian

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (HUSBAND of / WIFE of): Louis G. Chamberlain

6. DATE OF BIRTH (month, day, and year): Oct. 4-190

7. AGE: Years 33 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 3 years

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pourcuit, Idaho

FATHER

13. NAME: John Hilburn

14. BIRTHPLACE (city or town) (State or country): Calvert, Ark

MOTHER

15. MAIDEN NAME: Julia Ferguson

16. BIRTHPLACE (city or town) (State or country): Calvert, Ark

17. INFORMENT (Address): Lula Chamberlain Rt Setters Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Fairfield Cem Date 12/8, 1933

19. UNDERTAKER (Address): W. L. Ferguson Fairfield Ida

20. FILED 12-12-, 1933. E. L. Lyon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Dec 4th, 1933; I last saw h alive on Dec 4th, 1933; death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows: T.B.

Date of onset

Other contributory causes of importance:

General Failing

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Fleming Jr., M. D.

(Address) Post Office Setters Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87087

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 139

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Martha Bussear

(a) Residence. No. Post Falls St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 2 22 - 1862

7. AGE Years 71 Months 9 Days 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Neal

14. BIRTHPLACE (city or town) (State or country) U.S

MOTHER

15. MAIDEN NAME — Van Gundy

16. BIRTHPLACE (city or town) (State or country) U.S

17. INFORMANT (Address) Arthur Bussear Post Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Post Falls Date 12-12 1933

19. UNDERTAKER (Address) Money Mortuary

20. FILED 12-12, 1933 E. L. Lyons M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 10, 1933.
I last saw her alive on Dec 9, 1933 death is said to have occurred on the date stated above, at 4 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
apoplexy	Dec-9-33

Other **contributory causes** of importance:

Diabetes	3 yrs duration

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. L. McCaulup M. D.
(Address) Post Falls Idaho

RECEIVED JAN 0 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87088

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 138

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John L. Jenks

(a) Residence. No. 802 Young St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) M.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie
6. DATE OF BIRTH (month, day, and year) Feb. 21 1866
7. AGE Years 66 Months 10 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Stephen L. Jenks
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Frances Heck
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Nettie E. Jenks 802 Young Ave.
18. ~~BURIAL,~~ CREMATION, ~~OR REMOVAL~~ Place Spokane Wn. Date Dec. 8, 1933
19. UNDERTAKER (Address) Cassidy Funeral Home, Coeur d'Alene, Ida.
20. FILED 12-12, 1933. E. L. Lyons M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5th 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to Dec 5th, 1933
I last saw him alive on Dec 5th, 1933; death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	Years

Other contributory causes of importance:
old age.

Name of operation No Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. L. Lyons, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87099

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 137

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy W. Benson

(a) Residence. No. 1026 North Second St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Benson

6. DATE OF BIRTH (month, day, and year) Sept. 26 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32,	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Was 3 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene (State or country) Idaho

FATHER
13. NAME John Benson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anna Nelson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Anna Benson, Coeur d'Alene Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Coeur d'Alene Date 12/12, 1933

19. UNDERTAKER Cassidy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 12-12-, 1933. F. L. Sparlin M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1933.

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to Dec 9, 1933
I last saw him alive on Dec 8, 1933: death is said to have occurred on the date stated above, at 10:08 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) O M Bluestel, M. D.
(Address) Coeur d'Alene Ida

RECEIVED JAN 8 1934

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Hurted

DO NOT WRITE IN THIS SPACE

State File No. 87100

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 136

(No. C.W.A. Homes for aged)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME David H Wright

(a) Residence. No. C.W.A. Homes for the Aged St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred — yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lettie

6. DATE OF BIRTH (month, day, and year) 4 - 15 - 1854

7. AGE Years 79 Months 7 Days 23 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Mrs. Lettie Wright C.W.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cem. C.W.A. Date 12-11, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.W.A.

20. FILED 12-12-, 1933 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to 12/8, 1933.
I last saw him alive on 12/8, 1933: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	?
Other **contributory causes** of importance:	
Chronic Nephritis	about 1930

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Old Peoples Home.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) O M Hurted M. D.
(Address) Coeur d'Alene, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1934

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87101

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 135

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Donart

(a) Residence. No. 1215 Sherman St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Louis Donart

6. DATE OF BIRTH (month, day, and year) April 5 1855

7. AGE Years 78 Months 8 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Paul

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Miss Donna Donart Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Coeur d'Alene Date 12-12, 1933

19. UNDERTAKER (Address) Cassidy Funeral Home Coeur d'Alene Ida

20. FILED 12-12-, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from November, 1931, to Dec. 9, 1933

I last saw her alive on Dec. 2, 1933: death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus — Date of onset: Don't know, but present 2 years ago.

Other contributory causes of importance:

Name of operation Gastrotomy. Date of Nov. 1931.

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Elwood M. D.

(Address) Coeur d'Alene Ida

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1933

Dr. Wood.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87102

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Johnson

(a) Residence. No. Bellgrove Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 10 7 1893

7. AGE Years 40 Months 2 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME — Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Karna Erickson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Pete Johnson Bellgrove

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Forest Cem. C.D.A. Date 12-13, 1933

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED 12-12, 1933. E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11 1933

22. I HEREBY CERTIFY, That I attended deceased from I did not see deceased at any time, 193.., to ....., 193..

I ~~last saw~~ h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11.00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Relatives reported death due to pulmonary Tuberculosis — No medical attendance	5 years

Other **contributory causes** of importance:

Name of operation none Date of.....

What test confirmed diagn~~osis?~~ Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) E. L. Spohn M.D.
(Address) Coeur d'Alene Ida
Register of Vital statistics

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 87103

Local Registrar's No. 164

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Victoria Read

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4-1860

7. AGE: Years 73 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mr J. W. Read

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Oct 14, 1933

19. UNDERTAKER John J. Pickerd (Address) Troy

20. FILED Jan 4, 1934 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Oct 12, 1933
I last saw her alive on Oct 12, 1933; death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Myocardial disease	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. A. Mayer, M. D.
(Address) Troy Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87104

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 10 11
Local Registrar's No. 81

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George C. Carver

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Carver

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Golf course

10. Date deceased last worked at this occupation (month and year) Dec. 16, 1933

11. Total time (years) spent in this occupation 4 yr.

12. BIRTHPLACE (city or town) (State or country) Briton, South Dak.

FATHER

13. NAME Lawrence A. Carver

14. BIRTHPLACE (city or town) (State or country) South Dakota

MOTHER

15. MAIDEN NAME Ethel Stiler

16. BIRTHPLACE (city or town) (State or country) North Dakota

17. INFORMENT (Address) Mrs. George Carver Moscow, Ida.

18. ##########R REMOVAL Place Spokane, Wash. Date 12/18, 1933

19. UNDERTAKER W. A. Short (Address) Moscow Ida.

20. FILED 1-4, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933, to Dec 17, 1933

I last saw him alive on Dec 17, 1933; death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
associated with shock.	

Other contributory causes of importance:

Inoculation of small pox caused by kernid three months ago a few months

Name of operation Vaccine Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Armstrong, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87105

Registration District No. 6-1

Primary Registration District No. 1-0-11

Local Registrar's No. 79

(No. Latah County Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James C. Collins

(a) Residence, No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Latah County records

18. BURIAL, CREMATION, [illegible] Place Moscow Date 12/12, 1933

19. UNDERTAKER F. R. Stal (Address) Moscow

20. FILED 1-4, 1934 Peter Eschbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1933, to his death, 193..

I last saw him alive on Dec. 3, 1933: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx and oesophagus with perforation between them.	6 months ago.
Other contributory causes of importance:	
Starvation	9-15-33

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph H. Wilson, M. D.

(Address) Moscow, Ida.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87106

Registration District No. 61

Primary Registration District No. 10 11

Local Registrar's No. 80

(No. Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Cecil E. Baker

(a) Residence. No. ..... St. Juliaetta, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nappavine, Wash.

FATHER

13. NAME Thomas Baker

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Tillie Gordley

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Thomas Baker, Juliaetta, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Juliaetta, Ida Date Dec. 19, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED 14, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/16/33, 193..., to 12/17/33, 193...

I last saw h[illegible] alive on 12/17/33, 193...: death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess.	
Septicaemia.	
Osteomyelitis of Left Os Pubis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lueck, M. D.

(Address) Moscow, Idaho

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87107

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Scott Woodfin

(a) Residence. No. Potlatch R.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Olive Woodfin

6. DATE OF BIRTH (month, day, and year): Feb 9th 1882

7. AGE: Years 52 | Months 9 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Farm

10. Date deceased last worked at this occupation (month and year): Oct 1923

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Potlatch Idaho

FATHER

13. NAME: John Woodfin

14. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER

15. MAIDEN NAME: Martha Yarbrow

16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMENT (Address): Albert Johnston Potlatch

18. BURIAL, CREMATION, OR REMOVAL Place: Garfield Wash Date: Dec 14th, 1933

19. UNDERTAKER (Address): Mr Short Moscow

20. FILED Dec 12th, 1933 Dr J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1933, to Dec 12th, 1933

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken back	Oct 20th
Myocarditis	

Other contributory causes of importance:

Pneumonia (Hypostatic)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 21, 1933

Where did injury occur? At home Potlatch
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fell from Apple Tree

Nature of injury Broken back

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify From farm operations

(Signed) Dr J.W. Thompson, M. D.

(Address) Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87108

PLACE OF DEATH
County of Latah
City of Troy

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sebastian Kasper

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug-9-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Sabastian Kasper
14. BIRTHPLACE (city or town) (State or country) Wis

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT Steve Kasper (Address) Bunge Wash

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 193

19. UNDERTAKER John J. Pickerd (Address) Troy Ida

20. FILED Oct 18, 1933 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Oct 15, 1933
I last saw him alive on Oct 15, 1933; death is said to have occurred on the date stated above, at 11:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	10/15-33
Skull fracture	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/15, 1933
Where did injury occur? Latah County Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Automobile accident
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas A. Meyer, M. D.
(Address) Troy, Idaho

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH must be stated EXACTLY. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87109

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ruth E. Johnson

(a) Residence. No. Gibbonsville Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, and year) 8/4/1908

7. AGE: 25 Years | Months: 5 | Days: 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School house
10. Date deceased last worked at this occupation (month and year) 22 Dec. 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Culdesac
(State or country) ~~Washington~~ Idaho

FATHER
13. NAME John W Johnson
14. BIRTHPLACE (city or town) Cottage Grove
(State or country) Oregon

MOTHER
15. MAIDEN NAME Susie Simmons
16. BIRTHPLACE (city or town) Walla Walla
(State or country) Washington

17. INFORMENT Mrs. Florence Smith
(Address) Gibbonsville Idaho

18. BURIAL, CREMATION, OR REMOVAL Washington
Place Clarkston Date ....., 1933

19. UNDERTAKER Wm. C. Doebler
(Address) Salmon, Ida

20. FILED 1/10, 1932 Wm. C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1933 to Dec 25, 1933
I last saw her alive on Dec. 25, 1933; death is said to have occurred on the date stated above, at 6.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from injuries received in automobile accident	12/25/33

Other contributory causes of importance:

Name of operation physical signs Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/25, 1933
Where did injury occur? Lemhi County, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Public highway
Manner of injury Thrown from truck
Nature of injury Chest - Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) V. Stratton, M. D.
(Address) Salmon, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87110

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cindy Moan

(a) Residence. No. Gilmore Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, and year) May 22-1879

7. AGE: Years 54 | Months 6 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Quartz Mines
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMENT (Address) Wm. [illegible] Salmon

18. BURIAL, CREMATION, OR REMOVAL
Place Salmon Ida Date 11/23", 1933

19. UNDERTAKER (Address) Wm. [illegible] Salmon

20. FILED 6/10, 1933 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22" 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1933, to Nov 22, 1933
I last saw h alive on Nov 15, 1933: death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. B. Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41
Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
State File No. 87111

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Nash

(a) Residence. No. Salmon Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Quartz Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation one year

12. BIRTHPLACE (city or town) (State or country) American

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) Mrs C Dagler Salmon Ida

18. BURIAL, CREMATION, OR REMOVAL Place Salmon Ida Date 12-23", 1933

19. UNDERTAKER Mrs C Dagler (Address) Salmon Ida.

20. FILED 1/0, 1934 Mrs. N. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22" 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to Dec 10, 1933
I last saw him alive on Dec 10, 1933: death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficency	
Other contributory causes of importance:	
Old age	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Underground Mine

(Signed) F S Wright, M D.
(Address) Salmon

RECEIVED JAN 8 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87112

PLACE OF DEATH
County of Lewis
City of Craigmont

Registration District No. 50
Primary Registration District No. 2129 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Barbara Hauck

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Peter Hauck

6. DATE OF BIRTH (month, day, and year) Jan 31 1842

7. AGE Years 91 Months 10 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER
13. NAME — Ackerman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Fredericka
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Anna B Seegers

18. BURIAL, CREMATION, OR REMOVAL
Place Craigmont Date Dec 14, 1933

19. UNDERTAKER (Address) C. E. Clong Craigmont Ida

20. FILED Dec 20, 1933 R E Dueck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 12, 1934
I last saw her alive on Dec 12, 1934: death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy (2d attack)	12 hrs

Other contributory causes of importance:

apoplexy	4 yrs

Name of operation none Date of —
What test confirmed diagnosis? Unsol Was there an autopsy? ni

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) R E Dueck, M. D.
(Address) Craigmont

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Culdesac Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87113

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Samuel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian 4/4
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1893
7. AGE: Years: 40 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Silas Samuels
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Pete Samuels Culdesac Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Sheppard Cemetery Date: ..... 193..

19. UNDERTAKER (Address): Vassar Undertaking Co. Lewiston Idaho

20. FILED Nov. .., 193.. George Gaymard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1-33 ....., 193...., to 11-12-33 ....., 193....
I last saw him alive on 11-11-33, 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Later Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) George Gaymard M. D.
(Address) Culdesac Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 49

Primary Registration District No. 2127

DO NOT WRITE IN THIS SPACE
State File No. 87114

Local Registrar's No.

(No. 72)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Joseph Reed

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ida M. Reed

6. DATE OF BIRTH (month, day, and year) 5-18-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waitsburg Washington

FATHER

13. NAME Leo Reed

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lora Landrel

16. BIRTHPLACE (city or town) (State or country) Eugene Oregon

17. INFORMANT (Address) Mrs Ida Reed

18. BURIAL, CREMATION, OR REMOVAL Place Kamiah Date 10/11, 1933

19. UNDERTAKER Kamiah Funeral Home
(Address) Kamiah

20. FILED 10/11-33, 193 Neel Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9th, 1933, to Oct. 9th, 1933

I last saw him alive on Oct. 9th, 1933: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	sudden
	10/9/33
	One
	hour.

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. S. Bryan M. D.

(Address) Kamiah Idaho.

RECEIVED JAN 15 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87115

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16
Primary Registration District No. .....
Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Wesley Hunter

(a) Residence. No. Shoshone Ida St. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Hunter

6. DATE OF BIRTH (month, day, and year): Oct 7-1859

7. AGE: Years 74 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER
13. NAME: James Hunter
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Eng.

17. INFORMENT (Address): Jno W Hunter

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Shoshone Date 12/22, 1933

19. UNDERTAKER (Address): C Nichols Shoshone Ida

20. FILED 12/23, 1933 J. L. Sudley Registrar
By [illegible] Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933 to 12-21-, 1933
I last saw him alive on Nov., 1933: death is said to have occurred on the date stated above, at 10 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jas. O Cranmell, M. D.
(Address) Gooding Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87116

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 40

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Edward Coates

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Coates

6. DATE OF BIRTH (month, day, and year): April 14 1863

7. AGE: Years 70 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Dairyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

FATHER
13. NAME: Robt Coates
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Mrs S T Baer

18. BURIAL, CREMATION, OR REMOVAL
Place: Shoshone Ida Date: 12-14, 1933

19. UNDERTAKER (Address): G. E. Hickok Shoshone Idaho

20. FILED 12/13, 1933 J. L. Fuller Registrar.
By A. M. Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1929, 193, to Dec 12, 1933
I last saw him alive on Dec 12, 1933: death is said to have occurred on the date stated above, at 3:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1-33

Other contributory causes of importance:

Hypertension	1920
Arterio-Sclerosis	?

Name of operation: none Date of
What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. E. Barrett, M. D.
(Address) Shoshone Ida

RECEIVED ... 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87117

PLACE OF DEATH
County of Lincoln
City of Richfield

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Byrd Bradshaw

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Bradshaw

6. DATE OF BIRTH (month, day, and year): Mar 24 1891

7. AGE: Years 42 | Months 8 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Advance Mo

FATHER
13. NAME: [illegible] Bradshaw
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Bessie Bradshaw

18. BURIAL, CREMATION, OR REMOVAL Place: Richfield Date: 12-13, 1933

19. UNDERTAKER (Address): C E Hickok, Shoshone Ida

20. FILED: 12/13, 1933. J. L. Fuller, Registrar. By A. McMahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 13, 1933
I last saw him alive on Dec 13, 1933: death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 1-33

Other contributory causes of importance:

Streptococci Infection	Dec 10
of Throat	Dec 11
General Peritonitis	

Name of operation: Date of:
What test confirmed diagnosis? Pt. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. E. Barrett, M. D.
(Address) Shoshone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 87118

Local Registrar's No. 38

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander F McKay

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Beatrice McKay

6. DATE OF BIRTH (month, day, and year) Dec 22-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Rail Road

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Donald McKay

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT Beatrice McKay
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Ida Date Dec 6, 1933

19. UNDERTAKER C E Hickok
(Address) Shoshone Ida

20. FILED 12/4, 1933 J L Fuller Registrar
By A M Mahon Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Nov 28, 1933.

I last saw him alive on Nov 28, 1933: death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Unknown
Other contributory causes of importance: Chronic Cardio-Renal Disease	Unknown

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. E. Burritt, M. D.

(Address) Shoshone Ida

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87119

Registration District No. 16
Primary Registration District No.
Local Registrar's No. 37

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Wilmoth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6 1856

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fedsville Ark.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Malinthy Lindley
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Pearl Skelton

18. BURIAL, CREMATION, OR REMOVAL
Place Shoshone Date Dec 5, 1933

19. UNDERTAKER (Address) C. E. Hickok Shoshone

20. FILED 17/4, 1933 J. L. Fuller Registrar.
By A. W. Mahon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to ——, 193
I last saw her alive on Dec 2, 1933: death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 1-33

Other contributory causes of importance:

Chronic Myocarditis	Unknown

Name of operation — Date of
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Barrett, M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Richfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 87120
Local Registrar's No. 36

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Francis Fields

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Fields

6. DATE OF BIRTH (month, day, and year) Oct 11 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carl Bend Mo.

FATHER
13. NAME John Reynolds
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Ellen Vanover
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) David Fields

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Date 12-5, 1933

19. UNDERTAKER G E Nickols
(Address) Shoshone Ida

20. FILED 12/4, 1933 J L Fuller Registrar
By A M Nielson Dep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 3, 1933
I last saw her alive on Dec 2, 1933: death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	12/1/33
Other contributory causes of importance: Pulmonary Tuberculosis	1932

Name of operation None Date of
What test confirmed diagnosis? Vision Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home Richfield Lincoln
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C E Reid, M. D.
(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87122

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88

2. FULL NAME Emeline E. James.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.M.
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Alfred James.

6. DATE OF BIRTH (month, day, and year) Aug. 17, 1856

7. AGE Years 77 Months 3 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bountiful, Utah.

FATHER
13. NAME George Painter.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Jane Herbert.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Jane Shail. Rexburg, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah Date 12-23, 1933

19. UNDERTAKER (Address) A. B. Eckersell Rigby, Ida.

20. FILED Jan 5, 1934 J. R. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 18, 1933
I last saw her alive on Dec 17, 1933: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 33

Other contributory causes of importance: Senility

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify Lorin L. Rich
(Signed) Rexburg Idaho, M. D.
(Address) 12/21/33

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87123

PLACE OF DEATH
County of Madison
City of Sugar RD #1

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 77

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Herman LeGrand Smith

(a) Residence. No. Sugar RD #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19 1918

7. AGE: Years 15 Months 4 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Ida.

FATHER
13. NAME LeGrand C. Smith
14. BIRTHPLACE (city or town) (State or country) Lewiston Utah.

MOTHER
15. MAIDEN NAME Mary Gibbons
16. BIRTHPLACE (city or town) (State or country) Preston Idaho.

17. INFORMENT (Address) LeGrand C. Smith Sugar City RD #1

18. BURIAL, CREMATION, OR REMOVAL Place Sugar City Date Dec 20, 1933

19. UNDERTAKER (Address) Vern J. Keller Rexburg Ida.

20. FILED Jan 5, 1934 J Ryoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1933, to Dec. 17, 1933

I last saw him alive on Dec 17, 1933; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right Lower Lobe)	Dec 11th

Other contributory causes of importance:

none

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) [signature], M. D.
(Address) Rexburg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rochester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87124

Registration District No. 10
Primary Registration District No. 2178
Local Registrar's No. 76

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Alvin Munns

(a) Residence. No. Thornton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah Weeks

6. DATE OF BIRTH (month, day, and year) Mar 4-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer. (Sheriff)

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Madison County

10. Date deceased last worked at this occupation (month and year) Jan 10-1933

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) Yorkshire
(State or country) England

FATHER

13. NAME Samuel Munns

14. BIRTHPLACE (city or town) Cambridge
(State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Goodyer

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMENT Mrs. H. A. Munns
(Address) Thornton Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Sutton Cemetery Date Dec. 19. 1933

19. UNDERTAKER Dunn & Talley
(Address) Rexburg Idaho

20. FILED Dec 5, 1934 J. Reyburn
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1933.

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Dec 15, 1933
I last saw him alive on Dec 13, 1933.: death is said to have occurred on the date stated above, at 1. p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 14-
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Parley Nelson, M. D.
(Address) Reyburn Idaho

RECEIVED IN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87125

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 75

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Ricks

(a) Residence. No. 1st East St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada J. Turner

6. DATE OF BIRTH (month, day, and year): Feb 29 1870

7. AGE: Years 63; Months ~~10~~ 9; Days ~~27~~ 18; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Livestock
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Logan Cache Co Utah

FATHER

13. NAME: Thomas E Ricks
14. BIRTHPLACE (city or town) (State or country): Donaldson Creek Trig Co Kentucky

MOTHER

15. MAIDEN NAME: Tabitha Hendricks
16. BIRTHPLACE (city or town) (State or country): Simpson Co. Kentucky

17. INFORMENT (Address): Daniel Ricks Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg Date: Dec 2, 1933

19. UNDERTAKER (Address): A B Eckersell Rexburg Ida.

20. FILED: Jan 5, 1934 J. C. Harding Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 11 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Dec 11, 1933
I last saw him alive on Dec 10, 1933.: death is said to have occurred on the date stated above, at a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Metastasis from Carcinoma.	1933.

Other contributory causes of importance: Carcinoma of Stomach 1930

Name of operation: Gastro-enterostomy Date of 1930
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Disease Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12/12/33 (Signed) Lorin D. Rich, M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87126

Registration District No. 19

Primary Registration District No. 2013 — Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hugh C McKendrick

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 19 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	79	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn
(State or country) Johnstown

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) ~~Michigan~~
(State or country) Scotland

MOTHER

15. MAIDEN NAME Curry

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMENT Daniel A McKendrick
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER Wm Goodman
(Address) Rupert, Ida.

20. FILED 12-27, 1933 E H Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h.....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Did not see deceased immediately before death but have observed him for 8 yrs. He had an arteriosclerosis and it is my opinion	8 yrs

Other contributory causes of importance:

after inspection of body he died of a cerebral hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury I agree with the

Nature of injury above findings

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify W. A. Goodman Coroner

(Signed) Lelaur Frazier, M. D.

(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO JK
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87127

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No.
Primary Registration District No.
Local Registrar's No. 52

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Hadenfelt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 2-1849

7. AGE: Years 84 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Riper
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Max Hadenfelt

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date , 193

19. UNDERTAKER (Address) W. G. Goodman Rupert Idaho

20. FILED 12-31, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193
I last saw h alive on , 193: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Had not seen her for several years - When called Dec 7 to see her found her dead

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J B Kenagy, M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87128

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No.
Primary Registration District No.
Local Registrar's No. 53

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donato Sanchez

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 9 1870

7. AGE Years 62 Months 11 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER
13. NAME Pedro Sanchez
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Manuela Martinez
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMENT (Address) Manuel Domingo Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date Dec 2, 1933

19. UNDERTAKER (Address) W. G. Goodman Rupert Idaho

20. FILED 12-31, 1933 E W Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933 to Nov 29, 1933
I last saw him alive on Nov 29, 1933; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Fayn H. Renagy
(Signed) , M. D.
(Address) Rupert Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1-5

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 87129

185

2. FULL NAME Agnes Thompson (Pineacot)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknwon

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mark Allen Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Spalding, Ida Date Dec. 22 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Dec., 1933 George Gaignard M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19-33, 193..., to 12-20-33, 193...

I last saw her alive on 12-19-33, 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colles Fracture and Internal Injuries Result of a fall	12-17-33

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87130

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 1612

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John J. Akers

(a) Residence. No. North Lewiston St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Floyd Akers

14. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Nellie Lupinacci

16. BIRTHPLACE (city or town) Livingston
(State or country) Montana

17. INFORMENT Floyd Akers
(Address) North Lewiston

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lewiston, Idaho Date 1-2, 1934

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Jan. 2, 1934 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933, to Dec 31, 1933

I last saw him alive on Dec 31, 1933: death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
5yr and one half mon baby	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. McRae, M. D.

(Address) Lewiston Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Bradbrook

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87132

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1019

Primary Registration District No. 96

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

41

2. FULL NAME Stewart Dorman Johnson

(a) Residence. No. 1020-4th St. Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1925

7. AGE: Years 8 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Dorman Johnson

14. BIRTHPLACE (city or town) (State or country) Murray Idaho

MOTHER

15. MAIDEN NAME Charlotte Stewart

16. BIRTHPLACE (city or town) (State or country) Parnell Miss.

17. INFORMENT (Address) Dorman Johnson, Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Idaho Date Dec. 30 1933

19. UNDERTAKER (Address) Brower-Wann Co. Lewiston, Idaho

20. FILED Jan 4, 1934 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Dec 28, 1933

I last saw him alive on Dec 27, 1933: death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma L Lung Primary	Mar 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? microscopic X Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E G Bradbrook, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 87133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ralph Armstrong

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy Armstrong

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME James Armstrong

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Lucy Armstrong Lapwai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date Dec. 12 1933

19. UNDERTAKER Brower-Wann Co
(Address) Lewiston, Idaho

20. FILED Dec ....., 1933 George Graymont Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9- ....., 1933, to Dec. 11- ....., 1933.
I last saw him alive on Dec 10 ....., 1933.: death is said to have occurred on the date stated above, at 7.20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) George Graymont ....., M. D.
(Address) Coldesac, Idaho

RECEIVED JAN 5 1934

Dr. Gaymard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87134

PLACE OF DEATH

County of Nez Perce
City of Spalding Idah

Registration District No. 128
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maggie Grant

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alpowa
(State or country) Washington

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding Date Dec. 4, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Dec., 1933 George Raymond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 -, 1933, to Dec 3 -, 1933
I last saw her alive on Dec. 1 -, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Gaymard M. D.
(Address) Culdesac, Idahoo

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87135

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 128

Primary Registration District No. ____ Local Registrar's No. ____

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Josephine Jacquiline Ellenwood

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding
(State or country) Idaho

FATHER

13. NAME Joe Ellenwood

14. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

MOTHER

15. MAIDEN NAME Elsie ~~Reubens~~ Reuben

16. BIRTHPLACE (city or town) Jacques Spur
(State or country) Idaho

17. INFORMENT Joe Ellenwood
(Address) Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Idaho Date Nov 29, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Nov. ____, 1933 George Gayman Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933, to Nov 27, 1933

I last saw her alive on Nov 27, 1933; death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 24-33

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. E. White, M. D.

(Address) Lewiston, Idaho

RECEIVED JAN

Dr. Gaignard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87136

PLACE OF DEATH

County of ~~Nez Perce~~ Nez Spalding Idaho

City of ~~Lewiston~~

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Broncheau

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
34	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spalding, Idaho
(State or country)

FATHER

13. NAME Louis Broncheau

14. BIRTHPLACE (city or town) .....
(State or country) Idaho

MOTHER

15. MAIDEN NAME Saphia Moore

16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMENT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Spalding, Idaho Date Oct 17 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct, 1933 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-13-, 1933, to 10-14-33, 193..

I last saw him alive on 10-14-33 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	9-10-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87137

PLACE OF DEATH
County of Nez Perce
City of Sweetwater
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edgar Paul Harvey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 45 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweetwater
(State or country) Idaho

FATHER
13. NAME Jessie Harvey
14. BIRTHPLACE (city or town) San Diego
(State or country) California

MOTHER
15. MAIDEN NAME Ina Jackson
16. BIRTHPLACE (city or town) Sweetwater
(State or country) Idaho

17. INFORMENT Jessie Harvey
(Address) Sweetwater, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Sweetwater Date Nov. 21 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Nov. 22, 1933 George Gaignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-20-33, 193..., to 11-20-33, 193...
I last saw him alive on 11-20-33, 193...: death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fracture of base of brain. Instant bleed from nose and mouth immediately after birth and died on birth an hour	
Natural Delivery	
Other contributory causes of importance: but a very large child weighed about 12 lbs.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87138

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert King Quigley

(a) Residence. No. St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME R. M. Quigley

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Eva Watt

16. BIRTHPLACE (city or town) (State or country) Culdesac Idaho

17. INFORMENT (Address) R. M. Quigley Clarkston, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date Dec. 26, 1933

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 4, 1934 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Dec 24, 1933

I last saw ~~alive~~ on Dec 24, 1933: death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Int. Obstruction	Dec 23
Other contributory causes of importance: Strangulated Inguinal Hernia (Congenital)	

Name of operation Herniotomy Date of Dec 24

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) L. B. Blackledge, M. D.

(Address) Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Johnson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87139

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Elizabeth Tratz

(a) Residence. No. St. Joseph's Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, and year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Henry Clear
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Margaut Kretazer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) J. H. Clear Clarkston, Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Idaho Date Dec. 26, 1933

19. UNDERTAKER Vassar-Shaughnessy Co. (Address)

20. FILED Jan 2, 1934 J. M. Leyde Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from about 1910, ~~1933~~, to Dec 23, 1933
I last saw her alive on Dec 23, 1933 death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvula / heart disease (mitral insufficiency)	Yrs ago.

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Paul W. Johnson M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 8714 0

Registration District No. 1009

Primary Registration District No. 9a Local Registrar's No.

(No. Saint Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

167

2. FULL NAME Dona Theba Riedinger

(a) Residence. No. Peola, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): December 20, 1933

7. AGE — Years | Months | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

FATHER

13. NAME: C. J. Riedinger

14. BIRTHPLACE (city or town) (State or country): Houston Texas

MOTHER

15. MAIDEN NAME: Edna P Powers

16. BIRTHPLACE (city or town) (State or country): Asotin Washington

17. INFORMANT (Address): C. J. Riedinger Peola Washington

18. BURIAL, CREMATION OR REMOVAL
Place: Clarkston Wn. Date: 12/24 1933

19. UNDERTAKER (Address): H. R. Merchant Clarkston Wash.

20. FILED: Dec 26, 1933. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933 to Dec 23, 1933.

I last saw her alive on Dec 22, 1933: death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Edema Neonatorum	12/21/33
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) ...

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87141

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Saint Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Charles Riedinger

(a) Residence. No. Peola, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): December 20. 1933.

7. AGE Years | Months | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME C. J. Riedinger

14. BIRTHPLACE (city or town) Houston
(State or country) Texas

MOTHER

15. MAIDEN NAME Edna P. Powers

16. BIRTHPLACE (city or town) Asotin
(State or country) Washington

17. INFORMANT C. J. Riedinger
(Address) Peola Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Date 12/24, 1933

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED Dec. 26, 1933 J. M. Lyle Reg. Ex. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933 to Dec 22, 1933

I last saw ~~her alive~~ on Dec 22, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intense Moratorium	12/21/33

Other **contributory causes** of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury.., 193.

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) L. B. Brockslage, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87142

Registration District No. 1007
Primary Registration District No. 46 Local Registrar's No.
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Minnie Johnson Randolph

(a) Residence. No. Boston Avenue St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dennis T. Randolph

6. DATE OF BIRTH (month, day, and year) Sept 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	51	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gower Missouri

MOTHER FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Dennis T. Randolph Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 12/24 1933

19. UNDERTAKER (Address) H.R.Merchant Clarkston, Wash.

20. FILED Dec. 26, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933 to Dec. 23, 1933.
I last saw h[illegible] alive on Dec 22 1933.: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
June 19	
Carcinoma of Colon	6/9/33
Other **contributory causes** of importance:	
None	

Name of operation Exploratory Lap Date of Dec 21-33
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.R. Merchant M. D.
(Address) Clarkston Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Nancy.

DO NOT WRITE IN THIS SPACE
State File No. 87143

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No.
Primary Registration District No.
Local Registrar's No.

(No. 223 26th, street.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phoebe Rebecca Phillips

(a) Residence. No. 223 26th, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Phillips

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carlisle
(State or country) Iowa

FATHER
13. NAME Samuel James
14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER
15. MAIDEN NAME Phoebe Hartley
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMENT (Address) Wendell W. Phillips Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date Dec. 21st, 1933.

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 4, 1934 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Dec 19, 1933.
I last saw her alive on Dec 19, 1933 death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	Unknown
& Hypertension	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify —

(Signed) Paul G. Hamm, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87144

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Ann Mabry

(a) Residence. No. Mahler, Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A A Mabry

6. DATE OF BIRTH (month, day, and year) Dec. 20 1901

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peck Idaho

FATHER

13. NAME John Schadt

14. BIRTHPLACE (city or town) (State or country) Trenton Iowa

MOTHER

15. MAIDEN NAME Macy Murray

16. BIRTHPLACE (city or town) (State or country) Medford Maine

17. INFORMANT (Address) Mr. A A Mabry Mohler Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 12/22, 1933.

19. UNDERTAKER (Address) H. R. Merchant Clarkston Washington

20. FILED Dec. 20, 1933. J. M. Lytle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Dec 19, 1933.
I last saw her alive on Dec 19, 1933. Death is said to have occurred on the date stated above, at 6:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholecystatitis	1931
Cholelithiasis	1931

Other **contributory causes** of importance:

Abscess in Hepatic Parenchymal Cavity

Name of operation Cholecystostomy Date of Oct 17 '33

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. T. Scott, M. D.

(Address) .....

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87145

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Michael Kasper

(a) Residence. No. Genesee, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME John Kasper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Pete Kasper Genesee, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Genesee, Idaho Date Dec. 20, 1933

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Dec. 28, 1933 Jay B. Lusk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933, to Dec 19, 1933
I last saw him alive on Dec 19, 1933; death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Scott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87147

PLACE OF DEATH
County of NezPerce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME Frank A. Baner

(a) Residence. No. Elk City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMENT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date Dec 27, 1933

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho.

20. FILED Dec 28, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/16/33 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 16, 1933
I last saw him alive on Dec 16, 1933: death is said to have occurred on the date stated above, at 7:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Delerium Tremens	Dec 12-33
Other contributory causes of importance:	
Chronic Myocarditis	8 Mos ?
Chronic Nephritis	?

Name of operation None Date of —
What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible], M. D.
(Address) Lewiston Idaho

PLEASE LEVEL IN [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87149

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 10-9
Primary Registration District No. 96
Local Registrar's No.

(No. 1449-Idaho Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Mary L. Allen

(a) Residence. No. 1449-Idaho Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME McFarland

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Charles Allen 1449-Idaho Street

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Moscow, Idaho Date Dec. 17, 1933

19. UNDERTAKER Vassar-Shaughnessy Co. (Address) Lewiston, Idaho

20. FILED Dec. 16, 1933 J. M. Lytle Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1930, to Dec 16, 1933
I last saw h[illegible] alive on Dec 16, 1933; death is said to have occurred on the date stated above, at 7:12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis,	c
Hypertension &	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of c
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? c Date of injury c, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. c
Manner of injury c
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify c
(Signed) Paul G. Hamm, M. D.
(Address) Lewiston Clinic

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Henry

RECEIVED

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87150

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. White's Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

199

2. FULL NAME Delora Bernita Myrick

(a) Residence. No. 913 7th Street Clarkston St. Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H Myrick

6. DATE OF BIRTH (month, day, and year): June 13, 1905

7. AGE: Years 28, Months 6, Days 2. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prescott Washington

FATHER

13. NAME: Ira Newbill

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Virginia Koontz

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Ira Newbill Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place: Clarkston Date: 12/18, 1933

19. UNDERTAKER (Address): H. R. Merchant Clarkston Washington

20. FILED Jan. 3, 1934 J. M. Lyle Cy E.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1-33, 193..., to 12/13-33, 193...

I last saw her alive on 12/13-33, 193...: death is said to have occurred on the date stated above, at 2:40 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mesenteric embolism	12-15-33
Other **contributory causes** of importance: Compound fracture of rt. lower jaw and multiple body bruises.	11-1-33.

Name of operation None. Date of.....

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? Lewiston, Idaho.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home

Manner of injury Fight

Nature of injury Fractured jaw, body bruises.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Rouse M.D. M. D.

(Address) Lewiston, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible] 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87151

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Mrs. Fanny Polillo

(a) Residence. No. 0115-23rd Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-22-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Victoria Varace

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address) Joe Polillo 0115-23rd Street

18. BURIAL, CREMATION, or REMOVAL Place Lewiston, Idaho Date Dec. 12, 1933

19. UNDERTAKER (Address) Vassar-Shaughnessy Mortuary Lewiston, Idaho

20. FILED Dec. 12, 1933 Jay McLyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/9 1933.

22. I HEREBY CERTIFY, That I attended deceased from 12/5/33, 1933, to 12/9, 1933
I last saw her alive on 12/9, 1933; death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/5/33.

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William A. Hall, M. D.
(Address) Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Habel

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87152

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
(No. St. Joseph's Hospital) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Hess

(a) Residence. No. Nez Perce, Ida. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mainds

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	7	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) same.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS
10. NAME OF FATHER Peter Delp
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Barbra Kehm
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant Ida E. Billings
(Address) Nezperce Idaho.

15. Filed Dec. 18, 1933 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December (Month) 5 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to December 5, 1933
that I last saw her alive on Dec. 4, 1933
and that death occurred, on the date stated above, at 10:40 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia Lobaris

(duration) ? yrs. ? mos. 19 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory & Clinical Findings

(Signed) K. H. Collins M. D.
Dec. 5, 1933 (Address) Craigmont Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Nezperce Cemetery	Dec 10 1933

20. Undertaker	Address
Albert Hoff	Nezperce Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87153

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Hayton

(a) Residence. No. 16th & Chestnut St. St. Clarkston Wn.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samantha L. Voust

6. DATE OF BIRTH (month, day, and year)
Octover 4th, 1857

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1918

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Pikeville, Ky.

FATHER

13. NAME Thomas Hayton

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sarah Elizabeth Sanders

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs Jacob Hayton
(Address) Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wash Date 12/8/33

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash

20. FILED Dec. 11, 1933 J. M. Fyfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5/33

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1. 1933., to Dec. 5 1933.

I last saw him alive on Dec. 5, 1933. death is said to have occurred on the date stated above, at 9:44 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess L. Kidney	1922
Other **contributory causes** of importance: Arteriosclerosis General	1925

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Broadbent, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87155

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 188 C)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Franklin Powell

(a) Residence. No. St. North Lewiston
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Lumber Jack.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Bend
(State or country) Oregon

FATHER

13. NAME W. H. Powell

14. BIRTHPLACE (city or town)
(State or country) Minn.

MOTHER

15. MAIDEN NAME Laura May Turnball

16. BIRTHPLACE (city or town) Cheney
(State or country) Washington

17. INFORMENT W. H. Powell
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date 12/5, 1933

19. UNDERTAKER Brow r-Wann Co.
(Address) Lewiston Idaho

20. FILED Jan 2, 1934 J. McLyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at about 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Auto Accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/3, 1933

Where did injury occur? Near Lewiston Nez Perce Co. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On public highway.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

12/4/33 (Signed) Brow r-Wann Co.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87156

PLACE OF DEATH

County of Nez Perce

City of

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Madden Ranch Upper Snake River)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Fred Townsend

(a) Residence. No. St. Madden Ranch
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-13-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Ranch

10. Date deceased last worked at this occupation (month and year) 12-1-33

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) YPSILANTI
(State or country) Michigan

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT James Madden
(Address) Upper Snake River

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Dec. 3, 1933

19. UNDERTAKER Vassar-Shaughnessy Mortuary
(Address) Lewiston, Idaho

20. FILED Dec. 7, 1933 Jay M. Tyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

Signed E. M. Bowser Coroner, M.D.

(Address) Lewiston Idaho

12/3/33.

RECEIVED ... 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87157

PLACE OF DEATH
County of Oneida
City of Holbrook

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Russell Dillie Jr.

(a) Residence. No. Holbrook Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 6 1931

7. AGE: Years 2 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

FATHER
13. NAME: Russell Dillie
14. BIRTHPLACE (city or town) (State or country): Stone Idaho

MOTHER
15. MAIDEN NAME: Leona Ward
16. BIRTHPLACE (city or town) (State or country): Bingham Utah

17. INFORMENT (Address): D B Dillie Holbrook Ida

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place Holbrook Ida Date Dec 22 1933

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED 12/31, 1933 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17-33, 193..., to Dec. 21, 1933
I last saw him alive on Dec. 21, 1933: death is said to have occurred on the date stated above, at 5.05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Dec 14-33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) V. P. Yarst, M. D.
(Address) Malad Ida

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87158

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thora Susanna Peek

(a) Residence. No. ..... Malad Idho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
	Female White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and Nov 13 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Lorin Leigh Peek

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Susanna Price

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMENT L. L. Peek
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Dec 20, 1933

19. UNDERTAKER J. Sam Pierce
(Address) Malad Idaho

20. FILED 12/21, 1933 J. M. Nevins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Dec 18, 1933
I last saw h[illegible] alive on Dec 18, 1933; death is said to have occurred on the date stated above, at 2:15 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliomyelitis	Dec 10
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. A. Mabey, M. D.

(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87159

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2064
Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Keith Thomas

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1924

7. AGE: Years 9 | Months | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Malad Idaho

FATHER
13. NAME Benjamin Franklin Thomas
14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER
15. MAIDEN NAME Margaret Jones
16. BIRTHPLACE (city or town) (State or country) Hyrum Utah

17. INFORMENT (Address) Frank Thomas Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date Dec 13, 1933

19. UNDERTAKER (Address) J. Gary Benson Malad Idaho

20. FILED 12/33, 193 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 10, 1933
I last saw him alive on Dec 10, 1933 death is said to have occurred on the date stated above, at 12:00 Noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	12/8/33

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify [illegible]
(Signed) ..... M. D.
(Address) Malad Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87160

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 26 by
Local Registrar's No. 38

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Clark

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Letitia Matilda Williams

6. DATE OF BIRTH (month, day, and year): Aug 1 1865

7. AGE: Years 68 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): Dec 1 33
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Atchison Kansas

FATHER
13. NAME: William Daniel Clark
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Eliza Jane Thomas
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMENT (Address): John W. Clark Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Malad Idaho Date: Burial Dec 5, 1933

19. UNDERTAKER (Address): J. Guy Hansen Malad Ida.

20. FILED 1/3/34, 1933 J. M. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): December 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 2, 1933.
I last saw him alive on Dec 2, 1933: death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Confusion of Lungs.	

Other contributory causes of importance:

Exposure to Cold.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) J. M. Kerr, M. D.
(Address) Malad Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87161

PLACE OF DEATH
County of Oneida
City of Samaria

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Eunella Williams Evans

(a) Residence. No. ..... Samaria Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of William Carl A Evans

6. DATE OF BIRTH (month) Oct and (year) 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

FATHER

13. NAME Samuel Johns Williams

14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER

15. MAIDEN NAME Fannie Williams

16. BIRTHPLACE (city or town) Woodruff
(State or country) Idaho

17. INFORMENT (Address) Carl A Evans Samaria Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Dec 6 1933 Date Samaria 193

19. UNDERTAKER J. Guy Denman
(Address) Malad Idaho

20. FILED 12/5/, 193 J. M. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 193 3

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy from Long Continued Inadvertent Delirium	2
Other contributory causes of importance:	
Heart	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Evans, M. D.

(Address) Samaria Idaho

RECEIVED JAN 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87162

PLACE OF DEATH
County of Payette
City of Payette
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John B. Sallee

(a) Residence. No. Payette St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wht	Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lucy Sallee

6. DATE OF BIRTH (month, day, and year) Feb. 7-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Henry J. Sallee

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) J. B. Sallee Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Beaver Cemetery Date 12-29, 1933

19. UNDERTAKER F. B. Northam
(Address) Payette Idaho

20. FILED Dec 30, 1933 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to Sept 30, 1933
I last saw him alive on Sept 30, 1933; death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. R. Woodward M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87163

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 55

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

170

2. FULL NAME Dwite Kelsey Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): Jan 1 - 1897

7. AGE: Years 36 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): albion Neb.

FATHER

13. NAME: Alex J Wilson

14. BIRTHPLACE (city or town) (State or country): Woodland Ill.

MOTHER

15. MAIDEN NAME: Mary A. Cooley

16. BIRTHPLACE (city or town) (State or country): Bloomingdale Mich

17. INFORMENT (Address): Mary A Wilson

18. BURIAL, CREMATION, OR REMOVAL
Place: Payette, Idaho Date: Dec 11, 1933

19. UNDERTAKER (Address): Glenn C. Landon Payette Idaho

20. FILED: Dec 14, 1933 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12-11-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1933 to 12-11-, 1933

I last saw him alive on ....., 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide by shot-gun, cutting artery just above the heart.

Date of onset

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 12-11, 1933

Where did injury occur? Payette Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury: Shot-gun

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edith Landon Coroner

(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN [illegible] 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fayette

City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87164

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard G. Sanders

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Sanders

6. DATE OF BIRTH (month, day, and year) Mar 4-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT Mrs. F. D. Kincaid (Address) Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL Place La Grand Date 12-19 1933

19. UNDERTAKER Pleasant C. Sanders (Address) Fayette Idaho

20. FILED Dec 18, 1933 J. B. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Dec 15, 1933

I last saw him alive on Dec 13, 1933; death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Woodward, M. D.

(Address) Fayette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87165

PLACE OF DEATH

County of Power

City of Am. Falls, Ida

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 29

(No. North, East of Rockland, Ida., Rockland,) Ida.

(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Elvira Jane Clark

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. J. Clark

6. DATE OF BIRTH (month, day, and year) Apr. 7, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec. 23 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME W. J. Bumgarner

14. BIRTHPLACE (city or town) (State or country) NOT KNOWN

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) NOT KNOWN

17. INFORMENT (Address) Jessie Evans Rockland, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rockland, Ida. Date Dec. 27, 1933

19. UNDERTAKER A. W. Davis A. W. Davis (Address) Am. Falls, Ida.

20. FILED Dec 27, 1933 Genevieve Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1933 to November 25, 1933

I last saw her alive on November 25, 1933; death is said to have occurred on the date stated above, at 9:30PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	
Uremia	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. H. Logan M. D.

(Address) American Falls, Idaho

RECEIVED JAN 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87166

Registration District No. 24

Primary Registration District No. 2072 Local Registrar's No. 28

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

740

2. FULL NAME Justina Ratschkowsky

(a) Residence. No. 214 Lincoln St St. American Falls, Idaho,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ratschkowsky

6. DATE OF BIRTH (month, day, and year) Oct 5 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Baumgart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) J. Ratschkowsky

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F Date Nov. 22 1933

19. UNDERTAKER H. L. Davis
(Address) Am. Falls, Ida.

20. FILED Nov 23, 1933 Genevieve Voth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 20, 1933

I last saw her alive on Nov. 19, 1933.: death is said to have occurred on the date stated above, at 9 A. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Oct. 23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Farrell, M. D.

(Address) Am. Falls Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87167

PLACE OF DEATH

County of Power

City of American Falls, Idaho

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 27

(No. Schiltz Memoral Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME John S. Hamilton

(a) Residence. No. 18 Miles south St. American Falls, Idaho,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Anna Hamilton

6. DATE OF BIRTH (month, day, and year): Nov 2

7. AGE: Years 66 Months 0 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1932.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: Henery Hamilton
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Jennet Johnston
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMENT (Address): Mrs J S Hamilton American Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: I.O.O.F. Date: 11/21/33

19. UNDERTAKER (Address): Aw Davis American Falls, Idaho

20. FILED Nov 23, 1933 Genevieve Utz, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 11-19 1933

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1933, to November 19, 1933
I last saw him alive on November 19, 1933: death is said to have occurred on the date stated above, at 11p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobor pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V G Logan, M. D.
(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87168

PLACE OF DEATH
County of Power
City of Am Falls

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 26
(No. Schiltz Memorial)
(If death occurred in a hospital or institution, give its name instead of street and number.)

24

2. FULL NAME Easter Beth Thorne

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am Falls Idaho

FATHER
13. NAME Myrle J Thorne
14. BIRTHPLACE (city or town) (State or country) Rockland Idaho

MOTHER
15. MAIDEN NAME Isabella Clegg
16. BIRTHPLACE (city or town) (State or country) Downey Idaho

17. INFORMENT (Address) Myrle J Thorne Rockland Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland Date Nov 19, 1933

19. UNDERTAKER (Address)

20. FILED Nov 18, 1933 Genevieve Nott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Nov 17, 1933
I last saw her alive on Nov. 17, 1933: death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
pneumonia	

Other contributory causes of importance:

pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) V. G. Logan, M. D.
(Address) American Falls

RECEIVED

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87169

Registration District No. 25

Primary Registration District No. 2012 Local Registrar's No. 25

(No. 234 McKinley St.,)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Mary A. Pennington

(a) Residence. No. St. American Falls, Idaho,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) Apr. 8 1847

7. AGE Years 86 Months 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Withville, Virginia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Vaughn

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMENT X (Address) Linnie Adkins

18. BURIAL, CREMATION, OR REMOVAL Place Neeley, Ida. Date Nov. 15, 1933

19. UNDERTAKER (Address) A. W. Davis

20. FILED Nov 13, 1933 Gleeson Koth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 12 1933

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1933, to November 11, 1933.

I last saw her alive on November 11, 1933: death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

—

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. G. Logan, M. D.

(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 11 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87170

PLACE OF DEATH

County of Bingham

City of Am. Falls, Ida.

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 24

(No. Am. Falls - Ida.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

101 b

2. FULL NAME Christoff Stekel

(a) Residence. No. St. American Falls, Idaho,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) Oct. 8 1869

7. AGE Years 64 Months 0 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Russia

FATHER

13. NAME Gottfried Stekel

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) John Deeg

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER (Address) H. L. Davis Am. Falls, Ida.

20. FILED 11/7, 1933 Genevieve Roth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1933, to November 6, 1933.

I last saw him alive on November 6, 1933: death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Bronchorrhea

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. G. Logan M. D.

(Address) American Falls, Idaho

RECEIVED JAN 13 1934

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87171

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ~~Frederic~~ Godfred Samuelson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 11, 1870

7. AGE: Years 63 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Monson Samuelson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Christina Lundquist

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMENT (Address): Harold Samuelson

18. BURIAL, CREMATION, OR REMOVAL Place: Kellogg Idaho Date: Dec 27, 1933

19. UNDERTAKER (Address): M. C. Thornhill, Kellogg, Idaho

20. FILED Jan. 10, 1934 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Dec 24, 1933

I last saw him alive on Dec 24, 1933: death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Ileus	24 hours.
Fractured Pelvis	
Fracture L. Femur - Compound	
Fracture - R. & L. Tibia	

Other contributory causes of importance:

Name of operation: none Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-23, 1933

Where did injury occur? Kellogg, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on highway

Manner of injury: Auto accident

Nature of injury: See above

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold T Anderson M. D.

(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87172

PLACE OF DEATH
County of Shoshone
City of Wardner

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Daniel Stoerck

(a) Residence. No. ..... St. Main
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Stoerck

6. DATE OF BIRTH (month, day, and year): Feb. 12, 1867

7. AGE: Years 66 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: School
10. Date deceased last worked at this occupation (month and year): Dec. 19, 1933
11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Daniel Stoerck
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Maria Zehm
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMENT (Address): Walter Stoerck, Wardner, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place: Kellogg, Ida. Date: Dec 31, 1933

19. UNDERTAKER (Address): M. C. Thornhill, Kellogg, Idaho

20. FILED: Jan. 10, 1934 Mrs. Helen McBride, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1933, to ....., 193...

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Kellogg Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87173

Registration District No. 7 2
Primary Registration District No. 1011
Local Registrar's No. 249

(No. Residence.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elisha Wilkins

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Elisha Wilkins
6. DATE OF BIRTH (month, day, and year): May 19 1876
7. AGE: Years 58 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): S. Dakota.

FATHER
13. NAME: Iman Jefferson
14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER
15. MAIDEN NAME: Anna Offerson
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMENT (Address): Elisha Wilkins Wallace Idaho
18. BURIAL, CREMATION, OR REMOVAL. Place: Wallace Idaho Date: Dec 17, 1933
19. UNDERTAKER (Address): J. A. Bower (Ward Und Co) Wallace Ida.
20. FILED: Dec 16th 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 13 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Dec 12, 1933
I last saw h[illegible] alive on Dec 12, 1933: death is said to have occurred on the date stated above, at 9:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
Chronic diffuse nephritis	1926

Other contributory causes of importance:
Generalized arteriosclerosis 1932
cardiac failure

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify Pneumoconiosis
(Signed) ....., M. D.
(Address) Wallace, Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87174

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 248

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Andabock

(a) Residence, No. Burke Idaho St. Burke Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 48 Months Days If LESS than 1 day, ...hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Lead Mining

10. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Hospital Records. Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date [illegible] 193[illegible]

19. UNDERTAKER (Address) [illegible] Wallace Idaho

20. FILED Dec 14th, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, Chronic	1932

Other contributory causes of importance:

Nephritis, Chronic	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Fitzgerald, M. D.

(Address) Wallace, Idaho.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87175

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 247

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matt Arneson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 10, 1881

7. AGE: Years 52 | Months 8 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Mr Arneson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Marie Luckseta
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) + Marie Walsh

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 193

19. UNDERTAKER (Address) M. C. Thornhill Kellogg, Idaho

20. FILED Dec, 193 C. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Dec 10th, 1933.
I last saw him alive on Dec 8th, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87176

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 7

Primary Registration District No. 1011

Local Registrar's No. 246

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Williams

(a) Residence. No. Gem St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 17 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Katy Mines Nova Scotia

FATHER

13. NAME Daniel Williams

14. BIRTHPLACE (city or town) (State or country) Cumberland Co. Nova Scotia

MOTHER

15. MAIDEN NAME Cora May Spencer

16. BIRTHPLACE (city or town) (State or country) Cumberland Co. Nova Scotia

17. INFORMENT (Address) Daniel Williams Gem Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Wallace Date Dec 12 1933

19. UNDERTAKER (Address) D. S. Crawford Wallace Ida

20. FILED Dec 14th, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/8 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently heart failure	
Collapse accompanied	
Head while at work	
Mrs Burke Ida Assisted	

Other contributory causes of importance:

Myocarditis Chronic Several yrs

Name of operation ..... Date of .....

What test confirmed diagnosis None Was there an autopsy?

23. If death was due to ~~ex~~ternal causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~Accident~~ Date of injury Dec 8, 1933

Where did injury occur? Wallace
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. Mowery Coroner M.D.

(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87177

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 245

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

185

2. FULL NAME David Matt Tonmala

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 16-

7. AGE Years 28 Months 7 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery.
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Mullan Idaho

FATHER
13. NAME Andrew Tonmala
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Gustava Niva
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Mrs Gustava Tonmala Mullan Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Mullan Ida Date Dec 10, 1933

19. UNDERTAKER (Address) J. A. Bower (Ward Und Co) Wallace Ida.

20. FILED Dec 8th, 1933 A. S. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1933, to Dec 7th, 1933
I last saw him alive on Dec 7th, 1933: death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Surgical shock following Reduction of old fracture by open operation

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Fell on sidewalk Dec 1st 1933
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) H. L. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87178

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward J. Murphy.
(a) Residence. No. Kellogg, Ida St. Kellogg Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. Single, Married, Widowed, or Divorced (write the word) Married.
5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie Murphy.
6. DATE OF BIRTH (month, day, and year) Apr-12-1888
7. AGE Years 45 Months 8 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise
10. Date deceased last worked at this occupation (month and year) Dec 27-33
11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Nevada

FATHER
13. NAME John Murphy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Abbie Murphy.
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMENT (Address) Mrs Carrie Murphy Kellogg Idaho
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida Date Dec 30 1933
19. UNDERTAKER (Address) J. A. Bwer (Ward Und Co) Wallace, Ida.
20. FILED Dec 30th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 27 1933
22. I HEREBY CERTIFY, That I attended deceased from 10 a.m. 12/27, 1933, to 10 p.m. 12/27, 1933
I last saw him alive on 12/27, 1933; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	12/27/33.

Other contributory causes of importance:

Shock.	12/27/33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/27, 1933.
Where did injury occur? Osburn, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Shoshone County Osburn, air port.
Manner of injury air plane crash
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) E. J. Fitzgerald, M. D.
(Address) Wallace Idaho.

RECEIVED 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87179

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No.
Primary Registration District No.
Local Registrar's No.
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

201

2. FULL NAME C. J. Carlson
(a) Residence. No. Mullan Ida. St. Mullan Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway Mich.

FATHER
13. NAME Frank Carlson
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Lena Matoon
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMENT (Address) Frank Carlson Mullan Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Wallace Idaho Date Jan 7, 1934
19. UNDERTAKER (Address) J. A. Bever (Ward and Co.) Wallace Ida.
20. FILED Dec 26, 1933 C. A. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 1933
22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1933, to —, 1933
I last saw him alive on 12/26, 1933: death is said to have occurred on the date stated above, at 4 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull, Fracture.	12/26/33.
Cervical Vertebre - Fracture.	
Other contributory causes of importance:	
Shock -	
Fracture, right tibia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/26, 1933
Where did injury occur? Lower Mace - Shoshone County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway.
Manner of injury Struck by a car
Nature of injury as above —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E. J. Peterson M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH
County of Shoshone
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87180

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 252

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward A. Clark

(a) Residence. No. Burke Idaho St. Burke Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 4

7. AGE Years 48 Months 4 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Butte Mont.

FATHER
13. NAME James L Clark
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Kate McCafferty.
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMENT (Address) James Clark Burke Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Date Dec, 1933

19. UNDERTAKER (Address) J A Buer Nordwd Co Wallace Ida

20. FILED Dec 27, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 22 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h.....alive on Dec 23, 1933; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of that	

Other contributory causes of importance:
Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Chas. G. Dettman, M. D.
(Address) Burke Idaho

RECEIVED JAN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87181

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 251
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

31

2. FULL NAME George Campbell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 68 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Hospital Records Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Wallace Ida. Date ....., 193

19. UNDERTAKER (Address) J. A. Bruce (Ward Und Co) Wallace Ida.

20. FILED Dec 13th, 1933 C. Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Dec 16th, 1933.
I last saw him alive on Dec 16th, 1933: death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows: Pulmonary T-B

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87182

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. Residence) 170

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Donald McRae

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining

10. Date deceased last worked at this occupation (month and year) Mar 24 1933

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Don McRae.

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Harriet McRae.

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMENT (Address) Alex D Fraser Missoula Mont.

18. BURIAL, CREMATION, OR REMOVAL Place Indefinite Mont Date Dec 24, 1933

19. UNDERTAKER (Address) J A Boyd (Ward Undertaking Co.) Wallace Ida

20. FILED Dec 21st, 1933 C E Nixon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wounds	
Head & Body	
Suicide	

Other contributory causes of importance:

Alcoholism Several Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 19, 1933

Where did injury occur? (Specify city or town, county, and State) Wallace Shoshone Co Ida

Specify whether injury occurred in industry, in home or in public place. In Home

Manner of injury Gun shot

Nature of injury Gun shot wounds Head & Body

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W E McWorter Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87183

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 244

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Ebero

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14-1866

7. AGE Years 67 Months 7 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Co Hospital Records Wallace Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Wallace Ida Date Dec 8, 1933

19. UNDERTAKER (Address) J A Beer (Ward and Co) Wallace Ida.

20. FILED Dec 8th, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1933, to Dec 2nd, 1933

I last saw him alive on Dec 1st, 1933: death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Lindsay, M. D.

(Address) Kellogg Ida.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 11 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87184

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 78
Primary Registration District No. 1011
Local Registrar's No. 243
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

77

2. FULL NAME William Stephen Ward

(a) Residence. No. 162 King S Wallace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cora Ward

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 54 Months Days If LESS than 1 day, ... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Michael S Ward
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anna Flood
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Mrs Cora Ward Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wy Date Dec 5, 1933

19. UNDERTAKER (Address) J A Bowers Ward Und Co Wallace Ida.

20. FILED Dec 4, 1933 C S Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cedema, Cerebral	Dec 1-33
Other contributory causes of importance:	
Delirium Tremens	Nov 30-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E J Fitz Gerald, M. D.
(Address) Wallace Ida.

RECEIVED JAN 16 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87185

PLACE OF DEATH
County of Boundary
City of Naples

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No. 188C

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fredrick M. Ohmen

(a) Residence. No. St. Bonners Ferry
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Artie Belford
6. DATE OF BIRTH (month, day, and year) Sept 25 - 1881
7. AGE Years 52 Months Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsworker Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Preston Conn.

FATHER
13. NAME Mad Ohmen ~~Conn~~
14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMENT (Address) Mrs Earl Mattie Bonners Ferry

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Oct 27 1933

19. UNDERTAKER (Address) H. R. Clough Bonners Ferry Ida

20. FILED Oct 24, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h.....alive on ....., 193....: death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Accident	
Crushing injury of skull	

Other contributory causes of importance:

Alcoholism

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/22, 1933
Where did injury occur? Naples Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway Bridge
Manner of injury Collided with auto
Nature of injury Auto Accident

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) R. M. Bowell Coroner, M.D.
(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton.

City of Driggs.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 87186

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ebenezer Beesley.

(a) Residence. No. Driggs Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily J Beesley.

6. DATE OF BIRTH (month, day, and year) June 12 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Shoe Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodriba Utah.

FATHER

13. NAME Ebenezer Beesley.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah Hancock.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) G. L. Beesley Driggs Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Salt Lake City Utah Date Dec 27 1933

19. UNDERTAKER (Address) Wm Robinson. St Anthony Idaho

20. FILED Dec 25 1933 Abie M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1933, to Dec. 24, 1933

I last saw him alive on Dec. 3, 1933: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1930

Other contributory causes of importance:

Senility

Name of operation None Date of —

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. T. C. Tedmer, M. D.

(Address) Driggs, Idaho.

RECEIVED

PLACE OF DEATH

County of Teton

City of Driggs R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87188

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

145(4)

2. FULL NAME Mary Leah Carlson

(a) Residence. No. Driggs Ida R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Carl August Carlson

6. DATE OF BIRTH (month, day, and year): May 17-1901

7. AGE: Years 32 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: David L. Waddell

14. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah.

MOTHER

15. MAIDEN NAME: Mary Ann Mace

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Carl August Carlson Driggs Idaho R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place: Pratt Cemetery Date: Jan 1, 1934

19. UNDERTAKER (Address): W.M. Hansen St. Anthony.

20. FILED: Jan 1, 1934 Abie M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec-29-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1933, to Dec. 29, 1933

I last saw her alive on Dec. 29, 1933: death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Rupture of Uterus. Died at completion of operation for repair of same.

Date of onset

Other contributory causes of importance:

Pregnancy:- full term, complicated by Hydrocephalus of the child-in color.

Name of operation: Coelotomy for repair of uterus operation Date of: 12/29/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. R. Tedner, M. D.

(Address) Driggs, Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Teton

City of Victor Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 87189

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Premecture Lived few Minutes then Died

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1933

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or few min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victor Idaho.

FATHER

13. NAME Thomas Floyd Stratton

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Ora Hatch.

16. BIRTHPLACE (city or town) (State or country) Victor Idaho.

17. INFORMENT (Address) Thomas Floyd Stratton Victor Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Victor Cemetery Date Nov. 17 1933

19. UNDERTAKER (Address)

20. FILED Jan 1, 1934 Albie M. Greene. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premecture Birth.	

Other contributory causes of importance:

no Cause Known.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Albie M. Greene Registrar

(Address) Driggs Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Teton

City of Driggs R.D.1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87191

Registration District No. 77

Primary Registration District No. 2176 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels Roy Briggs

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 7 - 1933

7. AGE Years | Months | Days | If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Driggs R.D.1 Idaho

FATHER

13. NAME H. N. Briggs

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Cora Larson

16. BIRTHPLACE (city or town) (State or country) Darby Idaho

17. INFORMENT (Address) H. N. Briggs Driggs, Idaho, R.F.D.#1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Darby Cemetery Date Dec 8 - 1933

19. UNDERTAKER (Address) —

20. FILED Jan 1, 1933 Abie M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1933, to Dec - 7, 1933

I last saw him alive on Dec - 7, 1933: death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Still born~~	
Inanition	

Other contributory causes of importance:

Premature child

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. T. Reeves, M. D.

(Address) Driggs, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87192

PLACE OF DEATH
County of Twin Falls
City of Murtaugh

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 177

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

192

2. FULL NAME Donald C. Egbert

(a) Residence. No. Murtaugh St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (Write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 6th 1919

7. AGE: Years 14 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakley Ida

FATHER
13. NAME Cleveland Egbert
14. BIRTHPLACE (city or town) (State or country) Clearfield Utah

MOTHER
15. MAIDEN NAME Mabel A. Wold
16. BIRTHPLACE (city or town) (State or country) Preston Ida

17. INFORMENT (Address) Cleveland Egbert Murtaugh

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Dec 28, 1933

19. UNDERTAKER (Address) Jos. P. Payne Burley Ida

20. FILED: Dec 28, 1933 Geo C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec 25, 1933, to ....., 193...
I ~~last saw h alive on~~ ....., ~~193...: death is said~~
to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 193
Where did injury occur? Near Murtaugh Ida
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. near home ranch
Manner of injury Drowning
Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify ✓
(Signed) E. T. Trader Sheriff M.D.
(Address) Twin Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1934

PLACE OF DEATH

County of Twin Falls

City of Murtaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87193

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 178

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Kenyon Egbert

(a) Residence. No. Murtaugh St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 27th 1921

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Ida.

FATHER

13. NAME Cleveland Egbert

14. BIRTHPLACE (city or town) (State or country) Clearfield Utah

MOTHER

15. MAIDEN NAME Mabel A. Wold

16. BIRTHPLACE (city or town) (State or country) Preston Ida

17. INFORMENT (Address) Cleveland Egbert Murtaugh Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Dec. 29, 1933

19. UNDERTAKER (Address) Jos. T. Payne Burley Ida

20. FILED Dec. 28, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec - 25 -, 1933, to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? Near Murtaugh, Ida (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. near home on ranch

Manner of injury Drowning

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify —

(Signed) E. T. Crater - Sheriff M.D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87194

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 159

(No. J. F. General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mamie Alice Claypool

(a) Residence. No. 536 - 2nd Ave. West.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar-18-1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
16	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paul Idaho

FATHER

13. NAME A. W. Claypool

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Viola Kidd

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Mrs. A. W. Claypool Twin Falls.

18. BURIAL, CREMATION, OR REMOVAL Place Jerome Date Dec 8. 1933

19. UNDERTAKER (Address) S. C. Phillips

20. FILED Dec. 7, 1933 Geo. C. Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1933, to 12/6, 1933.

I last saw her alive on 12/6, 1933.: death is said to have occurred on the date stated above, at 1: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic coma	
Other contributory causes of importance: Acute nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87195

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 160

(If death occurred in a hospital or institution, give its name instead of street and number)
(No.) Twin Falls County Gen'l Hospital

2. FULL NAME William Henry Green

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Green
6. DATE OF BIRTH (month, day, and year): March 4. - 1854
7. AGE: Years 79 | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

MOTHER
13. NAME: Green
14. BIRTHPLACE (city or town) (State or country): Dutch Knaus
15. MAIDEN NAME: Dutch Knaus
16. BIRTHPLACE (city or town) (State or country): Dutch Knaus

17. INFORMANT (Address): Mrs W. H. Green Burke

18. BURIAL, CREMATION OR REMOVAL
Place: Hagerman Date: Dec 13, 1933.

19. UNDERTAKER (Address): Evans & Johnson Buhl

20. FILED Dec. 11, 1933. Geo. A. Valley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933., to Dec. 8th, 1933.
I last saw him alive on Dec. 7th 1933.: death is said to have occurred on the date stated above, at 12:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Uremia	
Other **contributory causes** of importance: Enlarged prostate	

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. E. Langdon, M. D.
(Address) Twin Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87196

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 161

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma S. Holman

(a) Residence. No. 335 - 7th Ave E. St.
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 7 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
74	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warren (State or country) Ill

FATHER

13. NAME M. B. Felt

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Lavina Puckett

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMENT (Address) Mrs. F. B. Merrill Corvallis Ore

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date 12 - 11, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED Dec 12, 1933 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927, 193[illegible], to Dec 9, 1933
I last saw her alive on Dec 7, 1933: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:
Toxic products from infection of the endocrine System

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John R Morgan M.D., M. D.
(Address) Twin Falls, Idaho

RECEIVED JAN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87197

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 162
(No. T. F. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maxine Clark 117

(a) Residence. No. Kimberly St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe. Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 24 1926
7. AGE: Years 7 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kimberly Ida.

FATHER
13. NAME: John H Clark
14. BIRTHPLACE (city or town) (State or country): W. Virg.

MOTHER
15. MAIDEN NAME: Gladys Dailey
16. BIRTHPLACE (city or town) (State or country): Wyo

17. INFORMENT (Address): John H Clark Kimberly Ida
18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Dec 11, 1933
19. UNDERTAKER (Address): S. E. Phillips Twin Falls Ida
20. FILED: Dec. 12, 1933 Geo. C. Valley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 8 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1933, to Dec 8th, 1933
I last saw h[illegible] alive on Dec 8th, 1933: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis due to ruptured appendicitis	

Other contributory causes of importance:

Influenza a few days	

Name of operation: Appendectomy Date of: Dec 7th 1933
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. C. Lamb, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87198

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 163

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice M. Dalton

(a) Residence. No. Rex Arms Apts. Twin Falls. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of (or) WIFE of XX

6. DATE OF BIRTH (month, day, and year) Sept. 7, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician's office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coltman, Idaho

FATHER

13. NAME Fredrick William Dalton,

14. BIRTHPLACE (city or town) (State or country) Willard, Utah

MOTHER

15. MAIDEN NAME Annie D. Benson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) John A. Dalton, Jerome, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem. Date 12-14, 1933

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED Dec. 13, 1933 Geo. C. Halley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec., 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1933, to Dec 11th, 1933

I last saw her alive on Dec. 11, 1933 death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
Other contributory causes of importance:	

Name of operation ✓ Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lange M. D.

(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87199

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 164
(No. T. F. General Hospital)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Enoch A. Griffin

(a) Residence. No. Twin Falls RFD #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Julia Griffin

6. DATE OF BIRTH (month, day, and year): July 26 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): La Plata Mo.

FATHER

13. NAME: J. W. Griffin

14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMENT (Address): Mrs. Julia Griffin Twin Falls.

18. BURIAL, CREMATION, OR REMOVAL Place: Twin Falls Date: Dec. 14 1933

19. UNDERTAKER (Address): L. C. Phillips Twin Falls.

20. FILED Dec. 15, 1933 Geo. C. Talley M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1933, to 12-11, 1933
I last saw him alive on 12-10, 1933 death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	12-4-33
Other contributory causes of importance:	
Acute nephritis	10-1-33

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John R. Coughlin, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 3 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87200

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 165

(No. 1411 - 6th Ave East)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Eugene Schulke

(a) Residence. No. 1411 - 6th Ave. East St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 10-1933

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls - Idaho

FATHER

13. NAME Henry J. Schulke

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Martha Virginia

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMENT (Address) Henry J. Schulke Twin Falls -

18. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Date Dec 13, 1933

19. UNDERTAKER D. C. Phillips
(Address) Twin Falls -

20. FILED Dec. 15, 1933 Geo. C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 10, 1933
I last saw h~~e~~ alive on Dec 10, 1933; death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions probably due to gastro enteritis	12/10/33
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George C. Halley, M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sthte CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87201

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 166

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Otto Hanson

(a) Residence. No. 176 Alexander St. So Park
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Christine

6. DATE OF BIRTH (month, day, and year) Feb 15 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Hanson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mrs Laura H Craig Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem Date 12-14, 1933

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls Ida

20. FILED Dec. 14, 1933 Geo. C. Halley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933, to Dec 12, 1933
I last saw him alive on Dec 12, 1933: death is said to have occurred on the date stated above, at 6:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1932

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo. C. Halley M. D.
(Address) Twin Falls Idaho

RECEIVED JAN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87202

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 3085
Local Registrar's No. 167

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Z. Dron

(a) Residence. No. Twin Falls Idaho St. R F D
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Pearl Dron

6. DATE OF BIRTH (month, day, and year) Mar. 28. 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion Virginia
(State or country)

FATHER

13. NAME John Dron

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Sallie Crouse

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMENT Mrs. Pearl Dron
(Address) Twin Falls

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Date Dec. 17, 1933

19. UNDERTAKER D. C. Phillips
(Address) Twin Falls. Idaho

20. FILED Dec 18, 1933 Geo. C. Talley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1933 to Dec 14, 1933
I last saw h[illegible] alive on December 9, 1933: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis 7yrs with senile gangrene of feet.	
Other contributory causes of importance:	

Name of operation none Date of ~

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. C. Talley, M. D.
(Address) Twin Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87203

PLACE OF DEATH

County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 168
(No. Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Conrad Magel 41

(a) Residence. No. 1206 - 9th Ave E. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 3 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls. (State or country) Idaho.

FATHER

13. NAME Conrad Magel

14. BIRTHPLACE (city or town) Sidney (State or country) Iowa

MOTHER

15. MAIDEN NAME Nettie Borden

16. BIRTHPLACE (city or town) Blackfoot (State or country) Idaho.

17. INFORMENT Conrad Magel (Address) Twin Falls.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Twin Falls Cemetery Date 12-16, 1933

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls, Idaho

20. FILED Dec 17, 1933 Geo C Talley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1933 to Dec 15, 1933

I last saw him alive on Dec 14th, 1933; death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Pneumonia by extension from infection in wall of trachea	12-10-33

Other contributory causes of importance:
Purulent infection of mucous membrane of trachea: not due to Diptheria Tracheotomy

Name of operation Tracheotomy Date of 12-13-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H Houghton M. D.

(Address) Twin Falls Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87204

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 170

(No. T. F. Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Pauline Bell

(a) Residence. No. Blackfoot Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3rd 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER

13. NAME R. E. Haynes

14. BIRTHPLACE (city or town) (State or country) Lucin Utah

MOTHER

15. MAIDEN NAME Rhoda Vaughn

16. BIRTHPLACE (city or town) (State or country) Park City Utah

17. INFORMENT (Address) Mrs. Elva Haynes jr. 252 Blue Lakes Twin Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Idaho Date Dec 21, 1933

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Dec 18, 1933 Geo. C. Talley, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1933, to Dec 18, 1933

I last saw her alive on Dec 18, 1933: death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Chronic - with Multilocular ovarian Cyst R.	about 6 wks
Other contributory causes of importance:	
obstruction small intestines	6 days
Post-operative - Secondary To	
failure abdominal wall To heal	

Name of operation Appendectomy + Oophorectomy + 2nd - Repair abd wall - 12-12-33 Date of 12-2-33

What test confirmed diagnosis? X Ray - Lab + Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. E. Haynes, M. D.

(Address) Twin Falls Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87205

PLACE OF DEATH
County of Twin Falls
City of Hansen

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 171

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rachel Mamie Walker

(a) Residence. No. ..... St. Hansen Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Howard L. Walker

6. DATE OF BIRTH (month, day, and year) Sept 13-1893

7. AGE Years 40 Months 3 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newton (State or country) Iowa

FATHER
13. NAME C C Brodersen
14. BIRTHPLACE (city or town) Newton (State or country) Iowa

MOTHER
15. MAIDEN NAME Sarah Ellen Decker
16. BIRTHPLACE (city or town) Newton (State or country) Iowa

17. INFORMENT Howard L. Walker (Address) Hansen Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Twin Falls Cemetery Date 12-22, 1933

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls Idaho

20. FILED Dec. 20, 1933 Geo. D. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar-16-, 1932, to Dec-19, 1933
I last saw her alive on Dec-18, 1933; death is said to have occurred on the date stated above, at 9:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uterus	Oct 1931

Other contributory causes of importance:

Name of operation Laparotomy Date of 11/25/33
What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. N. Davis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN [illegible] 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87206

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 172

(No.) County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME James Ed Lambert

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 14 1862
7. AGE: Years 71 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME No Records
14. BIRTHPLACE (city or town) (State or country) — —

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMENT (Address) General Hospital Twin Falls
18. BURIAL, CREMATION, OR REMOVAL Place Filer Idaho Date Dec 19 1933
19. UNDERTAKER L. C. Phillips
(Address) Twin Falls
20. FILED Dec 21, 1933. Geo. Kelly, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 17 1933
22. I HEREBY CERTIFY, That I attended deceased from August 1931, to Dec. 17, 1933
I last saw h[illegible] alive on Dec 17, 1933: death is said to have occurred on the date stated above, at 10:25 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Other contributory causes of importance: Cystitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls,

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 7085

DO NOT WRITE IN THIS SPACE

State File No. 87207

Local Registrar's No. 173

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Dawley

(a) Residence. No. ..... St. Bliss Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 hrs yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-18-33

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME A. M. Dawley

14. BIRTHPLACE (city or town) (State or country) Altamont, Manitoba, Canada

MOTHER

15. MAIDEN NAME Grace Deal

16. BIRTHPLACE (city or town) (State or country) New Castle, Penn.

17. INFORMENT (Address) A. M. Dawley Bliss, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date Dec., 1933

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Dec. 21, 1933 Geo. C. Hailey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18-33

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1933, to 12-18, 1933

I last saw him alive on 12-18-, 1933: death is said to have occurred on the date stated above, at 11:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	at birth
Other contributory causes of importance:	
Respiratory Paralysis	birth

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? Twin Falls, Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hospital - During delivery

Manner of injury Delivery

Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Duncan L. Alexander M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 6 1934

PLACE OF DEATH

County of Twin Falls

City of Twin Falls (Curry)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87208

Registration District No. 31
Primary Registration District No. 2085 Local Registrar's No. 174

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

188 C

2. FULL NAME William Edgar Hill.

(a) Residence. No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If ~~married, widowed~~, or divorced
HUSBAND of ~~(or) WIFE of~~ Doll Hill

6. DATE OF BIRTH (month, day, and year) May 14, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Service station operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olney, Ill.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Maynard Hill Gooding, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 12-27-, 1933

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED Dec. 26, 1933 Lew C. Talley M.D. Registrar.
Twin Falls County Coroner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1933, to , 1933.

I last saw him ~~alive~~ on Dec 24, 1933. death is said to have occurred on the date stated above, at 8:10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	Instant
Internal hemorrhage & Shock	

Other contributory causes of importance:

Double fracture of mandible	Instant

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 23 1933

Where did injury occur? Four miles west of Twin Falls, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On state highway

Manner of injury Accidental

Nature of injury Auto accident

24. Was disease or injury in any way related to occupation of deceased? If so, specify Yes Auto accident

(Signed) G. A. Dwight M. D.

(Address) Filer

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Co. Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87209

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No. 197

(No. Twin Falls County Genl Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Lee Sheridan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Sheridan

6. DATE OF BIRTH (month, day, and year) Aug 4 - 1891

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
42	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington C.H. Ohio

FATHER

13. NAME Charles Sheridan

14. BIRTHPLACE (city or town) (State or country) Marysville Ohio

MOTHER

15. MAIDEN NAME Barbara —

16. BIRTHPLACE (city or town) (State or country) Dunt Know

17. INFORMANT (Address) Mrs. M. B. Rikerd Hansen, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida Date Jan 5, 1934

19. UNDERTAKER (Address) Evans & Johnson Buhl, Ida

20. FILED 1-6, 1934 J. T. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 29-Dec-, 1933, to 30-Dec-, 1933.

I last saw him alive on 30-Dec, 1933: death is said to have occurred on the date stated above, at 7 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion due to 3 obstructions of bowels by adhesions	

Other **contributory causes** of importance:

Name of operation Laparotomy Date of 30 Dec 33

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) F. W. MacMarcus, M. D.

(Address) Buhl, Idaho

JAN 8 1934

PLACE OF DEATH

County of Twin Falls

City of Castleford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87210

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Peter Frank

(a) Residence. No. St.
(Usual place of abode). (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E. Frank

6. DATE OF BIRTH (month, day and year) Oct. 3 – 1859

7. AGE Years 74 Months 2 Days 28 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Bertha E. Frank Castleford

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Idagrove Iowa Date ....., 193..

19. UNDERTAKER (Address) Evans & Johnson Buhl Idaho

20. FILED 1-4, 1934 J. F. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Dec 31, 1933.
I last saw her alive on Dec 31, 1933: death is said to have occurred on the date stated above, at 2:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 28-33

Other **contributory causes** of importance:

Cerebral Haemorrhage	1930

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury None
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) R. E. Schultz, M. D.
(Address) Buhl Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of " "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87211
State File No.

Registration District No. 39

Primary Registration District No. 7087 Local Registrar's No.

(No. Twin Falls Co. Gen'l Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Ann Coffman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Coffman

6. DATE OF BIRTH (month, day, and year) May 18 1910

7. AGE | Years 23 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ketchum
(State or country) Oklahoma

MOTHER

13. NAME Geo. C. Howard

14. BIRTHPLACE (city or town) Don't Know
(State or country)

FATHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Walter Coffman
(Address) Buhl

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Buhl Date 12/17 193 3

19. UNDERTAKER Evans & Johnson
(Address) Buhl Ida

20. FILED Dec 14 1933 J. H. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1. V., 1933 to Dec. 1. V., 1933.

I last saw her alive on Dec. 1. V, 1933.; death is said to have occurred on the date stated above, at 3 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Mis. Carriage	

Other **contributory causes** of importance:

Name of operation Uterine Curet Date of 12.1.33.

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Murphy M. D.

(Address) Buhl Ida

RECEIVED JAN 6 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87212

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 175

(No. T. F. Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lynn K. Mortensen

(a) Residence. No. Rupert St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At. School

10. Date deceased last worked at this occupation (mo. and yr.) 12/22,33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER

13. NAME Robert B. Mortensen

14. BIRTHPLACE (city or town) (State or country) Wayne Co. Utah

MOTHER

15. MAIDEN NAME Arania Maure Kidd

16. BIRTHPLACE (city or town) (State or country) Coalville Utah

17. INFORMANT (Address) Robert B. Mortensen Rupert, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho Date 12/28, 1933

19. UNDERTAKER (Address) Johnson Mortuary Vern B. McCulloch

20. FILED 12/26 1933 Geo. C. Holley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Dec 24, 1933.

I last saw him alive on Dec 24, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	
Peritonitis	
Other **contributory causes** of importance:	

Name of operation Appendectomy Date of Dec 23 33

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. E. Lambert M. D.

(Address) Twin Falls Idaho

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87213

PLACE OF DEATH

County of Twin Falls Registration District No. 37

City of Twin Falls Primary Registration District No. 2085 Local Registrar's No. 176

(No. T. F. Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Culbertson

(a) Residence. No. Hospital St. 515 Lane

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 18, 1913

7. AGE Years 20 Months 2 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Nebraska~~
(b) General nature of industry, business, or establishment in which employed (or employer) Student
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Nebr

PARENTS

10. NAME OF FATHER G. D. Culbertson

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Ruth Kelso

13. BIRTHPLACE OF MOTHER (city or town) (State or County) No

14. Informant (Address) G. D. Culbertson Twin Falls

15. Filed Dec. 27, 1933. Geo. S. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 23 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1933, to Dec 23, 1933

that I last saw him alive on Dec 22d 1933

and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute Appendicitis
Peritonitis
In

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

..... (duration) ..... yrs. ..... mos. 14 ds.

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Dec 21st 33

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. E. Farrell M. D.

Dec 27, 1933 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal Burial Date of Burial Dec 27 1933

20. Undertaker S. E. Drake Address Twin Falls

RECEIVED JAN 5 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87214

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 179

(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Arthur

(a) Residence. No. Twin Falls County Ward St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Alberta Arthur

6. DATE OF BIRTH (month, day, and year): Jan. 6, 1861

7. AGE: Years 72 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1920

11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): Washington Indiana

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Twin Falls Co. Hospital Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burial, Ida. Date: Jan 2, 1933

19. UNDERTAKER: Evans & Johnson
(Address): Twin Falls, Idaho

20. FILED: Dec. 30 1933. Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 193x, to Dec. 28, 193x.

I last saw him alive on Dec. 27, 193x death is said to have occurred on the date stated above, at 5 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fibrosis Lung with Bronchiectasis	Unknown
Other **contributory causes** of importance: Cardiac Failure	
Asthma	

Name of operation: None Date of:

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John R. Morgan M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87215

Registration District No. 37

Primary Registration District No. 7085

Local Registrar's No. 180

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marjorie Genevieve Bean

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Bean.

6. DATE OF BIRTH (month, day, and year) Nov., 8, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menlo.
(State or country) Kansas

FATHER

13. NAME Seth Custer,

14. BIRTHPLACE (city or town) Menlo,
(State or country) Kansas

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) Perry,
(State or country) Kansas

17. INFORMENT (Address) Harry L. Bean, Hansen, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place T. F. Cemetery Date 1-2-34 193

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED Jan 2, 193 3 Geo C Talley M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec., 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 3, to Dec., 30., 193 3

I last saw h. alive on ....., 193 3.: death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel Obstruction	

Other contributory causes of importance:

Adhesions	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John R Morgan, M. D.

(Address) Twin Falls, Idaho

RECEIVED JAN 6 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87216

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085
(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 169

69

2. FULL NAME Claud J Thomander

(a) Residence. No. Hospital St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE: 29 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Hospital Records.
(Address)

15. Filed Dec. 18, 1933 Geo. C. Halley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 15, /33 19 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to Dec. 15, 1933
that I last saw him alive on Dec. 14, 1933
and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:
Adisons Disease
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Extraction teeth.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Physical & Laboratory
(Signed) J R Morgan M. D.
12/16 1933 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Filer | Date of Burial: Dec. 17./33

20. Undertaker: F E Drake | Address: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87217

PLACE OF DEATH
County of Twin Falls
City of Twin Falls,

Registration District No. 3
Primary Registration District No. 7085
(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 181

74a

2. FULL NAME Margaret Marwick

(a) Residence. No. ~~Hansen~~ Kimberly,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. If single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 6 1861

7. AGE Years 72 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Mo

PARENTS

10. NAME OF FATHER John Wilson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Alice Ann Bryan Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant A. S. Marwick
(Address) Kimberly

15. Filed Jan. 3, 1934 Geo. F. Talley M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 27 33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Dec 27, 1933
that I last saw h— alive on Dec 27, 1933
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Cardio-vascular,
Renal disease
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) J. M. Davis, M. D.
12/28, 1933 (Address) Kimberly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Twin Falls. | Date of Burial: Jan 1 1934
20. Undertaker E. Drake Address Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87218

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085

Local Registrar's No. 182

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orin Gregg 196

(a) Residence. No. ..... Twin Falls St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 23. /1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	4	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) laborer
(c) Name of employer Independent Meat Co

9. BIRTHPLACE (city or town) ..... (State or country) Texas

PARENTS

10. NAME OF FATHER Mr Gregg
11. BIRTHPLACE OF FATHER (city or town) unknown (State or Country)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (city or town) unknown (State or Country)

14. Informant Anna Stevens
(Address) Murtaugh

15. Filed Jan. 3 19 34 Geo. C. Halley, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 31 33
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him ~~him~~ on December 31, 19 33
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Electric shock & burns to rt. thigh and hemorrhage from severed rt. femoral artery: accidentally sustained while climbing electric pole of high tension line. 10 min. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) George C. Halley, M. D.
12/31/33, 19 (Address) Twin Falls,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Eugene Ore	19
20. Undertaker	**Address**
F E Drake	Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 39
Primary Registration District No. 7087
File No. 87219
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Buhl Ida
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jensina Nelsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: Aug (Month) 28 (Day) 1845 (Year)

7. AGE: 88 Yrs. 3 Mos. 9 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Christianson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Sarah Knaw

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Christina Lillethun
(Address) Buhl, Ida

15. Filed Dec. 15 1933. J. W. Wurkler Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 12 (Month) 7 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-20 1933 to 12-7-1933 that I last saw h.er alive on 12-7 1933 and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Chron. Nephritis
(Duration) Prob. 4 or 5 yrs. Yrs. mos. ds.
Contributory (Secondary) Abscess in side of neck
(Duration) yrs. mos. 15 ds.

(Signed) Geo Jennings M. D.
12-7 1933 (Address) Buhl, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Buhl Idaho — DATE OF BURIAL: Dec. 11 1933

20. UNDERTAKER: Evans & Johnson L. D. Johnson — ADDRESS: Buhl Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

RECEIVED JAN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87220

PLACE OF DEATH
County of Valley
City of Stibnite Idaho
Registration District No. 14
Primary Registration District No. ____ Local Registrar's No. 15

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Russell Francis

(a) Residence. No. ____ Stibnite St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCall Idaho

FATHER
13. NAME William Robert Francis
14. BIRTHPLACE (city or town) (State or country) Yakima Washington

MOTHER
15. MAIDEN NAME Lila Coonrod
16. BIRTHPLACE (city or town) (State or country) Vanwyck Idaho

17. INFORMENT (Address) William Robert Francis

18. BURIAL, CREMATION, OR REMOVAL
Place McCall Idaho Date 12/13, 1933

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Dec 18, 1933 Gardner Keady
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 10, 1933
I last saw h alive on Dec 10, 1933: death is said to have occurred on the date stated above, at 9:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture.	12-10-33
Accidental.	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-10, 1933
Where did injury occur? Stibnite - Valley Co. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry in home, or in public place. Was coasting & struck head against
Manner of injury school & moving automobile
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) Roscoe C. Wood, M. D.
(Address) Cascade Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instruction on back of certificate.

RECEIVED JAN 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87221

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101 L

2. FULL NAME Geo. Mathias Hill

(a) Residence. No. ..... St. McCall Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 32 — Months: — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): McCall Idaho

FATHER

13. NAME: Matt N Hill

14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMENT (Address): Matt N Hill McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL — Place: Finish Cemetery — Date: ....., 193..

19. UNDERTAKER (Address): A. D. Robb Cascade Idaho

20. FILED Dec 22, 1933 — M. Gardner Reedy, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, to Dec 21, 1933.

I last saw him alive on Dec 21, 1933; death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 11 - 1933
Cardiac decompensation	

Other contributory causes of importance: Exposure -

Name of operation: V Date of:

What test confirmed diagnosis? V Was there an autopsy? V

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Wm. Hayes Veatch M. D.

(Address) McCall Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87223

Registration District No. 86.

Primary Registration District No. 1010 Local Registrar's No. 31.

(No. Little Flower Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Luke M Holmes

(a) Residence. No. Wolff Bldg. Stat & 1st St. Coast.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Eva B Kinney

6. DATE OF BIRTH (month, day, and year): 1869

7. AGE: Years 64 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Hardware Store

10. Date deceased last worked at this occupation (month and year): Dec 1932

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): California

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Glenn Davis Weiser

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER (Address): L. C. Northgen Weiser Idaho

20. FILED Jan 4, 1934 A. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 10 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Dec 10, 1933

I last saw him alive on Dec 9, 1933: death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	Nov 1932
Cancer of Sigmoid + rectum	Aug 1932

Other contributory causes of importance:

Name of operation: none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R McCoats, M. D.

(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87224

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

25

2. FULL NAME Allen Phillips Muier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22 1920

7. AGE: Years 13 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Ida

FATHER

13. NAME Wm Muier

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rose Phillips

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address) Fred Toney

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date 8/9, 1933

19. UNDERTAKER (Address) J A Anderson Cambridge Ida

20. FILED 1-8-34, 193 [illegible] T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to Aug, 1933.
I last saw him alive on Aug 7, 1933: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis	5-20-33

Other contributory causes of importance:

Name of operation Open Tibia Date of 6-9-33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) F A Schmidt, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87225

PLACE OF DEATH
County of Washington
City of Cambridge

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

105

2. FULL NAME NOVA, JEAN. GREENE

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE X Years 3 Months 2 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goodwich
(State or country)

FATHER
13. NAME Ernest A Greene
14. BIRTHPLACE (city or town) Cambridge Ida
(State or country)

MOTHER
15. MAIDEN NAME Jean E Hittiliddle
16. BIRTHPLACE (city or town) Cambridge
(State or country)

17. INFORMENT Ernest Arnold Greene
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Date 12-29, 1933

19. UNDERTAKER Atterdelson
(Address) Cambridge Ida

20. FILED 1-2-34, 193 DR. E. T. WHITEMAN CAMBRIDGE, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1933, to 12-24, 1933

I last saw her alive on 12-24, 1933: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complication	
Bronchitis, Asthma	
+ Pertussis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. F. Hunt D.C., ~~M.D.~~
(Address) Cambridge

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Boeck. ✓

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87264

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ann Riede.

(a) Residence. No. 5 Miles South West of Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fred. H. Riede.

6. DATE OF BIRTH (month, day, and year) Dec. 27. 1866.

7. AGE Years 67 Months 0 Days 3. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME William Sherman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Arthur. W. Riede. R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Morris Hill Cemetery Date January 2. 1934.

19. UNDERTAKER (Address) Summers & Krebs. Boise, Idaho.

20. FILED 1-2, 1934 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1933, to Dec 30th, 1933

I last saw her alive on Dec 29th, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anaemia and Heart lesions

Date of onset

Other contributory causes of importance:

Started about 5 years ago —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Boeck, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87277

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 12

(No. Drowned in Snake River
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Abraham George Friedline.

(a) Residence. No. 2314 Woodlawn Ave. St. Near Swan Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 35 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Helenn C. Friedline.

6. DATE OF BIRTH (month, day, and year) Sept.1.1896.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Dentist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow.
(State or country) Idaho.

FATHER

13. NAME George. P. Friedline.

14. BIRTHPLACE (city or town) Nebraska.
(State or country) Emma L. Harris.

MOTHER

15. MAIDEN NAME Emma L. Harris.

16. BIRTHPLACE (city or town) Oregon.
(State or country)

17. INFORMENT Helen C. Friedline.
(Address) 2324. Woodlawn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date Jan.18.1934.

19. UNDERTAKER Summers & Krebs.
(Address) Boise, Idaho.

20. FILED 1-18, 1934 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned In Snake River	
Caused By Overturned Boat,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. McCann Coroner, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87282

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 17

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Shackelford 38

(a) Residence. No. 910 Grove St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23 1899

7. AGE: Years 34 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Prize Fight Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atchison Kan.

FATHER

13. NAME Jerry Shackelford

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Emma McAlister

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Ray McQuillan 910 Grove St. Boise Ida

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Jan 8, 1934

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 1-8, 1934 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933, to Dec 25, 1933

I last saw him alive on Dec 24, 1933: death is said to have occurred on the date stated above, at 2: A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Lues

Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Buwi M. D.

(Address) 1005½ Main St Boise

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Mangum

PLACE OF DEATH

County of Ada

City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87288

Registration District No. 124

Primary Registration District No. 2202 Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henrietta F Young

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. ~~If married,~~ widowed, or divorced ~~HUSBAND of~~ (or) WIFE of [illegible] Holden Young

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 70 Months 9 Days 26 If LESS than 1 day,... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Iowa
(State or country)

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Isobel Foster

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address) Kuna Id

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Id Date ....., 193..

19. UNDERTAKER ..... [illegible] Mater
(Address) [illegible] Id

20. FILED 1-3, 1934 [illegible] Whitehouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Dec 30, 1933.

I last saw her alive on Dec 30, 1933: death is said to have occurred on the date stated above, at 1:40 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other **contributory causes** of importance:
Abdominal ascites
general weakness
of heart

Name of operation None Date of .....

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Thos E. Mangum M. D.
(Address) Kuna Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87294

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 244

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Duncan S. Lowrie

(a) Residence. No. 1525 N. Arthur St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sara

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1856

7. AGE Years 77 Months 3 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired O.S.L.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traveling Auditor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Andrew Lowrie
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret McKellar
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs. Duncan S. Lowrie Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Boise, Idaho Date ....., 193

19. UNDERTAKER (Address) Downards Funeral Home Pocatello Idaho

20. FILED 12-8, 1933 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw dead alive on Dec 7, 1933: death is said to have occurred on the date stated above, at about 4 a m.
The principal cause of death and related causes of importance were as follows:
Not known — Probable heart or acute stomach

Date of onset

Other contributory causes of importance:
Not known — Has suffered with indigestion

Name of operation None Date of ✓
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193..
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) H. C. Irwin, M. D.
(Address) Pocatello, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87306

PLACE OF DEATH
County of Bannock
City of Downey

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Melvel Turner Owen

(a) Residence. No. Logan, Ut St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Egbert

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1877

7. AGE Years 77 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Willoskee Georgia

FATHER
13. NAME John C. ~~Turner~~ Owen
14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER
15. MAIDEN NAME Evaline Rinehardt
16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMENT (Address) John C Owen

18. BURIAL, CREMATION, OR REMOVAL Place Logan Date Jan 8, 193

19. UNDERTAKER (Address) Geo Lindquist Logan, Ut

20. FILED Jan. 6, 1934 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 14 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h..... alive on ....., 193.....; death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

"Cancer of Stomach" (I did not see alive)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Hartvigsen, M. D.
(Address) Downey Idaho

MARGIN RESERVED FOR BINDING

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87323

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 32
Primary Registration District No. 2136

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Henry Collipriest

(a) Residence. No. Montpelier, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Elsie Gordon.

6. DATE OF BIRTH (month, day, and year) April 22 1856

7. AGE Years 77 Months 7 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ry Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME Thos Collipriest
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Fannie Brooks
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT Mrs H. Collipriest
(Address) Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Montpelier Idaho Date Dec-21-1933

19. UNDERTAKER F. M. Williams
(Address) Montpelier Idaho

20. FILED Dec 31, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Dec 16, 1934
I last saw him alive on Dec 16, 1934: death is said to have occurred on the date stated above, at 2:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [signature] M. D.
(Address) Montpelier

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87324

PLACE OF DEATH
County of Bear Lake
City of City of Georgetown Idaho
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME David Burkdall

(a) Residence. No. Georgetown Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Olive Black

6. DATE OF BIRTH (month, day, and year): Feb 27 - 1868

7. AGE: 65 Years, 9 Months, 5 Days. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Weber Utah

FATHER
13. NAME: Nicholas Barkdull
14. BIRTHPLACE (city or town) (State or country): Pensylvania

MOTHER
15. MAIDEN NAME: Emma Hess
16. BIRTHPLACE (city or town) (State or country): Pensylvania

17. INFORMENT (Address): Mrs D. L. Barkdull Georgetown Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Georgetown Idaho Date: Dec 4, 1933

19. UNDERTAKER (Address): F. M. Williams Montpelier Idaho

20. FILED: Dec 31st, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 12 - 2 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1933, to 12-2, 1933
I last saw him alive on 12-1, 1933: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87325

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Amelia Thompson Bellis

101 1

(a) Residence. No. Montpelier 2 Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm Bellis

6. DATE OF BIRTH (month, day, and year) Nov 3, 1865

7. AGE Years 68 Months 1 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Derbyshire England

FATHER

13. NAME John Chas Thompson,

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) John R. Bellis Montpelier 2 Ave

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier 2 Ave Date Dec 11th, 1933

19. UNDERTAKER (Address) F. M. Williams Montpelier 2 Ave

20. FILED Dec 30, 1933 N. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Dec 6th, 1933.

I last saw her alive on Dec 6th, 1933; death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Dec 3 1933

Other contributory causes of importance:

Senility

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. N. King, M. D.

(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87326

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

118

2. FULL NAME John H. Strope

(a) Residence. No. Montpelier St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Studer

6. DATE OF BIRTH (month, day, and year) Oct 23. 1854

7. AGE 79 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tremont Pensylvania

FATHER
13. NAME John A. Strope
14. BIRTHPLACE (city or town) (State or country) Tremont Pensylvania

MOTHER
15. MAIDEN NAME Eliza Muller
16. BIRTHPLACE (city or town) (State or country) Tremont Pensylvania

17. INFORMENT (Address) Mrs Wesley Dodge Dingle Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Idaho Date Oct 26. 1933

19. UNDERTAKER (Address) [illegible] Montpelier Idaho

20. FILED Oct 30, 1933 H H King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Oct 23, 1933.
I last saw him alive on Oct 23, 1933: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Illness	Oct 21-33

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [illegible], M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87327

PLACE OF DEATH
County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 1017

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecil Floyd Hansen

(a) Residence. No. Garden City St. Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) Feb 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden City, Utah

FATHER
13. NAME Chas. Hansen
14. BIRTHPLACE (city or town) (State or country) St Chas. Ida

MOTHER
15. MAIDEN NAME Emma Hansen
16. BIRTHPLACE (city or town) (State or country) Garden City Utah

17. INFORMENT (Address) Chas Hansen Garden City Utah

18. BURIAL, CREMATION, OR REMOVAL Place Garden City, Utah Date Oct 21, 1933

19. UNDERTAKER (Address) Paul Pearce Garden City - Utah

20. FILED 10/19/, 1933 H. N. Kunz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933, to Oct 19, 1933
I last saw him alive on Oct 19, 1933; death is said to have occurred on the date stated above, at 7.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct 18, 1933

Other contributory causes of importance:

Septic Infection from Spider Bite	Oct 9, 1933

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Spider Bite at Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. N. Kunz, M. D.
(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 5-2
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 87328

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pamelia D. Clark

(a) Residence. No. Georgetown Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. W. Clark

6. DATE OF BIRTH (month, day, and year): April 4, 1863

7. AGE: Years 70 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Plain City Utah

FATHER
13. NAME: John Dyer
14. BIRTHPLACE (city or town) (State or country): Georgetown Idaho

MOTHER
15. MAIDEN NAME: Julia Maguire
16. BIRTHPLACE (city or town) (State or country): Pueblo Colorado

17. INFORMENT (Address): W. W. Clark, Georgetown, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Montpelier Idaho Date: Oct 16, 1933

19. UNDERTAKER (Address): Tom Morgan, Montpelier Idaho

20. FILED Oct 30, 1933 H. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5—, 1933, to Oct 5—, 1933
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
not known	
internal disorder	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. P. Gaynes, M. D.
(Address) Montpelier

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87329

PLACE OF DEATH
County of Bear Lake
City of Ovid

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME John T. Peterson

(a) Residence. No. Ovid - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Johanna Sorensen

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1870

7. AGE Years 62 Months 11 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Commissioner
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation Farmer - all of life 18 yrs as Commissioner

12. BIRTHPLACE (city or town) (State or country) Ovid Idaho

FATHER
13. NAME Thomas Peterson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Casty Peterson
16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMENT (Address) Mrs. J. T. Peterson Ovid. Ida

18. BURIAL, CREMATION, OR REMOVAL Place Ovid Idaho Date Sept 25, 1933

19. UNDERTAKER (Address) F. M. Williams Montpelier Idaho

20. FILED Sept 30, 1933 N. N. Kung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to Sept. 22, 1933
I last saw him alive on Sept. 22, 1933: death is said to have occurred on the date stated above, at 8:40 P.m.
The principal cause of death and related causes of importance were as follows: Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of June 29, 1933
What test confirmed diagnosis? Microscopic showed Cancer Cells. Enlargement at Loss of Wt. Was there an autopsy? No
Loss of strength & anemia

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho

MARGIN RESERVED FOR BINDING

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RECEIVED

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87330

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Harriett A. Merrell

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jas. G. Merrell

6. DATE OF BIRTH (month, day, and year) May 2 1860

7. AGE Years 73 Months 6 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

FATHER

13. NAME John Dunn

14. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

MOTHER

15. MAIDEN NAME Julia Maguire

16. BIRTHPLACE (city or town) (State or country) Pansylvania

17. INFORMENT (Address) J. Merrell Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Idaho Date Sept 4, 1933

19. UNDERTAKER (Address) Montpelier Idaho

20. FILED 9/30/, 1933 H. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Sept 4, 1933

I last saw he alive on Sept 4, 1933: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 15, 1933

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. King, M. D.

(Address) Montpelier Idaho

RECEIVED JAN 17 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87331

PLACE OF DEATH
County of Bear Lake
City of Montpelier Idaho

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 117
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chester Alfred Dewey

(a) Residence. No. Cokeville Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Males
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Lothe Rich

6. DATE OF BIRTH (month, day, and year) Aug 26-1904

7. AGE Years 28 Months 11 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section Foreman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deweyville Utah

FATHER
13. NAME John A. Dewey
14. BIRTHPLACE (city or town) (State or country) Washington Utah

MOTHER
15. MAIDEN NAME Lillian Loveland
16. BIRTHPLACE (city or town) (State or country) Deweyville Utah

17. INFORMENT (Address) John A. Dewey Ogden Utah

18. BURIAL, CREMATION, OR REMOVAL Place Soda Springs Idaho Date Aug 19, 1933

19. UNDERTAKER (Address) F. M. Williams Montpelier Idaho

20. FILED Aug 30, 1933 N. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933, to Aug 15, 1933
I last saw him alive on Aug 15, 1933: death is said to have occurred on the date stated above, at 11.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:
Appendicitis (Ruptured Appendix)

Name of operation Appendectomy Date of Aug 15th
What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) N. N. King, M. D.
(Address) Montpelier Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87332

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No.) 742
(If death occurred in a h[illegible] or institution, give its name instead of street and number.)

2. FULL NAME William Thomas Frye

(a) Residence. No. Montpelier Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harriett Stewart

6. DATE OF BIRTH (month, day, and year) Feb 8 - 1855

7. AGE Years 78 Months 6 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Ry Shop Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc (Retired)
10. Date deceased last worked at this occupation (month and year) 1915
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alliance
(State or country) Ohio

FATHER
13. NAME Thomas Frye
14. BIRTHPLACE (city or town) Pensylvania
(State or country)

MOTHER
15. MAIDEN NAME Ann Jane Hogate
16. BIRTHPLACE (city or town) New Jersey
(State or country)

17. INFORMENT Mrs W. E. Christman
(Address) Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Montpelier Date Aug 20, 1933

19. UNDERTAKER [illegible] Williams
(Address) Montpelier Idaho

20. FILED Aug 30, 1933 H. N. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Aug 18, 1933
I last saw him alive on Aug 18, 1933: death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Senility

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [illegible] M. D.
(Address) Montpelier Ida

RECEIVED

PLACE OF DEATH

County of Bear Lake

City of Montpelier Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87333

Registration District No. 52

Primary Registration District No. 2186

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John B. Lemmon

(a) Residence. No. Montpelier Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara Lamb

6. DATE OF BIRTH (month, day, and year) Jan 27 1864

7. AGE Years 69 Months 6 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME John B. Lemmon

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs John B. Lemmon Montpelier Ida

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Ida Date Aug 6, 1933

19. UNDERTAKER (Address) Frank D. Williams Montpelier Ida

20. FILED Aug 30, 1933 A H Kling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypoplepy	

Other contributory causes of importance:

age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Jas J. Tuckley, M. D.

(Address) Montpelier

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87344

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann M. Harvey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: John C. Harvey.

6. DATE OF BIRTH (month, day, and year): Feb. 23 1848

7. AGE: Years: 85 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gillsburg Illinois

FATHER

13. NAME: Lewis Helbing.

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. A. Hedlund Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls, Date: Jan 3, 1934

19. UNDERTAKER (Address): Jack G. Wood Idaho Falls

20. FILED Jan. 4, 1934. Mrs. Hales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-7-, 1933., to 12-31-, 1933.

I last saw h[illegible] alive on 12-31-, 1933.; death is said to have occurred on the date stated above, at 11:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Communicated fracture of Upper end Right Femur	12-7-33

Other **contributory causes** of importance:

Hypostatic Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In house

Manner of injury ... Stumbled + fell

Nature of injury ... over rug on floor

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edwin Gable, M. D.

(Address) Box 66 Shelley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87354

PLACE OF DEATH

County of Ft. Hall Reservation,

City of .....

CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2I94*R Local Registrar's No. I

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mabel Wahtomy

(a) Residence. No. Ft. Hall Reservation St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	Shoshone Ind. 4/4	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. I9. I932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	I	- - -	I9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work - - - -
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ft. Hall Res.

PARENTS

10. NAME OF FATHER Frank Wahtomy

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Lemhi Res.

12. MAIDEN NAME OF MOTHER Alma Bearskin

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ft. Hall Res

14. Informant (Address) Luella Pocatello

15. Filed Jan. I2, 1934. Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 7, I933 (Month) (Day) (Year), 19....

17. I HEREBY CERTIFY, That I attended deceased from No Dr. In attendance, 19...., to ....., 19....

that I last saw h..... alive on ....., 19....

and that death occurred, on the date stated above, at 6:P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia, -lobar. II/4/33

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. J. Mittleman M. D.

....., 19.... (Address) Ft. Hall, Idaho

19. Place of Burial, ~~Cremation, or Removal~~ Butte Cemetery — Date of Burial Nov. 9, 33 19

20. Undertaker None — Address

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87355

PLACE OF DEATH

County of Ft. Hall Reservation

City of Ft. Hall Idaho

Agency Hospital.

CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 2

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Zelma Mae Coby

(a) Residence. No. Ft. Hall, Idaho. St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Shosh. Ban. 4/4

5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6. DATE OF BIRTH (month, day and year) Nov. 5, 1933

7. AGE Years | Months I | Days I4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) Ft. Hall Idaho
(State or country)

PARENTS

10. NAME OF FATHER Keno Coby, Jr.

11. BIRTHPLACE OF FATHER (city or town) Ft. Hall Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Ruth Lewis

13. BIRTHPLACE OF MOTHER (city or town) Ft. Hall, Idaho
(State or County)

14. Informant Ruth Coby
(Address) Ft. Hall Idaho

15. Filed Jan. I2, 1934 Wm Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. I9, I933, 19..... (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. I9, 1933, to Dec. I9, I933, 19.....
that I last saw her alive on Dec. I9, I933, 19.....
and that death occurred, on the date stated above, at IO: P.M. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia-lobar I2/I7/33

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. J. Mittleman, M. D.

..... 19..... (Address) Ft. Hall, Ida

19. Place of Burial, ~~Cremation, or Removal~~ Butte Cem. | Date of Burial 19

20. Undertaker Agency Carpenter | Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87356

PLACE OF DEATH

County of Ft. Hall Reservation.

City of Ft. Hall

CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 3

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ahvitseah Farmer

(a) Residence. No. Ft. Hall Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Bannock 4/4

5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie Farmer

6. DATE OF BIRTH (month, day and year) I853

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	- - -	- -	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant (Address) Kate Pizie Ft. Hall, Idaho

15. Filed Jan. I2, 1934 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 20. I933, 19 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1932, to Dec. IO. I933, 19 that I last saw her alive on Dec. IO. I933, 19 and that death occurred, on the date stated above, at 5:P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage II/20/33

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Mittleman, M. D.

19. (Address) Ft. Hall, Ida

19. Place of Burial, ~~Cremation, or Removal~~ Butte Cem. Dec. 23, I933 Date of Burial 19

20. Undertaker Agency Carpenter. Address

RECEIVED FEB 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87357

PLACE OF DEATH

County of Ft. Hall Reservation,

City of Ft. Hall

CERTIFICATE OF DEATH

Registration District No. I2I-R

Primary Registration District No. 2I94-R Local Registrar's No. 4

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Pohene George

(a) Residence. No. Ft. Hall Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Bannock 4/4

5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank George

6. DATE OF BIRTH (month, day and year): I86I

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	--	---	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Own home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ft. Hall Idaho

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown

14. Informant (Address): Julia Ballard. Ft. Hall, Idaho

15. Filed Jan. I2, 1934 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 22, I933 (Month) (Day) 19 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933, to Dec 22, I933, 19

that I last saw her alive on Dec. 22, I933, 19

and that death occurred, on the date stated above, at II:P.M m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia-lobar I2/20/33

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. J. Mittleman, M. D.

19 (Address) Ft. Hall Ida

19. Place of Burial, Cremation, or Removal: Butte, Cem. Dec. 25, I933 — Date of Burial 19

20. Undertaker: Agency Carpenter — Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 87358

PLACE OF DEATH

County of Ft. Hall Reservation,
City of Ft. Hall

CERTIFICATE OF DEATH

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 5
(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Andrew Punkin, Sr.
(a) Residence. No. Ft. Hall, Idaho. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Shosh.-Full
5. Single, Married, Widowed, or Divorced (write the word.): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mable Punkin

6. DATE OF BIRTH (month, day and year): I882

7. AGE: Years 5I; Months - - -; Days - - -; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Own farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Ft. Hall Idaho

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown

14. Informant (Address): Andrew Punkin, Jr. Ft. Hall Idaho

15. Filed Jan. I2, 1934 Mrs Walter E. Fabrie Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 28, I933. (Month) (Day) 19.. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932, to Oct. 28, I933, 19..
that I last saw him alive on Oct. 28, I933, 19..
and that death occurred, on the date stated above, at 3:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary- T.B.C. I930

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. J. Mittleman, M. D.
19.. (Address) Ft. Hall Id

19. Place of Burial, Cremation, or Removal: Ross Creek Cem. Date of Burial: Dec. 3I, I933 19..

20. Undertaker: Agency Carpenter, Address: Ft. Hall,

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87380

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James H. Russell

(a) Residence. No. ..... St. Irwin, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11, 1859

7. AGE — Years: 74 — Months: 1 — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer & Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Utah

FATHER

13. NAME Thomas Wilson Russell

14. BIRTHPLACE (city or town) ..... (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth ann Hamilton

16. BIRTHPLACE (city or town) ..... (State or country) Utah

17. INFORMANT James B. Greene (Address) Salt Lake City, Utah

18. BURIAL, CREMATION, OR REMOVAL Place Millcreek, Utah Date Jan 7, 1934

19. UNDERTAKER Jack J. Wood (Address) Idaho Falls, Idaho

20. FILED 1/10, 1934 (Signature) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug ....., 1933, to Dec 28, 1933.

I last saw him alive on Dec 28, 1933; death is said to have occurred on the date stated above, at 5-30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other **contributory causes** of importance:	

Name of operation None Clinical Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

28. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. R. Abbott, M. D.

(Address) Idaho Falls Ida

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87385

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2104

Local Registrar's No. 7

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Betty Lucile Mattson.

(a) Residence. No. ..... St. Ririe, Ida.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 8, 1931

7. AGE	Years	Months	Days	If LESS than 1 day,
	2	3	5	..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Poplar, Idaho.

PARENTS

10. NAME OF FATHER Lawford Floyd Mattson.

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Poplar, Idaho.

12. MAIDEN NAME OF MOTHER Mary Alice Garrett.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Spring City, Utah.

14. Informant Lawford Floyd Mattson.
(Address) Rigby, Idaho. R. #3

15. Filed 1/11, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 13 1933. 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 13, 1933
that I last saw her alive on Dec 13, 1933
and that death occurred, on the date stated above, at 5:30 A m.
The CAUSE OF DEATH* was as follows:

Septicemia from cellulitis of neck.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chicken pox

(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death? at home.
Did an operation precede death? yes Date of Dec 12, 193
Was there an autopsy? no
What test confirmed diagnosis? Clinical and Laborator
(Signed) W. R. Abbott M. D.
Dec 14, 1933 (Address) Ida Falls Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Rigby, Idaho.	12/16/33 19

20. Undertaker C. W. Eckersell Address Rigby.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED FEB 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87398

PLACE OF DEATH

County of Bonn
City of Ida. Falls
Registration District No. 73
Primary Registration District No. 7101
Local Registrar's No. 19

(No. Ida Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dewan Willford

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho

FATHER

13. NAME Frank A. Willford

14. BIRTHPLACE (city or town) Curtis,
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Wanda Hammer

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Frank G. Willford
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ida. Falls Date Dec. 1, 1933

19. UNDERTAKER A. L. Bruce
(Address) Ida. Falls, Ida.

20. FILED 2/1, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933, to Nov 29, 1933
I last saw him alive on Nov, 1933: death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Prematurity 7½ mo	2 PM to 5 PM

Other contributory causes of importance:

Cardiac failure	
of development.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 87403

Local Registrar's No. 170

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur Herbert Trent

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Trent

6. DATE OF BIRTH (month, day, and year) July 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer Janitor at Court House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vincennes Inciana

FATHER

13. NAME Herbert Trent

14. BIRTHPLACE (city or town) (State or country) Peoria Ill.

MOTHER

15. MAIDEN NAME Mary Berthard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Sarah J. Trent, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Oct. 28, 1933

19. UNDERTAKER H. R. Crouch. (Address) Bonners Ferry, Ida.

20. FILED Oct 26, 1933. E. E. Thy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to Oct. 25, 1933

I last saw him alive on Oct. 21, 1933; death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wounds of the chest - Suicide.	

Other contributory causes of importance:

Act prompted by knowledge he was dying of cancer of the esophagus	6 months.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Thy, M. D.

(Address) Bonners Ferry Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 87404

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

58a

2. FULL NAME Agnes Melissa Stubbs

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Edward Stubbs

6. DATE OF BIRTH (month, day, and year): Mar. 20, 1874

7. AGE: Years 59 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bruce County, Ontario Canada

FATHER

13. NAME: Richard Wright

14. BIRTHPLACE (city or town) (State or country): Devonshire England

MOTHER

15. MAIDEN NAME: Mary Jane Carswell

16. BIRTHPLACE (city or town) (State or country): Belfast Ireland

17. INFORMENT (Address): Mrs. Carl Virak Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Bonners Ferry Date: Oct. 26, 1933

19. UNDERTAKER (Address): H.R. Crouch Bonners Ferry, Ida.

20. FILED: Oct. 24, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 rd., 1932 to Oct. 23, 1933.

I last saw her alive on Oct. 22, 1933: death is said to have occurred on the date stated above, at 4: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anaemia	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) [signature], M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87405

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hiram L. Edwards

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter, retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock City, Wisconsin

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Adeline Ward

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. May Schwaiger, Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Nov. 20, 1933. Bonners Ferry, 193

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Nov. 18, 1933. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to Nov. 17, 1933
I last saw him alive on Nov. 17, 1933: death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1 Year
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) E. E. Fry M.D.
(Address) Bonners Ferry, Ida.

RECEIVED JAN 17 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Moravia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 87406

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Fred Douglas Hoagland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenberg, Ohio.

FATHER

13. NAME Wm. Hoagland

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Johanna Wakefield

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Wyman Hoagland, Moravia, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date Nov. 22, 1933

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Nov. 31, 1933. E.E. Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov. 20, 1933
I last saw h alive on Nov. 20, 1933: death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of left kidney	July 1933 (2)
Other contributory causes of importance:	
Hematuria	July 1933

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E.E. Fry, M.D.
(Address) Bonners Ferry, Ida.

RECEIVED JAN 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 87407

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

66

2. FULL NAME William L. Doty

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Doty

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) S. V. Skeels, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date Nov. 25, 1933

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Nov. 23, 1933. E E Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on 193; death is said to have occurred on the date stated above, at 12:45 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	
Aortitis	
Coronary Sclerosis	
Other contributory causes of importance:	
Chronic Alcoholism	

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. R. Powell Coroner M. D.

(Address) Bonners Ferry Idaho

RECEIVED JAN 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87408

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

141

2. FULL NAME Edith May McCarty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1881

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
52	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tipton (State or country) Ind.

FATHER

13. NAME Jesse Seeley

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Paul McCarty (Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Seattle, Wash. Date....., 193..

19. UNDERTAKER H. R. Crouch (Address) Bonners Ferry, Idaho.

20. FILED Dec 28, 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Dec 27, 1933

I last saw her alive on Dec 26, 1933; death is said to have occurred on the date stated above, at 12:30 m. A.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignant growth of mesentery, secondary to ovarian cysts (personally typed)	
Other **contributory causes** of importance:	

Name of operation Ovarian Cystectomy Date of 8/9/33

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Crouch M. D.

(Address) Bonners Ferry Ida

RECEIVED JAN 1 , 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87409

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME William B. Bigger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	74	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant County Wisconsin

FATHER

13. NAME William Bigger

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Bannor

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT (Address) San Bigger Yakima, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Dec. 23 1933

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Dec. 27, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 st. 1933., to Dec. 21 st. 1933.
I last saw him alive on Dec. 20 1933.; death is said to have occurred on the date stated above, at 6A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1932.

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) [signature] M. D.

(Address) Bonners Ferry, Ida.

RECEIVED JAN 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87410

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Mary Larsen 161a

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 12 - 1933.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME L. M. Larsen

14. BIRTHPLACE (city or town) (State or country) Cedar Falls, Wis.

MOTHER

15. MAIDEN NAME Madeline Spencer

16. BIRTHPLACE (city or town) (State or country) Calif

17. INFORMANT (Address) L. M. Larsen Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL Place Bonners Ferry Date Jan. 4 1934.

19. UNDERTAKER (Address) A. P. Crouch Bonners Ferry

20. FILED Dec. 16 1933 E. E. Ingle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity (7 months)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Ingle M. D.

(Address) Bonners Ferry Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 1 1934

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87411

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

161 a

2. FULL NAME Betty June Larsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 13 - 1933

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Ida

FATHER
13. NAME L. M. Larsen
14. BIRTHPLACE (city or town) (State or country) Cedar Falls Wis.

MOTHER
15. MAIDEN NAME Madeline Spencer
16. BIRTHPLACE (city or town) (State or country) Calif.

17. INFORMANT (Address) L. M. Larsen Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Jan. 4 1934

19. UNDERTAKER (Address) W. R. Crough Bonners Ferry

20. FILED Dec. 15, 1933. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity (7 months)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry,** in **home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) E. E. Fry M. D.

(Address) Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 29

Primary Registration District No. 2157

DO NOT WRITE IN THIS SPACE

State File No. 87412

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Alaska Edgar Aldridge

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 21 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 11. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2 mo	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Fishers Switch Indiana

FATHER

13. NAME James Irven Aldridge

14. BIRTHPLACE (city or town) (State or country) Hamilton County Indiana

MOTHER

15. MAIDEN NAME Rebecca Lacey

16. BIRTHPLACE (city or town) (State or country) Hamilton County Indiana

17. INFORMENT (Address) Mrs. Ivy Lane, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Dec 7, 1933

19. UNDERTAKER W. P. Arnold (Address) Bonners Ferry Ida

20. FILED Dec. 3 -, 1933. E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1933, to Dec. 4, 1933.

I last saw him alive on Dec. 3, 1933: death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933

Other contributory causes of importance: Hypertrophy of Prostate, Chronic Cystitis.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Fry, M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED [illegible]

PLACE OF DEATH
County of Boundary
City of Sinclair

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 87413

Local Registrar's No. 170

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rolla H. Dillon,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Dillon

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME C. C. Dillon

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Ella Sanford

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mrs. Lena Dillon, Sinclair, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date Sept. 30 1933

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho

20. FILED Sept. 28 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wounds of Chest, penetrating heart,	
Suicide.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature], M.D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 87414

Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10 a

2. FULL NAME Charley Sand,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John Sand

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mary Knutsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Julius Sand, Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Oct. 23, 1933

19. UNDERTAKER H.R.Crouch
(Address) Bonners Ferry, Ida.

20. FILED Oct 24, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to Oct 20, 1933

I last saw him alive on Oct 20, 1933: death is said to have occurred on the date stated above, at 3: A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct 11—

Other contributory causes of importance:

Myocardial failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R.M. Bonnell, M. D.

(Address) Bonners Ferry Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87415

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.) 101a

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hans Sand

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 2, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John Sand

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mary Knutsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Julius Sand, Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Date Oct. 23, 1933

19. UNDERTAKER (Address) H. R. Crouch, Bonners Ferry, Ida.

20. FILED Oct 21, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Oct 19, 1933

I last saw him alive on Oct 18, 1933: death is said to have occurred on the date stated above, at 5:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct 16

Other contributory causes of importance:

Myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ron Bowell, M.D.

(Address) Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87416

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.) 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Lee Hoagland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. H. L. Hoagland.

6. DATE OF BIRTH (month, day, and year) Dec 9, 1894

7. AGE: Years 83 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashlabula Ohio.

FATHER

13. NAME William Hoagland

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Johana Wakefield

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMENT (Address) Mrs. H. L. Hoagland Bonners Ferry, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Date Oct. 19, 1933

19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry, Idaho.

20. FILED Oct. 16, 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to Oct 15, 1933

I last saw him alive on Oct 15, 1933; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Dec. 1932

Other contributory causes of importance:

Abscess of prostate

Pyelonephritis

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ron Bowell, M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79
Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
State File No. 87417

Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Walter A. Tozier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Tozier

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Walter Tozier

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Eliza Hackett

16. BIRTHPLACE (city or town) (State or country) Quebec, Canada.

17. INFORMENT (Address) Mrs. Eliza Tozier, Bonners Ferry, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry, Ida. Date Oct. 16 1933

19. UNDERTAKER H. R. Crouch, (Address) Bonners Ferry, Ida.

20. FILED Oct. 14, 1933. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 -, 1933, to Oct. 13, 1933

I last saw him alive on Oct. 12 -, 1933: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/1/33
Other contributory causes of importance:	
arterio-Sclerosis	

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature] M. D.

(Address) Bonners Ferry, Ida.

RECEIVED JAN 17 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87418

PLACE OF DEATH
County of Boundary
City of Naples

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Emily Jane Overley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of J. M. Overley

6. DATE OF BIRTH (month, day, and year) Mar 3 - 1875

7. AGE Years 57 Months 7 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Wm D. Dalton
14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER
15. MAIDEN NAME Mary Ann Cecil
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMENT (Address) J. M. Overley Naples, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Sept. 19, 1933

19. UNDERTAKER (Address) H. R. Arnold Bonners Ferry Ida

20. FILED Sept. 18 1933 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to Sept 17, 1933
I last saw him alive on Sept 17, 1933: death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial degeneration	1931

Other contributory causes of importance:
Angina Pectoris

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. M. Bowell, M. D.
(Address) Bonners Ferry Idaho

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87420

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 19

Primary Registration District No. 2124

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Avenor Worley. 50

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 3 - 1930

7. AGE: Years 2 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME Marion A. Worley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mabel Clark

16. BIRTHPLACE (city or town) (State or country) Porters Mont

17. INFORMENT (Address) Marion Worley Bonners Ferry, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date Aug 29 1933

19. UNDERTAKER (Address) H. R. Crouch Bonners Ferry

20. FILED Aug. 28, 1933. E. E. Gu. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933, to Aug 27, 1933

I last saw him alive on Aug 25, 1933; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of left Kidney	May 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. M. Bowell, M.D.

(Address) Bonners Ferry Idaho

1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87421

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.

(No.) 14a
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth T. Miller,

(a) Residence. No. St. Eastport, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W.E. Miller

6. DATE OF BIRTH (month, day, and year) April 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reeds Landing
(State or country) Minn.

FATHER

13. NAME Joseph Hans

14. BIRTHPLACE (city or town)
(State or country) Germany,

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Holland

17. INFORMENT W.E. Miller,
(Address) Eastport, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Spokane, Wash. Date Aug. 28, 1933

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED Aug. 27, 1933. E.E. Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13-, 1933, to Aug. 26th, 1933
I last saw her alive on Aug 25-, 1933: death is said to have occurred on the date stated above, at 2:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/13/33.

Other contributory causes of importance:

Name of operation Autopsy Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) E.E. Fry, M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87422

PLACE OF DEATH

County of Boundary

City of Copeland

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Albert B. Lee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vancouver
(State or country) Washington

FATHER

13. NAME Joseph Lee

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Ellen Matthews

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMENT Aaron Lee
(Address) Copeland, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date Aug 9, 1933

19. UNDERTAKER Harry R. Crouch
(Address) Bonners Ferry, Idaho

20. FILED Aug. 8, 1933 E E Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 1933, to ..., 1933
I last saw h. alive on March, 1933: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (Sudden death)	
Other contributory causes of importance:	
Hypertension	
Arterio-Sclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1933
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) E E Fry, M.D.
(Address) Bonners Ferry, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 87423

Local Registrar's No.

135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Michael F. Baumgartner

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, and year) Jan 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Olatha
(State or country) Kansas

FATHER

13. NAME John Baumgartner

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Family Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bonners Ferry Date Aug. 9, 1933

19. UNDERTAKER Harry R. Crouch
(Address) Bonners Ferry, Idaho

20. FILED Aug. 8, 1933. E S Ing
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Aug 7, 1933

I last saw him alive on Aug 4, 1933: death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	4 yrs
	2 days

Other contributory causes of importance:

Pyelonephritis	2 mo.

Name of operation None Date

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryn Bonnell, M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87424

PLACE OF DEATH
County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 7156 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shirley Jean Tucker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colburn, Ida.

FATHER
13. NAME Clifford Tucker.
14. BIRTHPLACE (city or town) (State or country) Blanchard, Mich.

MOTHER
15. MAIDEN NAME Marie Benson
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMENT (Address) Clifford Tucker, Colburn, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Idaho Date 8/4/, 1933.
19. UNDERTAKER (Address) S. Monroe, Colburn, Ida.
20. FILED Aug. 4, 1933. E. E. Fry. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3 - 1933.
22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to Aug. 3, 1933.
I last saw her alive on Aug. 3, 1933: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal nutrition.	2 mos.
Other contributory causes of importance:	
Gastro-enteritis	10 days.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida.

RECEIVED AN 17 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 87425

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

113

2. FULL NAME James Jay Ellis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1932

7. AGE Years Months 9 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonners Ferry (State or country) Idaho

FATHER

13. NAME James Ellis

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Hildah Mansfield

16. BIRTHPLACE (city or town) (State or country) London

17. INFORMENT (Address) James Ellis Bonners Ferry, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date August 4 1933

19. UNDERTAKER (Address) Harry R. Crouch Bonners Ferry, Idaho

20. FILED Aug. 2, 1933. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to Aug 1, 1933

I last saw him alive on Aug 1, 1933; death is said to have occurred on the date stated above, at 11:45 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastroenteritis	July 26. 1933

Other contributory causes of importance:

Convulsions	July 30 -

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Pm Bowell, M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87432

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 11

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarance Andrew Kenedy

(a) Residence. No. Cascade, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alma Wyoming

FATHER

13. NAME Andrew B. Kenedy

14. BIRTHPLACE (city or town) (State or country) Scottland

MOTHER

15. MAIDEN NAME Betsy Baily

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lazella Kenedy
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Evingsron Wyoming Date ..., 193..

19. UNDERTAKER A. D. Robb
(Address) Cascade,

20. FILED Feb. 3, 1934. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933 to July 29, 1933
I last saw h... alive on July 28 1933: death is said to have occurred on the date stated above, at 6. A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	
with toxic absorption	36 hrs. before operation

Other **contributory causes** of importance:
Chronic appendix with adhesive bands tying transverse colon to caecum.

Name of operation ... Date of July 28
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.
(Address) Nampa Idaho

1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Elba

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87451

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Hoagland

(a) Residence. No. Elba Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abram Hoagland

6. DATE OF BIRTH (month, day, and year) May 30-1865

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	68	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at Home

10. Date deceased last worked at this occupation (mo. and yr.) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER FATHER

13. NAME John Dick

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Annie Low

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Pettingill
(Address) Elba Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Elba Ida Date 12/7 1934

19. UNDERTAKER H. E. Johnston
(Address) Burley Idaho

20. FILED 12/5/ 1934 C. L. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5/1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to Jan. 5, 1934.
I last saw h.. alive on Jan. 4, 1934. death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of left Ovary	Probably 1932

Other **contributory causes** of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. L. Slater M. D.
(Address) Malta Idaho

RECEIVED FEB 9 1934

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87454

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gwendolyn Doyle Bingham 161a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31 - 1933

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

FATHER

13. NAME Warner Bingham

14. BIRTHPLACE (city or town)
(State or country) Arizona

MOTHER

15. MAIDEN NAME Emma Snow

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Warner Bingham
(Address) Falco Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo Ida Date 1-1, 1933

19. UNDERTAKER D. E. Johnson
(Address) Burley Idaho

20. FILED 1/2/34 1934 Laura Greco
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31-, 1933, to 12-31-, 1933

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2:55 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
7 mo	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) G. G. Gespe, M. D.
(Address) Burley, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35
Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE
State File No. 87468

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harmon Cline

(a) Residence. No. Glenns Ferry Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred. 15 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

884

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
		Widower

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Atkinson Cline

6. DATE OF BIRTH (month, day, and year) Oct. 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Newspaper Publisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Printing office

10. Date deceased last worked at this occupation (month and year) Dec 1, 1933

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Shelby Co, Illinois

FATHER

13. NAME Absolom Cline

14. BIRTHPLACE (city or town) (State or country) Do not Knows

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Ruth Cline Glenns Ferry Ida

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Glenns Ferry Ida Date Dec. 13 1933

19. UNDERTAKER D. C. Fisher
(Address) Mountain Home Ida

20. FILED Dec 13, 1933 Mrs Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933, to Dec 11, 1933

I last saw him alive on Dec 10, 1933; death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Pleuring with effusion	Dec 7, 1933

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87469

PLACE OF DEATH

County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021
(No.)
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

44

2. FULL NAME Mary J. Cline

(a) Residence. No. (Usual place of abode) Glenns Ferry Idaho (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Amer.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harmon Cline

6. DATE OF BIRTH (month, day and year) Apr. 19, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 172	6 mo.	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Greenville Illinois Bond

PARENTS

10. NAME OF FATHER C. G. Atkinson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) dont know
12. MAIDEN NAME OF MOTHER dont know
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) dont know

14. Informant Mr. Harmon Cline
(Address) Glenns Ferry Idaho

15. Filed Nov 1, 1933 Mrs Mary Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 30, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1933 to Oct 30, 1933
that I last saw her alive on Oct 30, 1933
and that death occurred, on the date stated above, at 3.40 PM m.
The CAUSE OF DEATH* was as follows:
Primary carcinoma of the kidney

probable (duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinomatous toxemia from profuse carcinomatosis, Uremia.
(duration) yrs. 3 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Jan 1933
Was there an autopsy? No
What test confirmed diagnosis? Pathological & Clin

(Signed) [signature] M. D.
10-30-33, 19 (Address) Glenns Ferry, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Glenns Ferry, Idaho.	11-1-33 19

20. Undertaker	Address
G. C. Zacher	Mountain Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87470

Local Registrar's No. 164

PLACE OF DEATH

County of Elmore

City of Glenns Ferry. Registration District No. 35

Primary Registration District No. 2021

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Edward Rudd Rund

(a) Residence. No. Brunean Idaho St. (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 5-8-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60.			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer & Stockman

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10. NAME OF FATHER Christopher Rudd Rund

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway.

12. MAIDEN NAME OF MOTHER Christie ~~Rudd~~ Rund

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway.

14. Informant Henry Rudd Rund.

(Address) Seattle Wash.

15. Filed 9 20 1933 Mrs Mary Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH SEPTEMBER 13 1933 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 7 19 33 to Sept 13 19 33

that I last saw him alive on Sept 13 19 33

and that death occurred, on the date stated above, at 5:48 PM.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of neck of left femur

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D.

9/13/33 19 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Mt. Home Idy.	9-17 1933

20. Undertaker	Address
J. F. Zacher	Mt. Home Ida

RECEIVED JAN 16 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87471

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

129

2. FULL NAME Nathaniel Virgil Jones

(a) Residence. No. Glenns Ferry Ida St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Jones

6. DATE OF BIRTH (month, day and year) 1-17-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10. NAME OF FATHER Henry Jones

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ind,

12. MAIDEN NAME OF MOTHER Maryn Pierce

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ind.

14. Informant Minnie Jones
(Address) Glenns Ferry, Idaho.

15. Filed 11-13- 1933 Mrs Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11/11/33
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Nov. 11, 1933, that I last saw h~~im~~ alive on Nov. 11, 1933, and that death occurred, on the date stated above, at 9.50 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Heart Failure
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) John W. Davis, M. D.
Nov. 15, 1933 (Address) Glenns Ferry Ida

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Glenns Ferry, Ida.	11-15 1933

20. Undertaker G. S. Zacher. Address Mt Home Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED JAN 1 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87472

Local Registrar's No.

PLACE OF DEATH

County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
(No. Fremdeling Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 5

2. FULL NAME Martin Kerns

(a) Residence. No. Glenns Ferry St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheepherder
(b) General nature of industry, business, or establishment in which employed (or employer) Livestock
(c) Name of employer Montgomerys' Inc.

9. BIRTHPLACE (city or town) (State or country) Westport Co Mayo Ireland.

PARENTS

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Westport Mayo Ireland
12. MAIDEN NAME OF MOTHER unknown.
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant Worth Montgomery
(Address) Glenns Ferry Idaho.

15. Filed 10-30 1933 Mrs Mary Sullivan
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 25 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Oct 25, 1933
that I last saw him alive on Oct 25, 1933
and that death occurred, on the date stated above, at 7:05 PM

The CAUSE OF DEATH* was as follows:
Chr Myocarditis. Hypertensive-renal cardiac disease. (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Passive Congestion. Myocardial failure (duration) 3 yrs. mos. 20 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M. Fleming M. D.
10-25-33, 1933 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Glenns Ferry	10/28 1933
20. Undertaker G. S. Zaher	Address Glenns Ferry

RECEIVED JAN 1 1934

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87473

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. .....

57

2. FULL NAME James Monro Bell
(a) Residence. No. Glenns Ferry St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband

6. DATE OF BIRTH (month, day and year)

7. AGE: 78 Years | Months: 5 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): own shop.
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Webster Co. Iowa

PARENTS
10. NAME OF FATHER: Perlonzo.
11. BIRTHPLACE OF FATHER (city or town) (State or Country): dont know
12. MAIDEN NAME OF MOTHER: Sarah Neese
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): dont know

14. Informant: Mrs J. Bell
(Address): Glenns Ferry Idaho

15. Filed Dec 15, 1933 Mrs Mary Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 10 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933 to Dec 10, 1933
that I last saw him alive on Dec 10, 1933
and that death occurred, on the date stated above, at 8 p m.
The CAUSE OF DEATH* was as follows:
Generalized Toxemia
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary): Diabetes, Diabetic Gangrene
..... (duration) ? yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? lab
(Signed) M B Mendelian M. D.
12.23, 1933 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation, or Removal~~: Glenns Ferry | Date of Burial: Dec 15 - 1933

20. Undertaker: G C Zacher | Address: Mt Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87474

PLACE OF DEATH

County of Elmore
City of Glenns Ferry Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME [redacted] LaVene McGill

(a) Residence. No. Meridian Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. 2 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): single

5a. ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hours, or min.
20	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer): M. I. & J. Co
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Meridian Idaho.

PARENTS

10. NAME OF FATHER: John F. McGill
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Howe County Kansas
12. MAIDEN NAME OF MOTHER: Cloma May Gurwell
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Doniphan County Kansas

14. Informant (Address): John McGill Glenns Ferry Ida.

15. Filed Sept 10, 1933 Mary L Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 9 (Month) – 7 (Day) – 33 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933 to Sept 7, 1933
that I last saw ~~her~~ alive on Sept 7, 1933
and that death occurred, on the date stated above, at 7 ~~P~~ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Streptococci Tonsilitis -
Streptococci Septicemia
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) M. Kruegel M. D.
9, 7, 1933 (Address) Glenns Ferry

19. Place of Burial, Cremation, or Removal	Date of Burial
Meridan Idaho	9-10-1933

20. Undertaker: S. S. Zycher
Address: Mt. Home

RECEIVED JAN 16 1934

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87475

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME Edward Charley Davis
(a) Residence. No. Glenns Ferry St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. Single, Married, Widowed, or Divorced (write the word.) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie E. Davis

6. DATE OF BIRTH (month, day and year) Dec. 1, 1860

7. AGE

Years	Months	Days	If LESS than 1 day,
72	5	19	17 hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) Mining
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pomroy, Ohio

PARENTS

10. NAME OF FATHER James Davis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Liverpool England
12. MAIDEN NAME OF MOTHER Ann Miller
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Philadelphia Penn.

14. Informant (Address) Ira Davis Grand Junction Colorado

15. Filed May 23, 1933 Mary L. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 20 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1933 to May 20, 1933
that I last saw ~~him~~ live on May 20, 1933
and that death occurred, on the date stated above, at 5:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chr. Myocardial heart disease with arterio sclerosis. Diabetes
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Apoplexy
(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) M. J. Freadelich M. D.
5-23, 1933 (Address) Glenns Ferry

19. Place of Burial, ~~Cremation, or Removal~~ Glenns Ferry Ida. Date of Burial 5/23 1933

20. Undertaker G. T. Zacher. Address Mt. Home Ida.

RECEIVED JAN 16 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87476

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

County of Elmore
City of Glenns Ferry

Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Riley Franklin Case
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Case.

6. DATE OF BIRTH (month, day and year) 1-11-1873

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ark.

PARENTS
10. NAME OF FATHER William Case.
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ind.
12. MAIDEN NAME OF MOTHER Rebecca Wineger.
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant (Address) Jasper Case Glenns Ferry Ida

15. Filed Aug 25, 1933 Mrs Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August (Month) 22nd (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 21, 1933, to August 22, 1933 that I last saw him alive on August 21, 1933 and that death occurred, on the date stated above, at 10 45 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchial asthma
10-15
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ~~[illegible]~~ Clinical
(Signed) John W. Davis, M. D.
Sept 25, 1933 (Address) Glenns Ferry, Ida

19. Place of Burial, ~~Cremation, or Removal~~ Glenns Ferry Ida | Date of Burial 19

20. Undertaker G. S. Barker | Address Mt. Home Ida

RECEIVED JAN [illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Newdale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 87486

Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nancy Treman

(a) Residence. No. Newdale, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE OF Harry L. Treman

6. DATE OF BIRTH (month, day, and year) Feb. 25th, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warrensburg, Mo.

FATHER

13. NAME Peter Kropp

14. BIRTHPLACE (city or town) (State or country) Messendarnspadt Germany

MOTHER

15. MAIDEN NAME Amiela Stiner

16. BIRTHPLACE (city or town) (State or country) Quency Ill

17. INFORMENT (Address) Harry L. Treman Newdale, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Anthony Date 12/14/33 193

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho.

20. FILED Dec 13, 1933 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10 193 3

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 —, 1933, to Dec 10 —, 1933

I last saw her ~~alive~~ Dead on Dec. 10 —, 1933; death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Embolism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. M. Kelly M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE

State File No. 87487

Local Registrar's No. 199

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1822

2. FULL NAME George Albert Workman

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ May Flint Workman

6. DATE OF BIRTH (month, day, and year) July 1st, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmington, Utah.

FATHER

13. NAME Thomas W. Workman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Lucy Grice

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs. Emmitt Hunter St. Anthony, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date 12/10/33

19. UNDERTAKER D. McKinnon (Address) St. Anthony, Idaho.

20. FILED Dec 13, 1933 Sarah Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, to Dec. 7, 1933

I last saw him alive on Dec. 6th, 1933: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull — Auto Accident. — Date of onset

Other contributory causes of importance: Congestion of Lung.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 3, 1933

Where did injury occur? St. Anthony, Ida.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Auto Accident

Nature of injury Crushed Forehead.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) P. M. Kelly, M. D.

(Address) St. Anthony, Ida.

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2018
(No. ..... St.)

State File No. 87489
Local Registrar's No. .....
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Maud Mure Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

6. DATE OF BIRTH: Aug (Month) 15 (Day) 1910 (Year)

7. AGE: 23 Yrs. 4 Mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nurse & Student
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wendell - Idaho

10. NAME OF Father: Ira Anderson

11. BIRTHPLACE OF FATHER (State or Country): Mansfield, Washington

12. MAIDEN NAME OF MOTHER: Eva Mae Hastings

13. BIRTHPLACE OF MOTHER (State or Country): Sublin - Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ira Anderson
(Address) Wendell Ida

15. Filed Dec 15 1933 O. L. Dimmitt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 15 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1933 to Dec 15 1933
that I last saw her alive on Dec 15 1933
and that death occurred on the date stated above, at 5 A M.
The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
.....
.....
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Pulmonary Tuberculosis
(Duration) 3 yrs. 2 mos. - ds.
(Signed) O. L. Dimmitt M. D.
12-15 1933 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida — DATE OF BURIAL: Dec 17 1933

20. UNDERTAKER: Thompson Furniture Co. — ADDRESS: Gooding Ida

FORM V. S. No. 5-A-25M-1-19.

1. PLACE OF DEATH

County of Gooding

City of Wendell

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 22-

Primary Registration District No. 2018

(No. ..... St.)

2. FULL NAME Alexander Moore Smith

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. .....

Local Registrar's No. 87490

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Aug (Month) 22 (Day) 1857 (Year)

7. AGE: 76 Yrs. 3 Mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF Father: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): .....

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E K Smith

(Address) Wendell Ida

15. Filed Dec 19 1933 E. K. Dimmitt Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 17 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Dec 17 1933

that I last saw him alive on Dec 17 1933

and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. K. Dimmitt M. D.

12-19 1933 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida — DATE OF BURIAL: 12-20 1933

20. UNDERTAKER: Daniel Harrison — ADDRESS: Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kitts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87498

Registration District No. 49

Primary Registration District No. 2127 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Ellen Mc Etty

(a) Residence. No. Kamiah Teeds St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	Indian	Wid.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Don't Know

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
about 90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nez Perce Reservation
(State or country)

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Wm. Axtell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Date 12/26 1933

19. UNDERTAKER Geo. Freeman
(Address) Kamiah Idaho

20. FILED 12-31, 1933 Neil Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1932, to 12-23-, 1933.

I last saw her alive on 12/23 1933: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
Other **contributory causes** of importance:	

Name of operation — Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. H. Haynes, M. D.

(Address) Kamiah Idaho

RECEIVED JAN 2 2 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87500

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 358

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Taiva Carl Allen Ranta 162

(a) Residence. No. Kooskia Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8, 1932 - 1.30 am

7. AGE Years 1 Months 5 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kooskia. Idaho

FATHER

13. NAME Toiva Herman Ranta

14. BIRTHPLACE (city or town) (State or country) Helsingfors Finland

MOTHER

15. MAIDEN NAME Reta Opal Allen

16. BIRTHPLACE (city or town) (State or country) Spokane Co. Wash.

17. INFORMANT (Address) Toiva Ranta Kooskia, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Harris Ridge, Kooskia Date 12/20, 1933

19. UNDERTAKER (Address) Home & Neighbors

20. FILED Dec 18, 1933. J M Verbeekmans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1933, to 12-17-, 1933.

I last saw him alive on 12-17, 1933: death is said to have occurred on the date stated above, at 2 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Defective Nervous System	Birth

Other **contributory causes** of importance:

Bronco Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A F Wohlenberg M. D.

(Address) Kooskia, Idaho

RECEIVED JAN 22 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87501

PLACE OF DEATH
County of Idaho
City of Stites

Registration District No. 10b
Primary Registration District No. 2184
Local Registrar's No. 359

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Linton Gray

(a) Residence. No. Main St. St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane (Jenny) Gray

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Alec Thompson Stites Idaho

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Stites Date Dec 23, 1933

19. UNDERTAKER (Address) Geo Tuma Kooskia Idaho

20. FILED Dec 23 1933 J M Verbeken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to Dec 21, 1933
I last saw h alive on Dec 21, 1933; death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease Arteriosclerosis Chronic	Apr 17-32
Mitral Regurgitation "	Apr 17-32
About evenly balanced as causes	
Other contributory causes of importance: No history - Apparently insidious onset	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H W Wentworth, M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1934

PLACE OF DEATH
County of Idaho
City of Riggins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87502

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 54
(No. Riggins, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Thomas Duffield
(a) Residence. No. 407 South 3rd Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula Duffield
6. DATE OF BIRTH (month, day, and year): December 23 1873
7. AGE Years: 60 Months: 0 Days: 2 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Employee
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Pool Hall
10. Date deceased last worked at this occupation (mo. and yr.) 12/25/33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country) New York

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Lula Duffield
(Address) Boise, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cem. Date 12/29/33
19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho
20. FILED Jan 7, 1934 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8:00 P.M
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure, due to Excitement and over exertion	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) Geo. H. Greenary, ~~M. D.~~
(Address) Koostia Ida
Coronor Ida. Co. Ida.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 10 3

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE
State File No. 87503

Local Registrar's No. 55

742

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Deforest Abram Jourdan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 7/20/61
7. AGE: Years 72 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Algonquin Ills.

MOTHER FATHER
13. NAME: Nicholas Jourdan
14. BIRTHPLACE (city or town) (State or country): New York
15. MAIDEN NAME: Louisa Cocker
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Ella Loretta Jourdan

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date Dec 5, 1934

19. UNDERTAKER (Address): A. J. Hancock Grangeville Idaho

20. FILED Jan 7, 1934 B. C. Upmeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/3/1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1 33
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) B. C. Upmeyer M. D.
(Address) Grangeville Ida.

RECEIVED FEB 12 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Riggins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87505

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 6-1
(No. Riggins, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Duffield
(a) Residence. No. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lulu Duffield
6. DATE OF BIRTH (month, day, and year): 12/23/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Pool Hall
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Employee
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York City

MOTHER
13. NAME: Duffield
14. BIRTHPLACE (city or town) (State or country): England

FATHER
15. MAIDEN NAME: Not Obtainable
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Lulu Duffield 407 So. 3rd Boise Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 12/29/33
19. UNDERTAKER (Address): Wm. McBratney Boise Idaho.
20. FILED Febr. 10 1934 B. C. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 25th about 7:00 P.M. 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure caused by Excitement and over exertion	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) Geo. H. Greeney M.D.
(Address) Cranmore Idaho County
Kooskia Ida.

RECEIVED JAN 29 1934

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87514

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delores Marie Kinsfather 88a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22/30

7. AGE Years 3 Months 9 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

FATHER
13. NAME Phillip Kinsfather
14. BIRTHPLACE (city or town) (State or country) Denver Colo

MOTHER
15. MAIDEN NAME Dorothy Winterholler
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Phillip Kinsfather Jerome, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) W. L. Herisson

20. FILED 11/23, 1933 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/22 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov 22, 1933
I last saw her alive on Nov. 21, 1933: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Septic Endocarditis with blood stream infection

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) C. F. Zeller, M. D.
(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED JAN 29 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87517

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No. 18
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME Lucile Kersey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C E Kersey

6. DATE OF BIRTH (month, day, and year) June 18. 1908

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
25	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME John Shulsen
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Maude Hoffman
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT C. E. Kersey (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec. 11 1933

19. UNDERTAKER J. R. Wiley (Address) Jerome Idaho

20. FILED 12/16, 1933 Chas. F. Feller Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to Dec. 8, 1933.
I last saw her alive on Dec. 8, 1933.; death is said to have occurred on the date stated above, at 8:10 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis-	1923
Cardiac decompensation	Nov. 25, 1933
Other **contributory causes** of importance:	

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Reuben C. Matson M. D.
(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 14 1934

PLACE OF DEATH

County of Latah

City of Deary (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87519

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ester Lawrence

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: G.R. Lawrence

6. DATE OF BIRTH (month, day, and year): Mar. 29, 1976

7. AGE: Years 57 Months 8 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Monmoth Kansas

FATHER

13. NAME: James Parks

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Jane Parks

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMENT (Address): G.R. Lawrence Deary, Ida.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place: Moscow, Ida. Date 12/12, 1933

19. UNDERTAKER (Address): H. R. Short Moscow

20. FILED Feb 13, 1934 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/10/33 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to Dec. 10, 1933.

I last saw her alive on Nov. 10, 1933; death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1920

Other contributory causes of importance: Cholelythiasis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. G. Meyer, M. D.

(Address) Bay Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N #6

FORM VS Vd-5-25 M N-16-15 1934

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47

County of Lewis

Primary Registration District No.

File No. 87537

City of Nezperce Idaho (No. ....., ... St.)

Registered No. 178

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm Richard Crim

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH. July (Month) 2 (Day) 1866 (Year)

7. AGE: 67 Yrs. 1 Mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mining
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Springfield Ill

10. NAME OF FATHER: Levi Crim

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Mary McLaiklin

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Ethel Crim
(Address) Nezperce Idaho

15. Filed Jan 1 1934 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

74a

16. DATE OF DEATH: Aug. (Month) 12 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h... alive on ..... 191...,
and that death occured on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

After Effects of a stroke no Dr.

(Duration) — Yrs. 1½ mos. — ds.

Contributory (Secondary) County Coroner

(Duration ... yrs. ... mos. ... ds.

(Signed) Albert Huff M. D.

19... (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: Aug 13 1933

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SNRS. 24658

FORM V. S. No. 5-25-M. 1-16-13 JAN 2 1934

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Nezperce Idaho

City of Nezperce Village

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 47

Primary Registration District No.

(No. ....., ... St.)

File No. 87538

Registered No. 179

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Martha Elma Dole

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow (Write the word.)

6. DATE OF BIRTH. April (Month) 7 (Day) 1839 (Year)

7. AGE 94 Yrs. 4 Mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Indiana

10. NAME OF FATHER Harvey Hindman

11. BIRTHPLACE OF FATHER (State or Country) Ohio.

12. MAIDEN NAME OF MOTHER dont Know

13. BIRTHPLACE OF MOTHER (State or Country) dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) X Mrs. H. W. Niles
(Address) Nezperce Idaho

15. Filed Jan 1 1934 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 45 noon 164
Aug. (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1933, to Aug 13 - 1933, that I last saw her alive on Aug 13 - 1933, and that death occured on the date stated above, at 11 30 a M.

The CAUSE OF DEATH* was as follows:
Senility

— (Duration) — Yrs. 3 mos. — ds.

Contributory (Secondary) none

..... (Duration ..... yrs. ..... mos. ..... ds.

(Signed) G. H. Cooper M. D.

10/11 1933 (Address) Nezperce, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Albert Nezperce Cemetery

DATE OF BURIAL: Aug 16 1933

20. UNDERTAKER: Albert Huff

ADDRESS: Nezperce Idaho

SYMS - YORK CO., PTRS. & BDRS. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 2 1934

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87539

PLACE OF DEATH
County of Lewis
City of Nezperce Idaho Rono

Registration District No. 47
Primary Registration District No.
Local Registrar's No. 182

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Selena Farris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Major T. Farris

6. DATE OF BIRTH (month, day, and year) Nov. 16 1876

7. AGE Years 56 Months 9 Days 37 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

FATHER
13. NAME Joseph Bennoy
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Sarah Hale
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Mrs Lawrence Sather

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Grangeville~~ Nezperce Ida Date , 193

19. UNDERTAKER (Address) C. E. Clovis Craigmont Ida

20. FILED 9-12, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19th, 1933, to September 13th, 1933
I last saw her alive on September 12, 1933; death is said to have occurred on the date stated above, at 12:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Left mamary gland	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? microscopic test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) G. H. Cooper, M. D.
(Address) Nezperce, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lewis

City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87540

Registration District No. 49

Primary Registration District No. 2127 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myra Lora Aztec 119

(a) Residence. No. Kamiah Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4.

4. Color or Race Indian

5. Single, Married, Widowed or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/9/1932

7. AGE Years 1 Months 10 Days 17 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah
(State or country)

FATHER

13. NAME Wm Aztec

14. BIRTHPLACE (city or town) Kamiah
(State or country)

MOTHER

15. MAIDEN NAME Etta Davis

16. BIRTHPLACE (city or town) Kamiah
(State or country)

17. INFORMANT Sarah Moffett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Date 12/27 1933

19. UNDERTAKER Geo. Tenary
(Address) Kooskia Idaho

20. FILED 12-31, 1933 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/25-, 1933, to 12/26-, 1933.

I last saw her alive on 12/26-, 1933: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestinal Indigestion	12/25/33

Other **contributory causes** of importance:

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Kamiah Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87541

PLACE OF DEATH
County of Lewis
City of Nezperce Idaho Rour 3
Registration District No. 47
Primary Registration District No. .....
Local Registrar's No. 183
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Fred Riggers

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) of Ernestien Riggers

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9. BIRTHPLACE (city or town) Germany
(State or country) Hanover St.

PARENTS

10. NAME OF FATHER John Henry Riggers

11. BIRTHPLACE OF FATHER (city or town) Germany
(State or Country)

12. MAIDEN NAME OF MOTHER Rheines

13. BIRTHPLACE OF MOTHER (city or town) Germany
(State or County)

14. Informant Ernestine Riggers
(Address) Nezperce Idaho

15. Filed Jan 1, 1934 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 1 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1927, to Oct 1 1933
that I last saw him alive on Sept 29, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Reno- cardio- vascular

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) embolus left popliteal artery with amputation July6-33
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of July6-33
Was there an autopsy? no
What test confirmed diagnosis? urine- pressure- cardiac findings

(Signed) R.C. Emerick M.D.
Oct 21, 1933
(Address) Craigmont Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Nezperce Cemetery	Oct 3 1933
20. Undertaker Albert Huff	Address Nezperce Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87542

PLACE OF DEATH

County of Lewis
City of Nezperce Idaho
If Rural
Registration District No. 47
Primary Registration District No. .....
Local Registrar's No. 185
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Thode
(a) Residence. No. ..... St. 15 m S 3 P.M.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. (Single, Married, Widowed, or Divorced (write the word).)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of widowed

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	3	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) 11
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10. NAME OF FATHER Peter Thode
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER L
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant (Address) Mrs. Theo Brasch Nezperce Idaho

15. Filed Jan 1, 1934 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 14 (Month) (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 —, 1933, to Oct 14, 1933 that I last saw him alive on 9 am Oct 14 1933 and that death occurred, on the date stated above, at 3 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Acute nephritis
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Senile Dementia
(duration) 2 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) G. H. Cooper, M. D.
10/17 —, 1933 (Address) Nezperce Idaho

19. Place of Burial, Cremation, or Removal: Nezperce Cemetery — Date of Burial: Oct 16 1933
20. Undertaker: Albert Huff — Address: Nezperce Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AN 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87543

PLACE OF DEATH
County of Lewis
City of Mohler Lake town

Registration District No. 47
Primary Registration District No. ..... Local Registrar's No. 186
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME x John Henry Biggart
(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day and year)

7. AGE: x 71 Years | Months: 4 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
x (a) Trade, profession, or particular kind of work: Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (city or town) x (State or country): Jones County Iowa

PARENTS
x 10. NAME OF FATHER: Archibald Biggart
x 11. BIRTHPLACE OF FATHER (city or town) (State or Country): Akron Ohio
x 12. MAIDEN NAME OF MOTHER: Caroline Shoop
x 13. BIRTHPLACE OF MOTHER (city or town) (State or County): Akron Ohio

14. x Informant (Address): Mrs. Wm Doggett
x Nesperce Ida

15. Filed Jan 1, 1934 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
x October (Month) 9th (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1933, to Aug 9, 1933
that I last saw him alive on Aug 9, 1933
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy

..... (duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) Cardio - renal vascular
..... (duration) 6 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? --
Did an operation precede death? no Date of --
Was there an autopsy? no
What test confirmed diagnosis? blood pressure-urine - tests-
(Signed) R. E. Dunlap, M. D.
10-21-33, 19..... (Address) Craigmont, Ida

19. Place of Burial, Cremation, or Removal: Nyperce Cemetery
Date of Burial: Oct 12 1933

20. Undertaker: Albert Huff
Address: Nyperce Idaho

RECEIVED JAN 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87544

PLACE OF DEATH
County of Lewis
City of Nezperce Idaho Village

Registration District No. 47
Primary Registration District No. .....
(No. .....)
Local Registrar's No. 187

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME X Richard Theodore Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word.)

5a. If married, ~~widowed or divorced~~
HUSBAND of (or ~~WIFE of~~) Mrs Esther Johnson

6. DATE OF BIRTH (month, day and year) Feb-20-1905

7. AGE: X 44 Years | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X Farming
(b) General nature of industry, business, or establishment in which employed (or employer): X Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): X Maiden Rock Wisconsin

PARENTS

10. NAME OF FATHER: X Lars Johan Johnson
11. BIRTHPLACE OF FATHER (city or town) (State or Country): X Sweden
12. MAIDEN NAME OF MOTHER: Charlotte C. Hoffman
13. BIRTHPLACE OF MOTHER (city or town) (State or County): X Spring Gardens Minnesota

14. Informant (Address): X Mrs Emelia Olson X Nezperce Idaho

15. Filed Jan 1, 1934 Albert Hoff Registrar.

MEDICAL CERTIFICATE OF DEATH

X

16. DATE OF DEATH: Dec (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1930, to Dec. 28 1933
that I last saw him alive on Dec. 28, 1933
and that death occurred, on the date stated above, at 7 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pulmonary Embolus 6 days
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY Thrombossi inguinal veins (Secondary) about 3 weeks after operation for osteochondroma leg. (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? no
What test confirmed diagnosis? usual

(Signed) A E Dunlap M. D.
1-10-33, 19..... (Address) Craigmont Idaho

19. Place of Burial, Cremation, or Removal: Nezperce Cemetery — Date of Burial: Dec 30 1933
20. Undertaker: Albert Hoff — Address: Nezperce Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1933 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87571

PLACE OF DEATH
County of Payette
City of Fruitland

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Weir

(a) Residence. No. Fruitland St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1880

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Weir

6. DATE OF BIRTH (month, day, and year) April 26 18[illegible]

7. AGE Years 79. Months 8 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Thomas Weir
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) T. R. Weir

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date 12/31, 1933

19. UNDERTAKER (Address) Peterson Furn Co Ontario Ore

20. FILED Jan 30, 1934 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Dec 30, 1933
I last saw him alive on Dec. 30, 1933: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was hit by an automobile Fracture of neck of right femur - base of fifth left metatarsal and spinous process of fourth lumbar overtebrae	Nov 6-33

Other contributory causes of importance:

Anuria Dec 28 to 30

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/6, 1933
Where did injury occur? Fruitland Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Occured on State Highway
Manner of injury Hit by Automobile
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 7 1933

PLACE OF DEATH
County of Payette
City of Midland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87572

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

135

2. FULL NAME Henry M. Lewis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Lewis

6. DATE OF BIRTH (month, day, and year): July 1 - 1849

7. AGE: Years 84 Months 5 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: farmer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Twelve mile Ind.

FATHER
13. NAME: Henry Lewis
14. BIRTHPLACE (city or town) (State or country): Upshire Co. Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Kline
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMENT (Address): B.C. Blackburn Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: New Plymouth Idaho Dec 17 1933

19. UNDERTAKER (Address): Glenn E. Landin Payette Idaho

20. FILED Jan 5, 1934 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 - 1933, to Dec. 15 - 1933.
I last saw him alive on Dec. 15 - 1933: death is said to have occurred on the date stated above, at 550 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostate	1919
Supurative Cystitis from Catherization	

Other contributory causes of importance:
Uraemia

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87581

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Milton Yeoman

(a) Residence. No. McKinley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lena

6. DATE OF BIRTH (month, day, and year) Oct 3 - 1896

7. AGE: Years 37 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lacomb Ore

FATHER
13. NAME Milton Yeoman
14. BIRTHPLACE (city or town) (State or country) Kingston Ore

MOTHER
15. MAIDEN NAME Lena Snodgrass
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMENT (Address) Ralph R. Yeoman Staten Ore

18. BURIAL, CREMATION, OR REMOVAL Place Staten Ore Date Nov 28, 1933

19. UNDERTAKER (Address) R. F. Stout Kellogg Ida

20. FILED Feb. 10, 1934 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Nov 27, 1933
I last saw him alive on Nov 27, 1933: death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	11-26-33
Other contributory causes of importance: Crushing injury of left Chest	11-24-33

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-24, 1933
Where did injury occur? Bunker Hill Mine (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Slough in mine
Nature of injury Crushing injury left Chest

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Occurred while at work
(Signed) Harold T Anderson M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 1 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87582

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Lance

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Whi.
5. ~~Single, Married, Widowed,~~ or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 10 1933

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Ida.

FATHER
13. NAME Roy B. Lance
14. BIRTHPLACE (city or town) (State or country) Farmington Wash

MOTHER
15. MAIDEN NAME Gladys M. Pickman
16. BIRTHPLACE (city or town) (State or country) Rathdrum Ida

17. INFORMENT (Address) Roy Lance

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Ida Date 12/11, 1933

19. UNDERTAKER (Address) R. L. Stout Kellogg Ida

20. FILED Feb. 10, 1934 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1933, to , 193
I last saw him alive on Dec 10th, 1933: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows: Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) [signature], M. D.
(Address) Kellogg Idaho

RECEIVED FEB 12 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87583

PLACE OF DEATH
County of Shoshone
City of Wardner

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 3

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Pine

(a) Residence. No. Wardner Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ color White
4. ~~COLOR OR RACE~~ sex Male
5. ~~Single, Married, Widowed,~~ or Divorced (~~write the word~~)

5a. If maried, ~~widowed, or~~ divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 7 - 1871

7. AGE Years 62 Months 9 Days 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER
13. NAME Joseph Pine
14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Mrs. Mae Embrey Spokane County

18. ~~BURIAL, CREMATION, OR REMOVAL~~
Place Pleasanton Calif. Date Dec 30, 1933

19. UNDERTAKER (Address) R. L. Hout Kellogg Ida

20. FILED Feb. 10, 1934 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to ..., 193...
I last saw him alive on Dec 14, 1933 death is said to have occurred on the date stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently Heart Failure	
Found dead on Floor of home	Sun Number

Other contributory causes of importance:
Chr Myocarditis
Several yrs

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) [illegible]
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement PATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED ... 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87584

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 4

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Trenfell

(a) Residence. No. Kellogg Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith Trenfell

6. DATE OF BIRTH (month, day, and year) Apr 2 1874

7. AGE: Years 59 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwall Eng.

FATHER
13. NAME Richard Trenfell
14. BIRTHPLACE (city or town) (State or country) Cornwall Eng

MOTHER
15. MAIDEN NAME Marion Nickles
16. BIRTHPLACE (city or town) (State or country) Cornwall Eng

17. INFORMENT (Address) Mrs. J. Trenfell

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Kellogg Ida Date Dec 22, 1933

19. UNDERTAKER (Address) R. L. Stout Kellogg Ida

20. FILED Feb. 10, 1934 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1930, to Dec 20, ~~193~~ 1933
I last saw h~~e~~alive on Dec 15, 1933: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:
Hard rock
Miner for 30 yrs.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) J. R. Wasson, M. D.
(Address) Kellogg, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87593

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erick Ecklund

(a) Residence. No. Big Creek Ida. St. Big Creek Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 86 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Not Known Sweden
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Erick Ecklund Big Creek Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Colville, Wash. Date: Jan 17 1934
19. UNDERTAKER (Address): J. A. Brown (Ward and Co) Wallace Ida.
20. FILED: Jan 16 1934 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 29 1933
22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to Dec 29, 193...
I last saw him alive on ..., 193... death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 da
Other contributory causes of importance:	
Old Age	
Hg Hs Floss	

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased, if so, specify
(Signed) H. H. Howard Coroner
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87623

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 3

(No. The Central Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number.)

165

2. FULL NAME Elmer Conklin

(a) Residence. No. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine McFetters Conklin

6. DATE OF BIRTH (month, day, and year) Nov. 25-1882

7. AGE Years 51 Months 1 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sullivan County New York

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Letter written by Himself.

18. BURIAL, CREMATION, OR REMOVAL Place Filer Idaho Date Jan 2, 1934

19. UNDERTAKER (Address) S. C. Phillips Twin Falls, Idaho

20. FILED Jan. 4, 1934 Geo. C. Halley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Potassium Cyanide poison

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 193

Where did injury occur? Twin Falls, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public hotel

Manner of injury self administered

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Parkinson, M. D.

(Address) Filer Idaho

RECEIVED FEB 13 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87639

PLACE OF DEATH
County of Washington
City of Midvale

Registration District No. 98
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pearl Elizabeth Stewart 149

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jas Stewart

6. DATE OF BIRTH (month, day, and year) July 2 - 1892

7. AGE Years 42 Months 5 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Crow Creek Ida

FATHER
13. NAME Joseph Shippeck
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Tentrace Palmer
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) X Edith L. Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Date Feb 20, 1933

19. UNDERTAKER (Address) Altsdelton Cambridge Ida

20. FILED 2-10-, 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-27-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Dec 27, 1933
I last saw her alive on Dec 27, 1933: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gan birth G. stillbor	
Chil 9 Due D.	Dec 27-33
Hourglass contraction of uterus.	
Internal Hemorage with ~~atony of uterus~~.	
Other contributory causes of importance:	
atony of uterus.	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify .....
(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

County of Ada

City of Eagle

STATE [illegible]AHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87702

Registration District No. 9+10

Primary Registration District No. 9+10 Local Registrar's No. 1

(No. Eagle, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Mae Hong

(a) Residence. No. Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.

4. Color or Race Korean

5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) December 30th 1933

7. AGE Years 0 Months 0 Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eagle, Idaho

FATHER

13. NAME C. S. Hong

14. BIRTHPLACE (city or town) (State or country) Korea

MOTHER

15. MAIDEN NAME Soon Up Park

16. BIRTHPLACE (city or town) (State or country) Korea

17. INFORMANT (Address) C. S. Hong Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/1/34, 193..

19. UNDERTAKER (Address) Wm. McBratney Boise, Idaho.

20. FILED 1-2, 193 4 Orville Jordan Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31/33

22. I HEREBY CERTIFY, That ~~I attended deceased from ....., 193.., to ....., 193..~~
~~I last saw h... alive on ....., 193..~~ death is said to have occurred on the date stated above, at 3 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown, But Natural. No Indication Of Foul Play	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) J. H. McCann Coroner
(Address) Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED EB 17 1934

PLACE OF DEATH

County of Adams

City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87709

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME William Herbert Gray

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If maried, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Lutetia Gray

6. DATE OF BIRTH (month, day, and year) April 21, 1854

7. AGE Years 79 Months 9 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Abstract Recorder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) Jan 1-1934

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Columbus City. Iowa.

FATHER

13. NAME William Gray

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Stronacke

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Mrs Harland Dwight Council

18. BURIAL, CREMATION, OR REMOVAL Place Weiser Ida Date Jan 30, 1934

19. UNDERTAKER (Address) Floyd Nortlam

20. FILED 2/15/34, 193 Alvin S Thurston MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933, to Jan 28, 1934

I last saw him alive on Jan 27, 1934: death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	4 mo

Other contributory causes of importance:

Chronic Prostatitis.	7 yrs ago
Chronic Myocarditis.	2 yr ago

Name of operation none. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ....., 193

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify .....

(Signed) Alvin S Thurston MD, M. D.

(Address) Council

RECEIVED 3 [illegible] 1934

PLACE OF DEATH

County of Adams

City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87710

Registration District No. 71

Primary Registration District No.

Local Registrar's No. 62

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME George W Clark

(a) Residence. No. New Meadows St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Vina C Clark

6. DATE OF BIRTH (month, day, and year) Jan 30 1849

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Marion Iowa

FATHER

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) Monroe Iowa

MOTHER

15. MAIDEN NAME Sarah (Not Known)

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Fred Clark

18. BURIAL, CREMATION, OR REMOVAL
Place New Meadows Date Dec 30 1933

19. ~~UNDERTAKER~~ (Address) Community

20. FILED 2/15/34, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

~~I last saw h... alive~~ on Dec 28, 1933; death is said to have occurred on the date stated above, at 8 15 P.m.

The principal cause of death and related causes of importance were as follows: Senility

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) McCall, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87749

PLACE OF DEATH
County of Bingham
City of Blackfoot
R.D. #1

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME William Mecham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah E. (Lyons) Mecham

6. DATE OF BIRTH (month, day, and year): Apr 18 1870

7. AGE: Years 63 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Franklin Ida

FATHER
13. NAME: Leondas L. Mecham
14. BIRTHPLACE (city or town) (State or country): Pennsylvania U.S.A.

MOTHER
15. MAIDEN NAME: Margaret ~~Chapman~~ Champlain
16. BIRTHPLACE (city or town) (State or country): Pennsylvania U.S.A.

17. INFORMENT (Address): Leo M. Mecham Blackfoot Idaho R. 3.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place: Basalt Cem. Date: Nov. 5, 1933

19. UNDERTAKER (Address): E. T. Peck Blackfoot Idaho

20. FILED: Nov. 4, 1933 Mrs Walter E. Fitzwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 1 1933

22. I HEREBY CERTIFY, That I attended deceased from He was dead when I arrived, 193..., 193...
I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Nov 1, 1933

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87820

PLACE OF DEATH
County of Custer
City of Clayton

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 164
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Ted Runnells

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Trapper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Gladys Gannett (Address) Ida Falls

15. Filed Jan 1, 1934. Elma M. Kenney Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 28 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Dec 28, 1933, that I last saw him alive on Dec 28, 1933, and that death occurred, on the date stated above, at 11 4 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) C. L. Kerbey, M. D.
March 5, 1934 (Address) Challis Ida

19. Place of Burial, Cremation, or Removal: Clayton, Idaho — Date of Burial: Dec 29 1933

20. Undertaker: Gladys Gannett — Address: Ida Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87839

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Paul Anson Wood

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 15 - 1904

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
24	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Missouri

FATHER

13. NAME Edgar L. Wood

14. BIRTHPLACE (city or town) ..... (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary E. Parks

16. BIRTHPLACE (city or town) ..... (State or country) Mo.

17. INFORMANT Edgar L. Wood
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/28 1933

19. UNDERTAKER C. D. Bucknum
(Address) Emmett Idaho

20. FILED 12/28, 1933. J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to 10-25, 1933.

I last saw him alive on 12-22, 1933: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? bacteriological Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) R. [illegible], M. D.
(Address) Emmett Sac

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87844

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No.
Primary Registration District No.
Local Registrar's No. 264
(No. R F D.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sarah A Jones
(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Jones

6. DATE OF BIRTH (month, day, and year) Apr 9 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England (State or country)

FATHER
13. NAME Martin Johnson
14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER
15. MAIDEN NAME Mrs Hanona
16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMENT Ray Jones (Address) Gooding

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date 10-2, 1933

19. UNDERTAKER A E Thompson (Address)

20. FILED 2-28, 1934 J A Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1933, to 9-30, 1933
I last saw he alive on 9-30, 1933: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-27

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J A Cromwell, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 9 - 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87845

PLACE OF DEATH

County of Gooding

City of Gooding R.F.D.

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 265

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjaman F Umphenour

(a) Residence. No. ____ Gooding Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Harriet Umphenour

6. DATE OF BIRTH (month, day, and year) Jan 4 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Bartan Ill

FATHER

13. NAME John Umphenour

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dant Kyrod

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Starr Umphenour

18. BURIAL, CREMATION, OR REMOVAL
Place Gooding Date 11 - 6, 1933

19. UNDERTAKER A E Thompson
(Address) Gooding

20. FILED 3-28, 1934 J P Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11 - 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-2-, 1933, to 11-3, 1933

I last saw him alive on 11-2, 1933: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	(?) 1920 more.
Other contributory causes of importance: acute diarrhea	10-20-33

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J P Cromwell, M. D.

(Address) Gooding Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87865

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

88

2. FULL NAME May Eo Salladay

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David W. Salladay

6. DATE OF BIRTH (month, day, and year) Nov 24 - 1862

7. AGE Years 71 Months 1 Days 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME J F Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Almeda Martin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Geo Salladay Jerome, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 31 1933

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED ~~12~~ 12/29 1933 Chas F. Zeller Jerome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec ~~28~~ 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec ....., 1932, to Dec 28, 1933.

I last saw her alive on Dec 27 1933: death is said to have occurred on the date stated above, at 9:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Chas F. Zeller, M. D.

(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87894

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 155

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank R Robinson

(a) Residence. No. Coeur d'Alene Hospital St. Wesley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) " " "

MOTHER

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMENT (Address) Coeur d'Alene Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Idaho Date 1-3, 1934

19. UNDERTAKER Easterly Funeral Home (Address) Coeur d'Alene Ida

20. FILED 1-10, 1934 E. L. Spohn MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th, 1933, to Dec 29, 1933
I last saw him alive on Dec 29, 1933; death is said to have occurred on the date stated above, at 5:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	3 wks

Other contributory causes of importance:

Sugar Diabetes

Name of operation Paved Abscess Date of Dec 22
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 3 1933
Where did injury occur? Warley, Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Warley highway
Manner of injury
Nature of injury Abrasion infection

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. R. Spohn, M.D.
(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87927

PLACE OF DEATH
County of Minidoka
City of Emerson

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

88 b

2. FULL NAME Caroline Mary Coats Spurgeon

(a) Residence. No. Emerson Minidoka
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James E. Spurgeon

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 67 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London England

FATHER
13. NAME Wm Coats
14. BIRTHPLACE (city or town) (State or country) London England

MOTHER
15. MAIDEN NAME Elizabeth Demington
16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMENT (Address) James E. Spurgeon

18. BURIAL, CREMATION, OR REMOVAL Place Wright Date 12-7, 1933

19. UNDERTAKER (Address) Jos. P. Pupke Burley Ida

20. FILED Jan 12, 1934 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933, to ....., 193...
I last saw her alive on Nov. 18, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Auricular fibrillation)	Nov. 1-33

Other contributory causes of importance:

Ca of intestine	June 1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L. M. Kelly, M. D.
(Address) Rupert Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87930

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Florence Killen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME William Courson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth De Haven

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mrs W. H. Dusner Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Cem Date , 193

19. UNDERTAKER W. G. Goodenough (Address) Rupert Idaho

20. FILED 1-12, 1934 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1933, to Dec 9, 1933

I last saw her alive on Dec 9, 1933; death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mammae	Jan. 1927
Primary → Breast	1927
Other contributory causes of importance:	
Myocarditis	Mar 1933
Renal Cyst - Rt.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. M. Kelly, M. D.

(Address) Rupert Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 87931

PLACE OF DEATH
County of Minidoka
City of Rupert
Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 5
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dewaine Lee Waylett

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 24-1933
7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Harry Waylett
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Helen Montrose
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Harry Waylett Rupert Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Rupert Cem Date: Nov 26 1933
19. UNDERTAKER: W. G. Goodman (Address): Rupert Idaho
20. FILED: 1-12, 1934 Ethel Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Nov 26, 1933
I last saw him alive on Nov 25, 1933; death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Congenital Heart Disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. M. Lilly, M. D.
(Address) Rupert

RECEIVED FEB 26 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 5
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 88105

Local Registrar's No. 161

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Audrey Bartschi

(a) Residence. No. Montpelier, Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-22-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER

13. NAME Wilford W. Bartschi

14. BIRTHPLACE (city or town) (State or country) Nauvoo Illinois

MOTHER

15. MAIDEN NAME Lillie Nelson

16. BIRTHPLACE (city or town) (State or country) Bloomington Illinois

17. INFORMENT (Address) Wilford Bartschi Montpelier, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Idaho Date Dec 23, 1933

19. UNDERTAKER H. M. Williams (Address) Montpelier Ida

20. FILED April 10, 1934 N. M. Kinney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1933 to 12-22, 1933

I last saw him alive on 12-22, 1933: death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Respiration failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Spencer H. Rich, M. D.

(Address) Paris, Idaho

Delayed

PLACE OF DEATH

County of Ft. Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88127

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 35

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Nevada.

(a) Residence. No. Ft. Hall Reservation, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Shos. Ban. 4/4 Indian

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Nevada

6. DATE OF BIRTH (month, day, and year): I857

7. AGE: 75 Years | Months: - - - | Days: - - - - | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Jim Osborne. Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place: Butte Cem. Date: Dec. 7, I932

19. UNDERTAKER (Address): Agency Carpenter Ft. Hall, Idaho

20. FILED: Apr. I, I934 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 5, I933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193 to, 193

I last saw h alive on, 193: death is said to have occurred on the date stated above, at II:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	I2/5/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Mittleman, M. D.

(Address) Ft. Hall, Idaho.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88215

PLACE OF DEATH

County of Custer
City of Chilly
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 176
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Christine Nielson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 35 yrs. mos. ds. How long in U. S. if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Christen Nielson

6. DATE OF BIRTH (month, day and year) Nov. 22 - 1852

7. AGE Years 80 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Cloud Denmark

PARENTS

10. NAME OF FATHER X Anderson
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Denmark
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) Inger B. Childs

15. Filed Apr 21-9, 1934 Rose Nowacki Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 13 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-12-33, 19..., to 2-12, 1933
that I last saw her alive on 2-12-, 1933
and that death occurred, on the date stated above, at 2:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac asthma senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Ca B Jensen, M. D.
....., 19..... (Address) Mackay Ida.

19. Place of Burial, Cremation, or Removal Chilly Ida
Date of Burial Feb 15 1933

20. Undertaker
Address

RECEIVED NOV 6 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88216

Local Registrar's No. 175

PLACE OF DEATH
County of Custer
City of Mackay.
Registration District No.
Primary Registration District No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lance'd Hugh Halbert

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) August 9 - 1933
7. AGE: Years | Months | Days 8 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Mackay, Idaho

PARENTS
10. NAME OF FATHER T. J. Halbert
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Williamsville, Mo.
12. MAIDEN NAME OF MOTHER Mabel Johnson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pleasant Utah.

14. Informant T. J. Halbert
(Address) Mackay Idaho

15. Filed Oct. 31, 1933 Rose Nowack Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 17 (Day) 1933 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 8/9/33, 19..., to 8/10/33, 19...
that I last saw h[illegible] alive on 8/10/33, 19...
and that death occurred, on the date stated above, at 7:20 A m.
The CAUSE OF DEATH* was as follows:
Inanition
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Premature birth
(duration) yrs. mos. ds.
(Died suddenly without medical attention)
18. Where was disease contracted if not at place of death? (Medical attention)
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. P. Richards, M. D.
4/10/33, 19... (Address) Mackay Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Pocatello, Ida. | Date of Burial: Aug 18 1933
20. Undertaker | Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED (5.53)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88217

PLACE OF DEATH
County of Bustle
City of Mackay
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 177
(No.) 180
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Ivan Basich
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 16 yrs. 10 mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 26 1916
7. AGE Years 16 Months 10 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Mackay, Idaho

PARENTS
10. NAME OF FATHER Pete Basich
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Austria
12. MAIDEN NAME OF MOTHER Anna Stimac
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Austria

14. Informant (Address) J. Basich Mackay Ida
15. Filed Apr. 9, 1934 Rose Nowack Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13, 1933 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 25, 1933, to May 13, 1933
that I last saw him alive on May 13, 1933
and that death occurred, on the date stated above, at 7 a. m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Endocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Rheumatism
(duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. A. Jensen M. D.
, 19 (Address) Mackay Ida

19. Place of Burial, Cremation, or Removal Mackay Ida
Date of Burial May 15 1933
20. Undertaker Shannon
Address Area

Exact statement of OCCUPATION is very important. See instructions on back.
Exact CAUSE OF DEATH in plain terms, so that it may be properly classified.
AGE should be stated EXACTLY. PHYSICIAN

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88228

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 5

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alice Malissa Poles.

(a) Residence. No. Mt. Home Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neb.

FATHER

13. NAME W. H. Harrison

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Robt. Snyder Mt. Home Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Home Ida. Date 12-14, 1933

19. UNDERTAKER D. S. Zacher
(Address) Mt Home Ida.

20. FILED Mar 3, 1934 A. H. Andrews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-9-, 1933, to 12-11-, 1933

I last saw her alive on 12-11-, 1933: death is said to have occurred on the date stated above, at 1164 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-9-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. E. Evans, M. D.

(Address) Mt. Home Ida

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mt. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34

Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE

State File No. 88229

Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clementine Bonnichen.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bonnichen.

6. DATE OF BIRTH (month, day, and year) 3-21-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Isador Beru

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Magdelin Celi

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMENT (Address) John Bonnichen Mt. Home Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Home Date 10-11, 1933

19. UNDERTAKER J. S. Barker. (Address) Mt. Home Ida.

20. FILED Mar 3, 1934 A. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1933, to 10-9-, 1933

I last saw her alive on 10-9-, 1933: death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1927

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. E. Evans, M. D.

(Address) Mtn. Home Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Marysville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88240

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leland Loyal Glover

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marysville
(State or country) Idaho

FATHER
13. NAME Leland Glover
14. BIRTHPLACE (city or town) Marysville
(State or country) Idaho

MOTHER
15. MAIDEN NAME Hazel Hendricks
16. BIRTHPLACE (city or town) Marysville
(State or country) Idaho

17. INFORMENT Leland Glover
(Address) Marysville Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Ashton Date Dec 23 1933

19. UNDERTAKER A B Eckersell
(Address) Rigby Ida

20. FILED 12/22, 1933 Lewis Kruse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-21'33, 193, to , 193

I last saw h alive on 193 : death is said Not seen until after death. to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Asphyxiation due to-	
2. Enlarged thymus.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. W. Daty, M. D.
(Address) Ashton, Idaho

RECEIVED MAY 10 1934

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88668

Registration District No. 163

Primary Registration District No. 2181 Local Registrar's No. 76

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

169

2. FULL NAME Richard E. Champion

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. Color or Race W.
5. Single, Married, Widowed or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May 15-1883.

6. DATE OF BIRTH (month, day, and year) about 50 years

7. AGE Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mine
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mine Promoter
10. Date deceased last worked at this occupation (mo. and yr.) Dec 33
11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Eyota Minn

FATHER
13. NAME Richard Campion
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Ann X
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. Ma. Quirt 1307 - 4th Ave Spokane Wash

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash Date....., 193..

19. UNDERTAKER (Address) Glenn Culver Grangeville Ida

20. FILED Apr 14, 1934 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About Dec. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Not Known	
Accidental Drowned	

Other **contributory causes** of importance:

Car ran into river

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Yes. Date of injury Dec 1933
Where did injury occur? Salmon River, Whitebird Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury Not Known
Nature of injury Skull crushed & found in river

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) B. Chipman, M. D.
(Address) Grangeville

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88714

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene,
Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 149

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Esgate

(a) Residence. No. 1102 - 1st St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Lillie Esgate

6. DATE OF BIRTH (month, day, and year) Feb 4 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME Jas. Esgate
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Anna Register
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMENT (Address) Gillie M. Esgate Coeur d'Alene Ida

18. BURIAL, CREMATION, OR REMOVAL Place Forest - Coeur d'Alene Date Dec 1 - 2, 1933

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho.

20. FILED 1 - 4, 1934 E. L. Groton M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Dec. 30, 1933
I last saw h~~im~~ alive on Dec 30, 1933: death is said to have occurred on the date stated above, at 3:05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	July 1933
Other contributory causes of importance:- Chronic Pleurisy - (post operative)	Nov 1. '32

Name of operation Cholecystectomy Date of Oct. 6 1933
What test confirmed diagnosis? Exp. & Lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193.
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) C. M. Husted, M. D.
(Address) Coeur d'Alene, Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88715

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 153

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ann Doty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If maried, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Warren Doty

6. DATE OF BIRTH (month, day, and year) 4-5-1848

7. AGE Years 85 Months 8 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMENT (Address) Mrs C H Ward. Harrison Ida

18. BURIAL, CREMATION, OR REMOVAL Place Harrison Date 12-24, 1933

19. UNDERTAKER (Address) Cassed Funeral Home Harrison Ida

20. FILED 1-9, 1934 E. L. Spohn M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1932, to Dec 23, 1934
I last saw her alive on Dec 20, 1934: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senility	

Other contributory causes of importance:

arterio sclerosis	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clin Symptom Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Owen D. Platt, M. D.
(Address) St Maries Ida.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88745

PLACE OF DEATH

County of Latah

City of Genesee (Rural)

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nels Flamoe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Mary Flamoe

6. DATE OF BIRTH (month, day, and year): Sept. 25, 1864

7. AGE: Years 69 | Months | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Tronhgin, Norway

FATHER
13. NAME: Eric Flamoe
14. BIRTHPLACE (city or town) (State or country): Tronhgin, Norway

MOTHER
15. MAIDEN NAME: Oliea Olson
16. BIRTHPLACE (city or town) (State or country): Tronhgin, Norway

17. INFORMENT (Address): Mrs. Belle Hanson, Genesee, Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Genesee Valley Date 10/3, 1933

19. UNDERTAKER (Address): K. R. Short, Moscow

20. FILED Apr 20, 1932 E. H. Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Sept. 29, 1933

I last saw him alive on Sept. 28, 1933; death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pylorus	
Other contributory causes of importance:	
	'33

Name of operation Abdominal Date of July 12

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Field, M. D.

(Address) Genesee Ida

FORM [illegible] RECEIVED APR 25 1934

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No.
Primary Registration District No.
(No. , St.)

File No. 88747
Registered No.

1. PLACE OF DEATH
County of Latah
City of Genesee
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clara Teresa Wood
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word.)

6. DATE OF BIRTH: Jan. (Month) 1 (Day) 1859 (Year)

7. AGE: 74 Yrs. 5 Mos. 6 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Lawrence MacDonald

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Phoebe Moorehouse

13. BIRTHPLACE OF MOTHER (State or Country): U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ilena R.N. Vanoucke
(Address) Genesee Ida.

15. Filed Apr. 20 1934 E H Field Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 6 (Day) 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1933, to June 6 1933, that I last saw her alive on June 6 1933, and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) Yrs. mos. 6 ds.
Contributory (Secondary) Hypostatic pneumonia
(Duration) Yrs. mos. ds.

(Signed) E. H. Field M. D.
June 6 1933 (Address) Genesee Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Genesee Ida
DATE OF BURIAL 19

20. UNDERTAKER: Brown & Vann
ADDRESS Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED APR 25 1934

PLACE OF DEATH

County of Latah

City of Near Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88746

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Lorne Dawson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida T. Dawson

6. DATE OF BIRTH (month, day, and year) Oct. 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Maple Ridge B.C.
(State or country) Canada

FATHER

13. NAME Henry Dawson

14. BIRTHPLACE (city or town) Ontario
(State or country) Canada

MOTHER

15. MAIDEN NAME Elizabeth Doherty

16. BIRTHPLACE (city or town) B.C.
(State or country) Canada

17. INFORMENT Mrs. Ida T. Dawson
(Address) Genesee, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Genesee, Ida. Date 7/6, 1934

19. UNDERTAKER H. R. Short Mortuary Ida
(Address)

20. FILED April 20, 1934 E. H. Field
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from , 193, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently lesion of the h	
heart. Sudden death with	
almost no warning.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. H. Field, M. D.

(Address) Genesee Ida

RECEIVED APR 25 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88749

PLACE OF DEATH
County of Latah
City of Genesee (rural)
Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Carl Rosenau

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Caroline Rosenau

6. DATE OF BIRTH (month, day, and year) June 16, 1853

7. AGE: Years 79 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John Rosenau
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Gus. D. Rosenau, Genesee, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Genesee Date 5/30, 1933

19. UNDERTAKER (Address) H. R. Short, Moscow Ida.

20. FILED Apr. 20, 1934 E. H. Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 28, 1933.
I last saw him alive on May 27, 1933: death is said to have occurred on the date stated above, at 12:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Bronchial Pneumonia	May 19
Other contributory causes of importance: Decomposition of heart	May 26

Name of operation Date of
What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —
(Signed) Walter A. Burg, M. D.
(Address) Uniontown Wn.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88765

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Glenn Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): S.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17 - 1933

7. AGE Years | Months | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Thomas G Clark
14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER
15. MAIDEN NAME Bertha J Philipps
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Thomas G Clark Paul Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Paul City Date Nov 20, 1933

19. UNDERTAKER (Address) W. G. Goodman Rupert Idaho

20. FILED 5 - 8, 1934 E H Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933, to Nov 19, 1933
I last saw him alive on Nov 19, 1933 death is said to have occurred on the date stated above, at 11 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure to establish properly respiratory function	
Fluid (amnotic) in bronchial tubes	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Leland Frazier, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED [illegible]

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE
State File No. 88770

Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lottie Ella Maud Wilson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Widow of David J Wilson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 64 Months 2 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCaysville Pennsylvania

FATHER
13. NAME Wm Stuart
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs E Peterman Rupert Idaho

18. BURIAL, CREMATION, OR REMOVAL Rupert Cem
Place Rupert Date Sept 3, 1933

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 5-8, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to Aug 31, 1933
I last saw her alive on Aug 31, 1933: death is said to have occurred on the date stated above, at 5 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis about	1920

Other contributory causes of importance:

Cerebral Hemorrhage	Aug 23-33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) Leland Fragier, M. D.
(Address) Burley, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 f
V. S. No. 98

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bannock. State Idaho. Registered No. 88928 12½

Township _____ or Village _____ or

City Pocatello. No. St Anthonys Hospital St., _____ Ward
(If death occurred in hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Herman Warjack.

(a) Residence: No. Ft Hall Idaho. St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Shos.Ind.4	4. Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Pannayvida.

6. DATE OF BIRTH (month, day, and year) 1896.

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own farm.

10. Date deceased last worked at this occupation (month and year) Nov. 1932.

11. Total time (years) spent in this occupation 18.

12. BIRTHPLACE (city or town) Ft Hall, Idaho.
(State or country)

MOTHER

13. NAME Warjack.

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT O. Davidson.
(Address) Ft. Hall. Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Presby. Idaho. Date _____, 19__

19. UNDERTAKER Brown and Eldredge.
(Address) Ft. Hall Idaho

20. FILED 2-23, 1934 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 29. 1933.

22. I HEREBY CERTIFY, That I attended deceased from from 2PM Jan 29, to 8PM Jan 29, 1933
I last saw him alive on Jan 29, 1933 death is said to have occurred on the date stated above, at 8 PM m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute pancreatitis	I 26 1933.
Other **contributory causes** of importance:	

Name of operation Laparatomy Date of Jan 29
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. J. Williamson, M. D.
(Address) Fort Hall, Idaho

c11—9184

MAR 25 1934

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bannock State Idaho Registered No. 23½ 88929

Township _____ or Village _____ or

City Pocatello, Ida. No. General, Pocatello, Ida St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Tavashee, Richard Fred

(a) Residence: No. Ft. Hall, Idaho St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Shoshone Ind. 4/4 B.

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (*write* the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 10, 1930

7. AGE: Years 2 | Months 2 | Days 6 | If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hall Res.
(State or country) Idaho

FATHER

13. NAME Fred Tavashee,

14. BIRTHPLACE (city or town) Ft. Hall,
(State or country) Idaho

MOTHER

15. MAIDEN NAME Nannie Moemberg

16. BIRTHPLACE (city or town) Ft. Washaki
(State or country) Utah

17. INFORMANT Nannie Tavashee
(Address) Ft. Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Hall Bottoms Date _____, 19____

19. UNDERTAKER Agency Carpenter
(Address) Ft. Hall, Idaho

20. FILED 3-23, 1934 D C Rau
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933 to Feb 16 1933

I last saw him alive on Feb. 16 1933; death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 1 1933

Other **contributory causes** of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury _____, 19____

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) [illegible] M. D.

(Address) Pocatello Idaho

c11—3184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

8—2091
V. S. No. 98

88929

November 15, 1934.

Dr. D.C. Ray,
Pocatello, Idaho.

Dear Doctor Ray:

Among our files we have a death record of Richard Fred Tavashee, an indian baby who died at the General hospital in Pocatello, Idaho. This certificate was received in this office May, 25,1934, but the date of death is given as Feb. 16, 1933.

We are trying to ascertain if this death occurred Feb. 16, 1933 or Feb. 16, 1934. We will appreciate it if you will please secure the exact date of death of this child. Dr. W.W. Brothers of Pocatello, was the attending physician.

Thanking you kindly in advance, and trusting we will receive this information promptly, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

PEARL DILLINGHAM
STATE REGISTRAR

PBA

C O P Y (1A)

DRS. RAY and RAY
Kane Bldg.

Pocatello, Idaho

December 11, 1934

Pearl Dillingham
State Registrar
BUREAU OF VITAL STATITCIS
State House,
Boise, Idaho

Dear Mrs. Dillinghzm:

Your letter of November 15, regarding the death certificate of Richard Fred Tavashee, an Indian baby, who died in Pocatello, has been received.

The Pocatello General Hospital has informed us that the exact date of this child's death was February 16, 1933.

Trusting that this is the information you desire, we are,

Very truly yours,

Drs. Ray and Ray

vb

88929

Corrected

PLACE OF DEATH

County of Fort Hall Reservation.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 88967

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 82

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Wilford Neaman

(a) Residence. No. Fort Hall Reservation St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Shoshone Indian 4/4

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. I6, I92I

7. AGE Years II Months 6 Days 6 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res

FATHER

13. NAME Foster Neaman

14. BIRTHPLACE (city or town) (State or country) Washakie, Utah

MOTHER

15. MAIDEN NAME Flora Poengerah

16. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

17. INFORMANT (Address) Mrs. Foster Neaman Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ - Place Walter Mosho Cem. Date Apr. 25, 193 3

19. UNDERTAKER (Address) Agency Carpenter, Fort Hall, Idaho.

20. FILED June I, 1934 Mrs. Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 22 1933 ~~193~~ 4

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance, 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 yrs

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) E. J. Mittleman M. D.

(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 28 1934

Bingham Co

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County On Fort Hall Reservation State Idaho Registered No. 74

Township _____ or Village _____ 88970 or

City _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Wilbur Buck Reg. District 1 2 1 Primary " 2 1 94

(a) Residence: No. Ft.Hall,Idaho St., _____ Ward. _____ 88a

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE Shoshone Ind.4/4

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb.7,1931

7. AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
2	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft.Hall Res., Idaho

FATHER

13. NAME Charley Buck

14. BIRTHPLACE (city or town) (State or country) Ft.Hall Res., Idaho

MOTHER

15. MAIDEN NAME Nettie Use,

16. BIRTHPLACE (city or town) (State or country) Ft.Hakl Res., Idaho

17. INFORMANT Zurick Buck (Address) Ft.Hall,Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Cem. Date April 2, 1933

19. UNDERTAKER Agency Carpenter (Address) Fort Hall,Idaho

20. Date May-25, 1934 Mrs Valerie Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 30,1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor Attending, 19__

I last saw h___ alive on _____, 19__; death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis 3/21/33

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E J Mittleman, M. D.

(Address) Fort Hall, Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

MAY 28 1934

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Fort Hall Reservation State Idaho Registered No. 75

Township _____ or Village _____ 88971 or

City _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

121

2. FULL NAME Elsie Mink Edmo 2194

(a) Residence: No. Fort Hall Res ervation St., _____ Ward. _____ 31

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shoshone Indian 4/4

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Willie Edmo

6. DATE OF BIRTH (month, day, and year): 1891

7. AGE: Years 41 | Months — | Days — | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

FATHER

13. NAME: Johnny Mink

14. BIRTHPLACE (city or town) (State or country): Unknown Nevada

MOTHER

15. MAIDEN NAME: Ymba Mink

16. BIRTHPLACE (city or town) (State or country): Unknown Wyoming

17. INFORMANT (Address): Willie Edmo Fort Hall, IDA.

18. BURIAL, CREMATION, OR REMOVAL Place: Portneuf Cemetery Date: April 15, 1933

19. UNDERTAKER (Address): Agency Carpenter Fort Hall, Idaho

20. FILED May 23, 1934 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in Attendance, 19__

I last saw h____ alive on _____, 19__; death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]

Other contributory causes of importance:

Paralysis of legs caused by fall	1929

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. J. Mittleman, M. D.

(Address) Fort Hall, Idaho.

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 f
V. S. No. 98

INDIAN BC

MAY 28 1934

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County On Fort Hall Reservation State Idaho Registered No. 76

Township ..... or Village ..... 88972 or

City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charley Bearskin 121 2194 101a

(a) Residence: No. Ft.Hall Reservation, St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Shoshone Ind.4/4

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1856

7. AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country): Echo, Nev.

FATHER

13. NAME: Woodasup

14. BIRTHPLACE (city or town) (State or country): Echo, Nev.

MOTHER

15. MAIDEN NAME: Passawup

16. BIRTHPLACE (city or town) (State or country): Echo Nev.

17. INFORMANT (Address): Jack Ramsey Ft.Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Cem.near R.R.track Date: Apr.29, 1933

19. UNDERTAKER (Address): Agency Carpenter Ft.Hall, Idaho

20. FILED May 25, 1934 Mrs Walter E Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from No Doctor Attending, 19...

I last saw h..... alive on ....., 19...; death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 22, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Wittlemann, M. D.

(Address) Fort Hall, Idaho

c11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

INDIAN BU

MAY 23 1934

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County On Fort Hall Reservation State Idaho Registered No. 77

Township ____ or Village ____ 88973 or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dorothy Mosho 1/21/34 101a

(a) Residence: No. Ft.Hall, Idaho St., ____ Ward. ____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: Shoshone Ind. 4/4

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15, 1931

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
I	II	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft.Hall, (State or country) Idaho

13. NAME Snooks Mosho

14. BIRTHPLACE (city or town) Ft.Hall Res. (State or country) Idaho

15. MAIDEN NAME Bessie Jack

16. BIRTHPLACE (city or town) Ft.Hall Res. (State or country) Idaho

17. INFORMANT C.DeArmond, (Address) Ft.Hall, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place W.Mosho Cem. Date ____, 19__

19. UNDERTAKER Agency Carpenter (Address) Ft.Hall, Idaho

20. FILED May 25, 1934 Mrs. Nalen G. Galvin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from No Dr.Attending, to ____, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lober Pneumonia	5/1/34
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) E. J. Mittelsmans, M. D.

(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V. S. No. 98

C11—3184

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

89004

1 PLACE OF DEATH
County Boundary State Idaho Registered No.
Township ____ or Village Kootenai Indian Mission or
City ____ No. ____, near Bonners Ferry Idaho St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan Luke

(a) Residence. No. ____ St., ____ Ward. Preston, Canada
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. 0 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Kootenai Indian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Luke

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years: 33 (about 28 yrs.) Months: ____ Days: ____ If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Own home
(c) Name of employer: ____

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS
10 NAME OF FATHER: George Greathouse
11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada
12 MAIDEN NAME OF MOTHER: Ann Basil
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Rhena Anderson
(Address): Bonners Ferry Idaho

15 Filed 3/15/1933 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March - 14 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1933, to March 14, 1933, that I last saw h[illegible] alive on March 14, 1933, and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)
(duration) 2 yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) ____
(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Creston, B. C.
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.
, 19 (Address) Bonners Ferry Ida

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Indian Mission — DATE OF BURIAL: 3 - 15 - 1933

20 UNDERTAKER [illegible] Bonners Ferry Idaho — ADDRESS

11—8184 GOVERNMENT PRINTING OFFICE

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of OCCUPATION is important. See reverse side and the back of certificate.

V. S. No. 15

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89124

Local Registrar's No. 198

PLACE OF DEATH

County of Kootenai

City of Near Detters

Registration District No. 30

Primary Registration District No. 1050

(No. .....)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. **FULL NAME** Lula Chamberlain

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: 1/8 Coeur d'Alene Indian

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Chamberlain

6 DATE OF BIRTH (month, day and year): Oct. 4 1900

7 AGE: Years 33 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): DeSmet Idaho

PARENTS

10 NAME OF FATHER: John Hilburn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Colville Wn

12 MAIDEN NAME OF MOTHER: Julia Furgerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Colville Wn

14 Informant: L. G. Chamberlain

(Address): Worley Idaho

15 Filed May 16, 1934 E. L. Spohn, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 5 (Day) 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Dec 5th, 1933 that I last saw her alive on Dec 4th, 1933, and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

T. B.

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Anemia & General Failing

(duration) 2½ yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? No Hearts Pulsations

(Signed) J. J. Herrington M. D.

..... 19.. (Address) Worley, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, ~~Cremation, or Removal~~: Rockford Wn

Date of Burial: Dec 8 1933

20. Undertaker: Jacques Funeral Home

Address: Fairfield Wn

CUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89221

PLACE OF DEATH

County of Shoshone

City of Hoyt, St. Maries, Idaho.

Registration District No.

Primary Registration District No.

Local Registrar's No. 26

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

182

2. FULL NAME John Stefanec

(a) Residence. No. St. Camp F 118, St. Maries, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? Since 1911 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Singel

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C. Road Camp

10. Date deceased last worked at this occupation (month and year) Dec. 28, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berek, Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) C.C.C. Camp Records

18. BURIAL, CREMATION, OR REMOVAL Place Fort Wright, Spokane Wash Date , 1934

19. UNDERTAKER (Address) Ball-Bumgartner, Swanson Mortuary, 1128-4th Av. Spokane

20. FILED Jan. 1, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw him alive on Dec 28, 1933: death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning, accidental	Dec 28-33
~~Body has not been recovered~~	
Body recovered May 6-1934	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury Dec 28, 1933

Where did injury occur? St. Joe River, Hoyt, Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Boat capsized

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marcy Shupp, Lt(j.g.) (MC) USN.

(Address) Camp F-118, Hoyt, St. Maries, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Delayed

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89349

PLACE OF DEATH

County of Fort Hall Reservation

City of .....

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 109

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

101a

2. FULL NAME Margaret Mc.Gill

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Shoshone Ind. 4/4

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day and year) - - - - - -

7. AGE: Years | Months | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work - - - -

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Fort Hall Reservation

PARENTS

10. NAME OF FATHER: James Mc.Gill

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Nevada

12. MAIDEN NAME OF MOTHER: Iva Inag av onnokah

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Fort Hall, Idaho

14. Informant: Clarence DeArmond
(Address): Fort Hall Reservation

15. Filed July 4, 1934 Mrs Walter E Patrick
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November 30 1933
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from No M.D attending, 19..., to ....., 19...

that I last saw h..... alive on ....., 19...

and that death occurred, on the date stated above, at - - - m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia ii/28/33

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. J. Mittleman, M. D.

....., 19... (Address) Fort Hall, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Bannock Creek Cem | Date of Burial: Dec. I, 1933 19

20. Undertaker: None | Address

JUL 5 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Hegler

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 119
Primary Registration District No. 2198

DO NOT WRITE IN THIS SPACE
State File No. 89460

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Orville Sayre

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Zelma Sayre

6. DATE OF BIRTH (month, day, and year) Dec. 24-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seneca Missouri
(State or country)

FATHER
13. NAME James William Sayre
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Minnie Hobson
16. BIRTHPLACE (city or town) Cherry Co
(State or country) Dakota

17. INFORMENT (Address) Jennie C. Storm Hegler, Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Hegler Idaho Date Dec 16, 1933
19. UNDERTAKER Goodmen (Address) Rupert Idaho
20. FILED July 1, 1934 C. E. Sater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 13, 1933
I last saw him alive on Dec 12, 1933: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 9 1933

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Sater, M. D.
(Address) Malta Idaho

RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

INDIAN RECORD

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 89881

County of Kootenai

City of Worley R.F.D.

Registration District No. 50

Primary Registration District No. 1050

Local Registrar's No. 247

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Martina Williams

(a) Residence. No. Worley Idaho St. R.F.D. 1 1/2

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) Oct 16-1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pierce Co. Ida

13. NAME Walter Boyd.

14. BIRTHPLACE (city or town) (State or country) Wallpenit

15. MAIDEN NAME Nancy Wynne

16. BIRTHPLACE (city or town) (State or country) Wallpenit

17. INFORMENT (Address) Susie Peterson Worley Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Cem. Worley Date 5-13, 1933

19. UNDERTAKER Jaeger Funeral Home (Address) Fairfield Ida

20. FILED 7-10-, 1934 E. L. Apolin M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to May 11, 1933.

I last saw her alive on May 11, 1933. death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu, Uremic Poison.	5/9/33

Other contributory causes of importance:

Epilepsy.

Name of operation — Date of —

What test confirmed diagnosis? Stillness. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Hennessee M. D.

(Address) E. J. Worley Idaho

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Kootenai. State Idaho. Registered No. 276
Township 46. or Village Worley. Idaho. or
City ____ No. ____, St., 90576 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Herbinoux. 30 1050 16 12
(a) Residence. No. Worley. Idaho. St., Yes. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 d
V. S. No. 98

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male.
4 COLOR OR RACE: ~~Negro~~ Caucasian.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Single~~ Married.
5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: ~~Daniel Herbinoux~~.
6 DATE OF BIRTH (month, day, and year): 8/19/1933
7 AGE: Years | Months | Days | If LESS than 1 day, ~~hrs.~~ or 30 min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Near Worley. Idaho.

PARENTS
10 NAME OF FATHER: Edward Herbinoux.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Trail B.C. Canida.
12 MAIDEN NAME OF MOTHER: Mary Watkins.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Worley. Idaho.

14 Informant: Edward Herbinoux. (Address): Worley. Idaho.
15 Filed 9-1-, 1934. E. L. Lyons, M.D. REGISTRAR

11—2184 GOVERNMENT PRINTING OFFICE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19th/33. 19
17 I HEREBY CERTIFY, that I attended deceased from ~~Aug 19th/33~~ 19, to Aug ~~25th~~/33. 19, that I last saw ~~h-it~~ alive on Aug 19th/33. 19, and that death occurred, on the date stated above, at 10. P.M. m.
The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Don't know of any.
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? ~~Was driving Car.~~
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Heart Stopped.
(Signed) J. J. Hennigan, M. D.
, 19 (Address) Worley. Idaho.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
We Smet. Idaho.	Aug 20th 19
20 UNDERTAKER	ADDRESS

FORM S. No. 5-25 M. 1-19.

RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Kootenai

City of Near Worley Ida

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 30

Primary Registration District No. 1050

(No. ..... , ... St.)

File No. 91420

Registered No. 246

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Isidore Cornelius

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: F. B. Spokane & Cd'a. Indian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Oct (Month) 10 (Day) 1928 (Year)

7. AGE: 4 Yrs. 6 Mos. 4 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business or establishment in which employed (or employer): None

9. BIRTHPLACE (State or Country): Pleasant Prairie, Spokane Co. Wn

10. NAME OF FATHER: Thomas Cornelius

11. BIRTHPLACE OF FATHER (State or Country): Spokane Indian Res. Miles

12. MAIDEN NAME OF MOTHER: Annie Sherwood

13. BIRTHPLACE OF MOTHER (State or Country): Near Worley, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Cornelius

(Address) Worley, Idaho

15. Filed July-10- 1934. E. L. Spohn, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 14 (Day) 1933 (Year) 183

17. I HEREBY CERTIFY, That I attended deceased from Death Occured, April 14th/4.30 P.M. 19 to 19 that I last saw h..... alive on ..... 19 ..... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

was Accidental Gun- Shot Wound.

I saw Body April 15th/10.A.M.

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Herrington M. D.

4/ 19 ..... (Address) Worley Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mission Cemetery, Tensed Ida

DATE OF BURIAL: 4/16 19 33

20. UNDERTAKER: H. T. Jaeger

ADDRESS: Fairfield Mt

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED

Dr [illegible]

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92197

Registration District No. 22

Primary Registration District No. 2018 Local Registrar's No.

(No. St. Valentine Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Frank Keefe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dant Knaw

6. DATE OF BIRTH (month, day, and year) Dant Knaw

7. AGE Years 74 Months — Days — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Brick Layer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dent Knaw

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Dant Knaw

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) W. P. McGowan Buhl

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Buhl Date 12/13, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl Ida

20. FILED 22-26 1933 [illegible] Dimmerton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1933, to Dec. 10, 1933.

I last saw him alive on Dec. 9, 1933: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Adino Carcinoma Prostate Gland	

Other **contributory causes** of importance:

Surgical Shock

Name of operation Prostatomy Date of Dec 9th

What test confirmed diagnosis? microscopic Examination by Homer Sayton Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Schultz, M. D.

(Address) Buhl Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96267

Registration District No. 26

Primary Registration District No. 2064

Local Regisrar's No. 75 (1935)

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME William H Evans

(a) Residence. No. Garland Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race white

5. ~~Single, Married~~, Widowed ~~or Divorced~~ (write the word) Widowed

5a. ~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ of Lena Sasser

6. DATE OF BIRTH (month, day, and year) Dec. 12 1882

7. AGE Years 65 Months 5 Days 14 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Ut

FATHER

13. NAME William Evans

14. BIRTHPLACE (city or town) (State or country) Lancheater, England

MOTHER

15. MAIDEN NAME Febohe Thornton

16. BIRTHPLACE (city or town) (State or country) York Sirer, England

17. INFORMANT Laurence Evans
(Address) Garland Utah

18. BURIAL, CREMATION OR REMOVAL
Place Garland Ut Date ....., 193...

19. UNDERTAKER Shaw & Iverson
(Address) Cremonton Utah

20. FILED Nov 25, 1935 J. M. Farwo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/7 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1933 to 5/7, 1933

I last saw h— alive on 5/7, 1933 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?

Other contributory causes of importance:

No

Name of operation no Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M.D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Grace

STATE OF IDA[redacted]
DEPARTMENT OF PUBLI[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

[redacted] WRITE [redacted] SPACE
State File No. 96547

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 25

JAN 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena M. Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Peter Jensen

6. DATE OF BIRTH (month, day, and year) Sept 1 1866

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Hanse Sorensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Marien Nelsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT James P. Jensen
(Address) Grace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace Date ....., 193..

19. UNDERTAKER M. W. Hendrecks
(Address) Preston Idaho

20. FILED Jan 4, 1936. Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 20-33

22. I HEREBY CERTIFY, That I attended deceased from About 1920, 193..., to 9/20/33, 193...
I last saw her alive on Sep/10, 1933: death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Organic Heart Lesion	
Other **contributory causes** of importance: Rheumatism	
0	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Ex. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ellis Kackley, M. D.
(Address) Soda Springs, Idaho

113275

PLACE OF DEATH
County of Caribou
City of Soda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113275

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 19

APR 17 1939

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME O. B. Looney Oroille B. Looney

(a) Residence No. Soda Springs Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years About 70 or 75 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tenn
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT E D Whiteman
(Address) Soda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs Date Dec 26, 1933

19. UNDERTAKER O. D. Whiteman
(Address) Soda Springs Ida

20. FILED Dec 23, 1933 Dr. Russell Tigert
March 17, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/23 1933

22 I HEREBY CERTIFY, That I attended deceased from ——, 193..., to Dec. 23, 1933

I last saw him alive on Dec 23 1933: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
He lived alone, was found dead in bedroom Probably some cardiac disease	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Russell Tigert M. D.
(Address Soda Springs, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 18 1939

7623 1/2 Whitsett Ave.,
Los Angeles, Calif.,
August 14, 1939.

Department of Public Welfare
Division of Public Health,
Boise, Idaho.

Gentlemen:

Sometime ago I wrote you regarding the death certificate of Orville B. Looney. There is evidently a mistake in the name which you have on your records as at no time have we used O'Looney.

For your information O. B. Looney was born July 19, 1864 in Rogersville, Tennessee.

I am enclosing herewith 50 cents in money for a copy of the certificate.

Very truly yours,

Genevieve Bates